**Yoga Therapy International (YTI) Self-Assessment**

**Please answer each of the following questions as much as you feel comfortable disclosing. This information will be kept confidential, except with therapist trainees, assistants or substitute teachers.**

1. **Name, Phone Number, and Email addresses**
2. **Current problem (symptoms) and history of problem (root causes) from Bio-Psycho-Social Levels – *Pançamaya-s (5 layers of our system)***
	1. **Physical Level – Musculoskeletal, Diet & Lifestyle - *Annamaya***
		* How's your general health?
		* How old are you?
		* How does your body feel?
		* Current medical conditions/diagnoses
		* **Aches and pains?**
* How long can you sit before you want to get up?
* How long can you stand before you want to sit?
* How is this affecting your life?
* Is it getting better, worse or the same?
* Any Arthritis?
* **Lifestyle: Work and Exercise – *Vihāram***
* Describe a 24-hour day in your life. Tell me about yourworking life and exercise routines.
* What do you do during your free time?
* Have you practiced yoga practiced yoga previously? What type?
* What medications do you take?
* What health care practitioners/therapies have helped you most?
* What other treatments? What worked? What didn't?
* Past medical conditions/surgeries
* Any addictions present or past?
* **Diet – *Āhāram***
* Tell me about youreating habits. What is an example of a common meal routine in terms of timings and meal choices?
* Do struggle with your weight or diet? Please describe.
	1. **Energetic Level – Systems, Sleep, Energy and Breath – *Prānamaya***

**Systemic**

* + - How is your digestion?
		- What do you do to manage your stress?
		- How are your energy levels?
		- Nervous system – stress levels/anxiety/nerve pain?
		- Breathing (Respiratory system)?
		- Heart (Cardiovascular system)?
		- Immune system?
		- Hormones?
		- Reproductive system (menstrual issues; menopause; etc)?
		- Urinary systems (incontinence)?

**Sleeping Patterns**

* How much sleep do you get each night?
* Do you suffer from insomnia? How often?

**Breath Patterns**

* Take a long breath. How does it feel? Long, smooth? Short, rough?
* Take a long exhale. How does your body feel? How do your mind/emotions feel?

**Energy Levels**

* Energy levels? Energetic? Tired?
* Energy levels on a scale of 0-10
	1. **Cognitive Level – Mind, Senses and Persistent Pain – *Manomaya***
* How is your short- and long-term memory?
* How do you continue educating/feeding/exercising your mind as you age?
* How is your mood generally? Positive? Negative? Moody?
* How would you do take care of your mental health on a day-to-day basis? What kind of self-care helps keep your mind positive and choosing to engage with the world in health ways?
* How would you rate your stress levels on a scale from 1 to 10?

**Do you experience persistent pain? If so…**

* What does your pain mean to you?
* Why do you think your pain persists?
* How much of your life is impaired by pain?
* How much better do you believe you can feel?
* How would your life be different if you didn't have chronic pain?
* Is there anything you have discovered about yourself from having chronic pain?
* How would you rate your pain levels on a scale from 1 to 10?
	1. **Character Level: Personality, Values, Strengths, Thought Patterns/Habits and Beliefs**

***Vijñānamaya***

**Please describe each of the following:**

* What do you believe or trust in?
* What motivates you to life a full life?
* What do you do every day to feed that interest or passion?
* How do you view your communication skills?
* How open-minded are you?
* Are you easy-going or a perfectionist? Are demanding of self and others? Please describe.
* Do you struggle with boundaries or speaking the truth in a way that can be received? Please describe.
* What influence do you think you have over your recovery? Do you see this process as learning to live with what you have, or also doing what you can to improve?
* How do you view your life experiences? Glass ½ full or empty? Can you shift that perspective?
* What old habits are you carrying around that are affecting your ability to be happy with your life?

**Character Strengths Test from Positive Psychology**

**Highlight which of these strengths stand out for you in terms of how frequently you use them in your everyday life:**

CREATIVITY or INGENUITY

CURIOSITY or INTEREST

CRITICAL THINKING, OPEN-MINDEDNESS, or GOOD JUDGMENT

LOVE OF LEARNING

PERSPECTIVE or WISDOM

BRAVERY or COURAGE

PERSEVERANCE, PERSISTENCE, DILIGENCE, or INDUSTRIOUSNESS

HONESTY or AUTHENTICITY

ZEST or ENTHUSIASM

LOVE or ATTACHMENT

KINDNESS or GENEROSITY

SOCIAL INTELLIGENCE or SOCIAL SKILLS

TEAMWORK

FAIRNESS

LEADERSHIP

FORGIVENESS or MERCY

MODESTY or HUMILITY

SELF-CONTROL or SELF-REGULATION

APPRECIATION OF BEAUTY AND EXCELLENCE or AWE

GRATITUDE or THANKFULNESS

HOPE or OPTIMISM

PLAYFULNESS or HUMOR

RELIGIOUSNESS or SPIRITUALITY

**For the full test, visit here** <https://www.authentichappiness.sas.upenn.edu/questionnaires/brief-strengths-test>

**Additional Comments?**

* 1. **Authentic Happiness Level – Joy from our relationships with ourselves, others and Source**

***Ānandamaya***

**Relationship with yourself**

* What brings you authentic, inner Happiness/Joy?
* What takes you away from that Happiness/Joy?
* What makes you flourish?
* What makes you shrink?
* How do you take care of yourself?
* How do you take care of others?

**Relationships with others – Social Support/Network – *Satsanga***

* Describe any fulfilling personal relationships in your life with friends, colleagues, life partners, or family members. How they bring your inner Happiness/Joy? How do they disconnect you from your inner Happiness/Joy?
* Do you have a teacher/mentor/guide? What form does that take for you? A teacher, mentor, counselor, friend, or parent? Please describe.

**Relationship with Source, Consciousness, Joy, Truth, Silence or Presence**

* Do you have a spiritual life or belief system? Please describe.
* How does it connect you to your inner Joy, Truth, Silence, Presence or Consciousness?

**What other factors that affect your experience of Authentic Happiness or Joy?**