

**Wellness Assessment Form: Abdominal Protocol**

<b>I FEEL:</b>	<b>NEVER</b>	<b>RARELY</b>	<b>SOMETIMES</b>	<b>OFTEN</b>	<b>ALWAYS</b>
Tired					
Depressed					
This is a good day					
Physically exhausted					
Happy					
Wiped Out					
Overwhelmed					
Unhappy					
Rundown					
Trapped					
Low Self-Esteem					
Weary					
Troubled					
Get sick easily					
Hopeless					
Angry					
Optimistic					
Energetic					
Anxious					
Able to Experience Joy					

## STRESS

<b>WORK</b>	<b>RATE 1:10</b>	<b>FAMILY</b>	<b>RATE 1:10</b>	<b>GENERAL</b>	<b>RATE 1:10</b>	<b>FINANCIAL</b>	<b>RATE 1:10</b>
Boss		In-laws		Moving		Home	
Other employees		Spouse		Accidents		Car	
Environment		Children		Lack of discipline		Business	
Earnings		Parent		Political		Investments	
Change in duties		Close friends		issues		Loss of money	
Too many responsibilities		Other relationships		War		Loans	
Insecure Future		Not having children		Trust issues			
Too much work		Sexual difficulties		Not feeling recognized			
Lack of work		Pregnancy		Disappointed			
Work hours		Divorce					
Lack of organization		Had abortion					
Lack of fulfillment		Lack of intimacy & romance					
Nature of work							

<b>DIGESTIVE SYMPTOMS</b>	<b>NEVER</b>	<b>OCCASIONALLY</b>	<b>OFTEN</b>	<b>DAILY</b>
Nausea				
Bloating				
Lack of thirst				
Gas pains, cramps or tension in stomach or intestines				
Hiccups, belching, flatulence				
Abdominal distention/unable to release gas				
Difficulty swallowing				
Acute pain or stitch in abdomen, ribs or flanks				
Fullness or dull pain under ribs or sternum				
Puffy eyes, hands, face or ankles				
Thirsty with no desire to drink				
Thirsty with craving for cold foods or drink				
Craving of warm, cooked foods and drinks				
Thirst without ability to drink				
Nauseating taste in mouth				
Nausea with phlegm in throat or mouth				
Crave cold drinks, spicy foods				
Slow digestion				
Frequent abdominal gas or bloating				
Lingering hunger after meals				
Indigestion with nausea, bloating, flatulence, belching				
Thirsty for alternately cold & hot liquids				
Erratic appetite, hard to decide what to eat				
Food sensitivity or intolerance				
Slow digestion, sluggish intestines				

<b>APPETITE</b>	<b>NEVER</b>	<b>OCCASIONALLY</b>	<b>OFTEN</b>	<b>DAILY</b>
Crave Salty or sweet foods causing constipation dryness and water retention				
Craves salty or spicy foods and stimulants				
Craves fatty, sour and spicy foods				
<b>BOWELS</b>				
Constipation				
Constant diarrhea or lack of bowel control				
Dry or hard stool				
Constipation or irregular bowel movements				
Constipation alternating with water loose stool				
Loose stool after eating raw, cold foods				
Loose or sticky stool streaked with mucus or pus				
Frequent bowel movements from nervousness				
Erratic elimination, constipation or diarrhea				
Diarrhea associated with anxiety or fright				
Irregular bowel movements				

<b>SLEEP</b>	<b>NEVER</b>	<b>OCCASIONALLY</b>	<b>OFTEN</b>	<b>DAILY</b>
Excessive need for sleep				
Insomnia or anxious sleep				
Erratic sleep, insomnia or disturbing dreams				
Insomnia when nervous or excited				
Excitement, anxiety and fatigue cause light, restless sleep and vivid dreams or nightmares				
Insomnia or restless sleep alternating with heavy slumber and difficulty awakening				