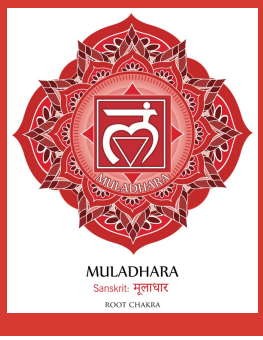


Root Chakra Assessment

BEFORE YES	BEFORE NO		AFTER YES	AFTER NO
☐	☐	1.Do you find it challenging to move on from past experiences?	☐	☐
☐	☐	2.Do you often turn to overeating, drinking, or smoking to escape reality?	☐	☐
☐	☐	3.Were you exposed to trauma, distress, or challenges before the age of 7?	☐	☐
☐	☐	4.Do feelings of insecurity, fear, restlessness, or anxiety overwhelm you?	☐	☐
☐	☐	5.Is your energy consistently low, leaving you feeling weak, tired, or unwell?	☐	☐
☐	☐	6.Do you find it difficult to achieve or maintain a healthy body weight?	☐	☐
☐	☐	7.Are you not taking care of your physical health through diet and exercise?	☐	☐
☐	☐	8.Do you often feel uncomfortable or dissatisfied with your body?	☐	☐
☐	☐	9.Do you feel unsafe or unsettled in your home or workplace?	☐	☐
☐	☐	10.Was your family life or upbringing particularly challenging?	☐	☐
☐	☐	11.Do you notice yourself becoming defensive easily?	☐	☐
☐	☐	12.Is managing daily stress a significant struggle for you?	☐	☐
☐	☐	13.Do you feel unwarranted guilt in situations where you're not at fault?	☐	☐
☐	☐	14.Are you compelled to adhere strictly to family or societal norms?	☐	☐
☐	☐	15.Do you face difficulties in attracting or keeping financial wealth?	☐	☐
☐	☐	16.Do you frequently feel alienated from others or that you don’t quite fit in?	☐	☐
☐	☐	17.Is a scarcity mindset prevalent in your thoughts, feeling constantly in lack?	☐	☐
☐	☐	18.Do you often experience jealousy or envy towards others?	☐	☐
☐	☐	19.Do you perceive a lack of support from family, friends, or your community?	☐	☐
☐	☐	20.Are you experiencing any physical issues related to your feet, legs, knees,	☐	☐
Y		or hips, including arthritis, kidney stones, osteoporosis, bone or joint pain,	Y	
N		blood disorders, inflammation, or autoimmune conditions?	N	

‘yes’ to 5 or fewer- balanced | ‘yes’ to 6-10 - moderately imbalanced | ‘yes’ to 11 or more - imbalanced

Sacral Chakra Assessment

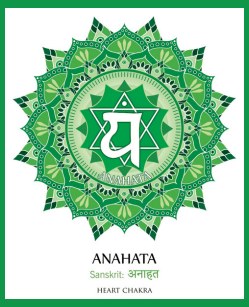
BEFORE YES	BEFORE NO		AFTER YES	AFTER NO
☐	☐	1.Do you find gentle touch uncomfortable, either giving or receiving?	☐	☐
☐	☐	2.Do you often rely on conventional medicine without exploring natural options?	☐	☐
☐	☐	3.Do you suspect your hormones are out of balance?	☐	☐
☐	☐	4.Have you encountered trauma or significant distress during the ages of 7 to 14?	☐	☐
☐	☐	5.Is your overall vitality and stamina lower than you'd like?	☐	☐
☐	☐	6.Are there aspects of your sexuality or sensuality that feel challenging or blocked?	☐	☐
☐	☐	7.Do you struggle to express creativity, or consider yourself uncreative?	☐	☐
☐	☐	8.Do you feel undeserving of pleasure and abundance in your life?	☐	☐
☐	☐	9.Are your feelings towards your body more negative than positive?	☐	☐
☐	☐	10.Is there an imbalance in how you give and receive time, money, or energy?	☐	☐
☐	☐	11.Do concerns about being thin or looking good dominate your thoughts?	☐	☐
☐	☐	12.Do negative conversations or dramatic events easily drain your energy?	☐	☐
☐	☐	13.Are you more focused on your problems rather than your blessings?	☐	☐
☐	☐	14.Do you find it challenging to connect with and express your emotions healthily?	☐	☐
☐	☐	15.Is making time for play and carefree activities difficult for you?	☐	☐
☐	☐	16.Do you struggle to maintain a healthy, loving relationship with a partner?	☐	☐
☐	☐	17.Do you find it challenging to stay hydrated throughout the day?	☐	☐
☐	☐	18.Is eating nourishing, whole foods regularly a challenge for you?	☐	☐
☐	☐	19.Do you feel a disconnect from your Inner Child, impacting your joy and spontaneity?	☐	☐
☐	☐	20.Are you experiencing issues with your kidneys, bladder, reproductive organs, lower back, or fluid retention?	☐	☐
Y _____			Y _____	
N _____			N _____	

'yes' to 5 or fewer- balanced | 'yes' to 6-10 - moderately imbalanced | 'yes' to 11 or more - imbalanced

Solar Plexus Chakra *Assessment*

BEFORE YES	BEFORE NO		AFTER YES	AFTER NO
☐	☐	1. Do you struggle to recognize your worth, often finding yourself self-critical?	☐	☐
☐	☐	2. Are you experiencing issues with your pancreas, stomach, liver, or indigestion?	☐	☐
☐	☐	3. Did you face trauma, distress, or challenges between the ages of 14 and 21?	☐	☐
☐	☐	4. Is aggressiveness a trait you see in yourself?	☐	☐
☐	☐	5. Do you find yourself easily swayed by the opinions or actions of others?	☐	☐
☐	☐	6. Do feelings of powerlessness or low self-esteem often plague you?	☐	☐
☐	☐	7. Are you concealing your true self out of fear of standing out or being judged?	☐	☐
☐	☐	8. Do you find it challenging to persist with tasks until completion?	☐	☐
☐	☐	9. Is there a lack of confidence in your abilities hindering your performance?	☐	☐
☐	☐	10. Is making necessary and healthy life changes a struggle for you?	☐	☐
☐	☐	11. Does a busy schedule overwhelm you or cause significant stress?	☐	☐
☐	☐	12. Is expressing and harnessing your personal power is difficult for you?	☐	☐
☐	☐	13. Do you find it hard to voice your needs or express what's in your heart?	☐	☐
☐	☐	14. Does the thought of trying new ventures make you feel anxious?	☐	☐
☐	☐	15. Have you been neglectful or irresponsible in certain aspects of your life?	☐	☐
☐	☐	16. Do you notice a dip in energy or activity levels after meals?	☐	☐
☐	☐	17. Is setting clear goals and maintaining focus on them challenging for you?	☐	☐
☐	☐	18. Do you struggle with finding a balance between work and personal life?	☐	☐
☐	☐	19. When stressed, do you gravitate towards starchy foods and carbohydrates for comfort?	☐	☐
☐	☐	20. Do you find assertiveness challenging, even when you've been mistreated or abused?	☐	☐
Y			Y	
N			N	

'yes' to 5 or fewer- balanced | 'yes' to 6-10 - moderately imbalanced | 'yes' to 11 or more - imbalanced



Heart Chakra Assessment

BEFORE YES	BEFORE NO		AFTER YES	AFTER NO
☐	☐	1.Is it challenging for you to give or receive love?	☐	☐
☐	☐	2.Do past emotional wounds continue to impact your current relationships?	☐	☐
☐	☐	3.Have past experiences made it difficult for you to fully love yourself?	☐	☐
☐	☐	4.Do you find it hard to show yourself compassion?	☐	☐
☐	☐	5.Are you often intolerant, critical, or judgmental towards others?	☐	☐
☐	☐	6.Do you frequently feel exhausted or drained of energy?	☐	☐
☐	☐	7.Do you harbor resentment, bitterness, or anger?	☐	☐
☐	☐	8.Is apologizing a difficult action for you to take?	☐	☐
☐	☐	9.Do you find forgiveness and moving on from past hurts challenging?	☐	☐
☐	☐	10.Do you feel that your generosity is often exploited by others?	☐	☐
☐	☐	11.Is accepting help or support from others difficult for you?	☐	☐
☐	☐	12.Do you find it hard to pursue or fulfill your heart's true desires and passions?	☐	☐
☐	☐	13.Is achieving a sense of peace in your life challenging or seems unattainable?	☐	☐
☐	☐	14.Do you lack compassion towards others, nature, and animals?	☐	☐
☐	☐	15.Are you hesitant to connect with others for fear of being taken advantage of?	☐	☐
☐	☐	16.Do you yearn for more joy in your daily life?	☐	☐
☐	☐	17.Do you struggle to maintain healthy, loving relationships?	☐	☐
☐	☐	18.Is unresolved grief from past loss still affecting you deeply?	☐	☐
☐	☐	19.Do you struggle with impatience, or are you overly patient to the point of being taken advantage of?	☐	☐
☐	☐	20.Are you facing issues such as asthma, heart conditions, lung diseases, breast problems, lymphatic system issues, upper back and shoulder pain?	☐	☐
Y			Y	
N			N	

'yes' to 5 or fewer- balanced | 'yes' to 6-10 - moderately imbalanced | 'yes' to 11 or more - imbalanced

Throat Chakra *Assessment*

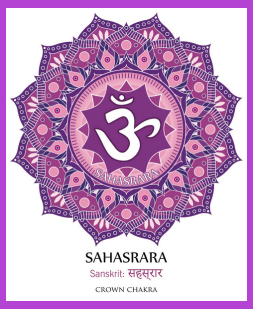
BEFORE YES	BEFORE NO		AFTER YES	AFTER NO
☐	☐	1. Do you experience difficulty in effectively communicating with others?	☐	☐
☐	☐	2. Is expressing yourself clearly through speech or writing, challenging for you?	☐	☐
☐	☐	3. Do you find it hard to listen to and consider other people's perspectives?	☐	☐
☐	☐	4. Are you dealing with recurring throat infections, thyroid issues, ear problems?	☐	☐
☐	☐	5. Do you tend to be shy, quiet, or prefer to withdraw from social interactions?	☐	☐
☐	☐	6. Is it challenging for you to find quiet time to listen to your inner voice?	☐	☐
☐	☐	7. Do you find yourself judging others for openly expressing their feelings?	☐	☐
☐	☐	8. Does expressing yourself or speaking up cause you to feel anxious or closed off?	☐	☐
☐	☐	9. Do you hesitate to make decisions or take actions decisively?	☐	☐
☐	☐	10. Have you noticed a discrepancy between what you say and what you do?	☐	☐
☐	☐	11. Do you find it difficult to speak your truth or express your genuine feelings?	☐	☐
☐	☐	12. Do you feel stifled in your creative expression, whether at work, home, or in your personal style?	☐	☐
☐	☐	13. Are you concerned that being truthful might offend others?	☐	☐
☐	☐	14. Do you frequently find yourself involved in gossip?	☐	☐
☐	☐	15. Do you feel like you're neglecting your true will and inner guidance?	☐	☐
☐	☐	16. Does the fear of judgment from others inhibit you from being yourself?	☐	☐
☐	☐	17. Is actively listening to someone without interrupting a challenge for you?	☐	☐
☐	☐	18. Do you feel restrained from showing your authentic self?	☐	☐
☐	☐	19. Are you drawn to being the center of attention, or does it make you uncomfortable?	☐	☐
☐	☐	20. Do you often rely on external noises, like TV or music, to distract you from your thoughts?	☐	☐
Y			Y	
N			N	

'yes' to 5 or fewer- balanced | 'yes' to 6-10 - moderately imbalanced | 'yes' to 11 or more - imbalanced

Third Eye Chakra *Assessment*

BEFORE YES	BEFORE NO		AFTER YES	AFTER NO
☐	☐	1. Do you struggle with envisioning your future or setting goals?	☐	☐
☐	☐	2. Are you affected by migraines, or vision issues (such as glaucoma or cataracts)?	☐	☐
☐	☐	3. Do nightmares or insomnia disrupt your sleep?	☐	☐
☐	☐	4. Is imagination or creative visualization a challenge for you?	☐	☐
☐	☐	5. Do you find it difficult to grasp new concepts or learn easily?	☐	☐
☐	☐	6. Are racing or persistent negative thoughts a frequent problem?	☐	☐
☐	☐	7. Is procrastination a common issue in your life?	☐	☐
☐	☐	8. Do you find stillness and meditation challenging to achieve?	☐	☐
☐	☐	9. Do you often feel confused, unfocused, or mentally foggy?	☐	☐
☐	☐	10. Are self-limiting beliefs impacting your self-esteem and self-worth?	☐	☐
☐	☐	11. Do you have trouble concentrating, processing, or retaining information?	☐	☐
☐	☐	12. Is decision-making a difficult and stressful process for you?	☐	☐
☐	☐	13. Do you suffer from depression or significant anxiety?	☐	☐
☐	☐	14. Do you find it hard to decline offers that you know are not beneficial for you?	☐	☐
☐	☐	15. Are you prone to overanalyzing or obsessing over problems and ideas?	☐	☐
☐	☐	16. Is connecting with or trusting your intuition challenging?	☐	☐
☐	☐	17. Is getting a full night's sleep without interruption a rarity for you?	☐	☐
☐	☐	18. Do you tend to rely excessively on rational, logical, or mathematical thinking?	☐	☐
☐	☐	19. Do you struggle with discernment, particularly in choosing what's best for your higher self?	☐	☐
☐	☐	20. Do you sometimes feel disconnected from reality, or find it hard to distinguish between what's real and what's not?	☐	☐
Y			Y	
N			N	

'yes' to 5 or fewer- balanced | 'yes' to 6-10 - moderately imbalanced | 'yes' to 11 or more - imbalanced



Crown Chakra Assessment

BEFORE YES	BEFORE NO		AFTER YES	AFTER NO
☐	☐	1. Do you harbor a deep fear of death?	☐	☐
☐	☐	2. Are you continuously seeking answers and guidance outside yourself?	☐	☐
☐	☐	3. Do feelings of loneliness or isolation weigh heavily on you?	☐	☐
☐	☐	4. Do feelings of anxiety or symptoms of mental disorders surface for you?	☐	☐
☐	☐	5. Is being present and living in the moment a challenge?	☐	☐
☐	☐	6. Do you find yourself easily or often bored?	☐	☐
☐	☐	7. Are you experiencing chronic fatigue that doesn't seem to improve with rest?	☐	☐
☐	☐	8. Do you feel a disconnect from a higher power, Spirit, or the universe?	☐	☐
☐	☐	9. Do limiting or negative beliefs hinder your sense of unity with all life?	☐	☐
☐	☐	10. Is your sense of bliss contingent on changes in others?	☐	☐
☐	☐	11. Have you felt anger or a sense of betrayal towards a higher power?	☐	☐
☐	☐	12. Do you believe you must perform specific actions to earn love from God?	☐	☐
☐	☐	13. Do you depend on religious figures, gurus, psychics, or healers for answers?	☐	☐
☐	☐	14. Are your beliefs around religion or spirituality inflexible or dogmatic?	☐	☐
☐	☐	15. Do you have heightened sensitivity to light, sounds, or your surroundings?	☐	☐
☐	☐	16. Are your decisions more often influenced by ego rather than your higher self?	☐	☐
☐	☐	17. Is it difficult for you to trust in the process that things will unfold as they should?	☐	☐
☐	☐	18. Do you find yourself overly skeptical or dismissive of new ideas or beliefs?	☐	☐
☐	☐	19. Do you consider yourself overly intellectual, or feel a sense of superiority over others in intellectual or spiritual matters?	☐	☐
☐	☐	20. Are you affected by neurological disorders such as epilepsy, nerve pain, recurrent headaches or migraines, insomnia, or depression?	☐	☐
Y			Y	
N			N	

'yes' to 5 or fewer- balanced | 'yes' to 6-10 - moderately imbalanced | 'yes' to 11 or more - imbalanced