

The SAF 'Second Brain' Motility & Nausea Calibration Log

Core Goal: Operationalize Gastric Emptying Delay, Vagus Nerve Signals & Bristol Stool Form Tracking ·
By Cat Clark

1. Understanding Vagal Satiety vs. Defense Signaling (PMID: 17928588)

GLP-1 receptor agonists amplify the physiological **Ileal Brake**, slowing gastric emptying most strongly during initial dose induction and early escalations. When stomach volume or dietary fat density exceeds clearance pace, the Vagus Nerve shifts from signaling **Satiety** to signaling **Defense** (nausea, reflux, or fullness). Use this 7-day log to pinpoint whether symptoms stem from dose timing, meal volume, fat density, or slowed colonic transit.

Patient Name (Optional): _____ Medication / Dose: _____ Week
Starting: _____

2. 7-Day Vagal Sensation & Bristol Stool Form Scale Calibration Log

Day & Time	Intake Form (Solid vs. Liquid) & Fat Density	Vagal Signal (Satiety vs. Defense / Nausea 0-10)	Bristol Stool Type (1-2 Slow, 3-4 Ideal, 5-7 Fast)	Hydration / Electrolytes & Tactical Adjustment
Day 1 · _____	☐ Solid ☐ Liquid · Fat: L / M / H	☐ Satiety ☐ Defense (____/10)	Bristol Type: _____	_____
Day 2 · _____	☐ Solid ☐ Liquid · Fat: L / M / H	☐ Satiety ☐ Defense (____/10)	Bristol Type: _____	_____
Day 3 · _____	☐ Solid ☐ Liquid · Fat: L / M / H	☐ Satiety ☐ Defense (____/10)	Bristol Type: _____	_____
Day 4 · _____	☐ Solid ☐ Liquid · Fat: L / M / H	☐ Satiety ☐ Defense (____/10)	Bristol Type: _____	_____
Day 5 · _____	☐ Solid ☐ Liquid · Fat: L / M / H	☐ Satiety ☐ Defense (____/10)	Bristol Type: _____	_____
Day 6 · _____	☐ Solid ☐ Liquid · Fat: L / M / H	☐ Satiety ☐ Defense (____/10)	Bristol Type: _____	_____

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Day 7 · _____	☐ Solid ☐ Liquid · Fat: L / M / H	☐ Satiety ☐ Defense (____/10)	Bristol Type: _____	_____

3. Tactical Motility Adjustments & Same-Day Red-Flag Safety Protocol

- **Post-Injection Cmax Window (Hours 12 to 48):** If Vagal Defense (nausea) peaks on Days 1 to 2 post-injection, shift to small-volume liquid protein isolates, avoid high-fat/fried meals that further delay pyloric opening, and separate fluids from solid meals by 30 minutes.
- **Bristol Types 1 to 2 (Constipation):** Increase daily water + electrolyte intake, prioritize soluble fiber after protein, and ask your prescriber about osmotic support (such as magnesium citrate, checking kidney function first).
- **Hold Dose Escalation:** Nausea is primarily dose-related. Bring this log to your prescriber to hold at your current dose until Vagal Defense signals resolve.
- **WHEN TO CALL YOUR PRESCRIBER THE SAME DAY (RED FLAGS):** Call your prescriber immediately (or seek urgent care) for persistent vomiting (>24 hours), inability to keep fluids down, severe upper belly pain radiating to your back (pancreatitis/gallbladder screen), no bowel movement accompanied by vomiting, or dizziness/dark urine from dehydration.

Clinical Citations: Maljaars PW et al., Am J Clin Nutr 2008 (PMID: 17928588) · Nauck MA et al., Diabetes 2011 (PMID: 21430086) · Wegovy / Zepbound Prescribing Information (2026).

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