

Energy Assessment Questionnaire



Karen L. Kallie

Living Energy Works

Living Energy Works Energy Assessment Checklist

This checklist is a tool designed to expand your awareness of the connection of subtle energy, life experience and core beliefs. Through it you can begin to identify energetic imbalances and structure an approach to rebalance your system. The ability to honestly assess yourself begins a process of reclaiming personal power and taking charge of creating the life you desire.

ROOT CHAKRA

Question	Choose One	
	Yes	No
1. Do you have problems with teeth, bones, legs, feet, immune system?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you experience frequent fears?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it difficult for you to remain still?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have problems with will or determination?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you feel a lack energy or stamina?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is weight a problem or concern for you?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you tend toward addictive or compulsive patterns?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are finances or material security troublesome?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you experience feelings of being disconnected or spacey?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever felt as though your foundation was crumbling beneath you?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you ever have feelings of not being fully present, as if you are not fully in your body?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you experienced a life threatening trauma?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you tend to be awkward physically?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is order or routine either very difficult or very important to you?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do issues of loss or abandonment create unnerving or disorganizing fears??	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you experience either intense or very little anger?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you experience intestinal distress frequently?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are issues of belonging, dependence, and trust difficult?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you experience significant feelings of helplessness or hopelessness?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is it hard to adapt to change?	<input type="checkbox"/>	<input type="checkbox"/>
1 – 20 Root Chakra # yes		

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SACRAL CHAKRA

Question	Choose One	
	Yes	No
21. Do you either crave or avoid physical sensation?	<input type="checkbox"/>	<input type="checkbox"/>
22. Are your emotions intense and dramatic or constricted /numb?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you feel guilty about "having"-- material goods, emotions, space, time?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you been abused? a. physically b. sexually c. emotionally d. verbally	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you tend to give more than others in a relationship?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you feel the need for protection?	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you tend to be submissive?	<input type="checkbox"/>	<input type="checkbox"/>
28. Are you indirect?	<input type="checkbox"/>	<input type="checkbox"/>
29. Do you wait for things to happen, to come to you?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you feel others' feelings/issues as if they were your own?	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you experienced a significant betrayal?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you trust too much, too little?	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you carry excess weight below the waist?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is commitment a problem for you?	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you have either a high or low interest in sex?	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you feel guilty about sex?	<input type="checkbox"/>	<input type="checkbox"/>
37. Do you have physical problems with hips, knees, lower back areas, reproductive organs?	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you tend to sacrifice your happiness for others?	<input type="checkbox"/>	<input type="checkbox"/>
39. Are your physical or emotional movements restricted?	<input type="checkbox"/>	<input type="checkbox"/>
40. Do you feel empty?	<input type="checkbox"/>	<input type="checkbox"/>
21 – 40 Sacral Chakra # yes		

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SOLAR PLEXUS

Question	Choose One	
	Yes	No
41. Do you struggle with feelings of inferiority, incompetence or inadequacy?	<input type="checkbox"/>	<input type="checkbox"/>
42. Do you often feel like giving up?	<input type="checkbox"/>	<input type="checkbox"/>
43. Is outside approval very important to you?	<input type="checkbox"/>	<input type="checkbox"/>
44. Does change create anxiety or disorientation for you?	<input type="checkbox"/>	<input type="checkbox"/>
45. Is it hard for you to let go?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you have difficulty with commitment of any type?	<input type="checkbox"/>	<input type="checkbox"/>
47. Is spontaneity difficult?	<input type="checkbox"/>	<input type="checkbox"/>
48. Is rejection very difficult for you?	<input type="checkbox"/>	<input type="checkbox"/>
49. Do you tend to be overly responsible?	<input type="checkbox"/>	<input type="checkbox"/>
50. Do you fear being "found out"?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do you have stomach or digestive problems?	<input type="checkbox"/>	<input type="checkbox"/>
52. Are you either timid or dominant?	<input type="checkbox"/>	<input type="checkbox"/>
53. Do you either seek out or avoid risks?	<input type="checkbox"/>	<input type="checkbox"/>
54. Is it hard to feel calm, relaxed?	<input type="checkbox"/>	<input type="checkbox"/>
55. Do you like being in control, in charge?	<input type="checkbox"/>	<input type="checkbox"/>
56. Do you carry excess weight in your "middle"?	<input type="checkbox"/>	<input type="checkbox"/>
57. Do you crave stimulation (work, drugs, shopping, gambling, exercise)?	<input type="checkbox"/>	<input type="checkbox"/>
58. Are you sensitive to criticism?	<input type="checkbox"/>	<input type="checkbox"/>
59. Do you fear failing your responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
60. Do you wish you were more decisive and confident?	<input type="checkbox"/>	<input type="checkbox"/>
41 – 60 Solar Plexus # yes		

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HEART CHAKRA

Question	Choose One	
	Yes	No
61. Do you have problems with resentment and / or bitterness?	<input type="checkbox"/>	<input type="checkbox"/>
62. Are you prone to anxiety or depression?	<input type="checkbox"/>	<input type="checkbox"/>
63. Do you tend to be emotionally effusive?	<input type="checkbox"/>	<input type="checkbox"/>
64. Do you tend toward being submissive?	<input type="checkbox"/>	<input type="checkbox"/>
65. Are you highly social to compensate for feelings of lack, inadequacy?	<input type="checkbox"/>	<input type="checkbox"/>
66. Are you drained by other people and/or their issues?	<input type="checkbox"/>	<input type="checkbox"/>
67. Do you fear rejection?	<input type="checkbox"/>	<input type="checkbox"/>
68. Are you prone to melancholy?	<input type="checkbox"/>	<input type="checkbox"/>
69. Do you feel isolated, alone?	<input type="checkbox"/>	<input type="checkbox"/>
70. Are you a caretaker?	<input type="checkbox"/>	<input type="checkbox"/>
71. Do you have a tendency to be codependent?	<input type="checkbox"/>	<input type="checkbox"/>
72. Is emotional weakness something you fear?	<input type="checkbox"/>	<input type="checkbox"/>
73. Do you feel unable to protect yourself in relationships?	<input type="checkbox"/>	<input type="checkbox"/>
74. Do you project positive feelings even when you do not feel them?	<input type="checkbox"/>	<input type="checkbox"/>
75. Is it difficult to find the time to take care of yourself?	<input type="checkbox"/>	<input type="checkbox"/>
76. Do you feel compelled to help or fix others' problems?	<input type="checkbox"/>	<input type="checkbox"/>
77. Do you feel a lack of connection to a spiritual source?	<input type="checkbox"/>	<input type="checkbox"/>
78. Is it difficult to forgive yourself, another?	<input type="checkbox"/>	<input type="checkbox"/>
79. Are you very sensitive to rejection?	<input type="checkbox"/>	<input type="checkbox"/>
80. Is it hard to feel inner peace, self acceptance?	<input type="checkbox"/>	<input type="checkbox"/>
61 – 80 Heart Chakra # yes		

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THROAT CHAKRA

Question	Choose One	
	Yes	No
81. Do you have difficulties with comprehension?	<input type="checkbox"/>	<input type="checkbox"/>
82. Do you tend to be compliant?	<input type="checkbox"/>	<input type="checkbox"/>
83. Do you have problems with timing?	<input type="checkbox"/>	<input type="checkbox"/>
84. Are you prone to throat, sinus, or ear problems?	<input type="checkbox"/>	<input type="checkbox"/>
85. Are you soft spoken?	<input type="checkbox"/>	<input type="checkbox"/>
86. Do you tend toward being shy?	<input type="checkbox"/>	<input type="checkbox"/>
87. Do you get a contracted, tight feeling in the throat before speaking?	<input type="checkbox"/>	<input type="checkbox"/>
88. Is your creativity blocked, difficult?	<input type="checkbox"/>	<input type="checkbox"/>
89. Is it often hard to express yourself?	<input type="checkbox"/>	<input type="checkbox"/>
90. Do you carry tension in your neck, shoulders?	<input type="checkbox"/>	<input type="checkbox"/>
91. Do you hold back from expressing negative feelings?	<input type="checkbox"/>	<input type="checkbox"/>
92. Do you have difficulty exercising your power to make choices?	<input type="checkbox"/>	<input type="checkbox"/>
93. Are you often self conscious?	<input type="checkbox"/>	<input type="checkbox"/>
94. Do you find yourself talking excessively at times?	<input type="checkbox"/>	<input type="checkbox"/>
95. Do you "forget" to communicate?	<input type="checkbox"/>	<input type="checkbox"/>
96. Do you have something meaningful to say and then go blank?	<input type="checkbox"/>	<input type="checkbox"/>
97. Do you carry tension in your jaw, grind your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
98. Do you use words to put people in their place or cut them down?	<input type="checkbox"/>	<input type="checkbox"/>
99. Are words a method you use to create distance with others?	<input type="checkbox"/>	<input type="checkbox"/>
100. Do you hesitate to voice a contrary opinion?	<input type="checkbox"/>	<input type="checkbox"/>
81 – 100 Throat Chakra # yes		

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BROW CHAKRA

Question	Choose One	
	Yes	No
101. Is it difficult to be receptive to others' opinions and ideas?	<input type="checkbox"/>	<input type="checkbox"/>
102. Is ambiguity difficult for you?	<input type="checkbox"/>	<input type="checkbox"/>
103. Do you tend toward being rational and focused?	<input type="checkbox"/>	<input type="checkbox"/>
104. Do you value reason and logic over intuition?	<input type="checkbox"/>	<input type="checkbox"/>
105. Are you prone to analyzing people, situations?	<input type="checkbox"/>	<input type="checkbox"/>
106. Is it difficult to believe there is something beyond the five senses?	<input type="checkbox"/>	<input type="checkbox"/>
107. Do you have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
108. Is insight difficult?	<input type="checkbox"/>	<input type="checkbox"/>
109. Do you get frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
110. Is visualizing, imagining difficult for you?	<input type="checkbox"/>	<input type="checkbox"/>
111. Do you tend to live in your head rather than in experience?	<input type="checkbox"/>	<input type="checkbox"/>
112. Is dream recall difficult?	<input type="checkbox"/>	<input type="checkbox"/>
113. Do you get confused when under stress?	<input type="checkbox"/>	<input type="checkbox"/>
114. Do you often feel exhausted upon awakening?	<input type="checkbox"/>	<input type="checkbox"/>
115. Do you doubt your intuition?	<input type="checkbox"/>	<input type="checkbox"/>
116. Do you tend to over analyze?	<input type="checkbox"/>	<input type="checkbox"/>
117. Is it difficult to calm your mind?	<input type="checkbox"/>	<input type="checkbox"/>
118. Do you experience frequent nightmares?	<input type="checkbox"/>	<input type="checkbox"/>
119. Is it difficult to turn ideas into action?	<input type="checkbox"/>	<input type="checkbox"/>
120. Do you miss subtle cues?	<input type="checkbox"/>	<input type="checkbox"/>
101 – 120 Brow Chakra # yes		

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CROWN CHAKRA

Question	Choose One	
	Yes	No
121. Is it hard to believe/feel that you have the power to create and influence your life?	<input type="checkbox"/>	<input type="checkbox"/>
122. Are limitations difficult to accept?	<input type="checkbox"/>	<input type="checkbox"/>
123. Do you have difficulty with detachment?	<input type="checkbox"/>	<input type="checkbox"/>
124. Do you easily become distracted, or experience information overload?	<input type="checkbox"/>	<input type="checkbox"/>
125. Do you believe in fate?	<input type="checkbox"/>	<input type="checkbox"/>
126. Are you unclear about your purpose in life?	<input type="checkbox"/>	<input type="checkbox"/>
127. Do you doubt the existence of a soul?	<input type="checkbox"/>	<input type="checkbox"/>
128. Do you look to others for the answers to life?	<input type="checkbox"/>	<input type="checkbox"/>
129. Do you believe unquestioningly in any philosophy, dogma?	<input type="checkbox"/>	<input type="checkbox"/>
130. Is the concept of Divine Guidance difficult to believe, experience?	<input type="checkbox"/>	<input type="checkbox"/>
131. Are you a spiritual skeptic?	<input type="checkbox"/>	<input type="checkbox"/>
132. Do you feel a lack of inspiration?	<input type="checkbox"/>	<input type="checkbox"/>
133. Do you feel out of synch, as if aspects of your self are not integrated?	<input type="checkbox"/>	<input type="checkbox"/>
134. Do you often feel overwhelmed?	<input type="checkbox"/>	<input type="checkbox"/>
135. Is the concept or experience of surrendering to Divine Will hard for you?	<input type="checkbox"/>	<input type="checkbox"/>
136. Do you need to be right?	<input type="checkbox"/>	<input type="checkbox"/>
137. Do you get caught in limiting beliefs?	<input type="checkbox"/>	<input type="checkbox"/>
138. Do you believe there is nothing beyond this life?	<input type="checkbox"/>	<input type="checkbox"/>
139. Do you look to external sources for a code of ethics or morality??	<input type="checkbox"/>	<input type="checkbox"/>
140. Do you fear spiritual abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
121 – 140 Crown Chakra # yes		

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CHAKRA ASSESSMENT ANSWER KEY

Tally the number of “yes” answers for each section and enter it in the appropriate space. Look at the concentration of “yes” answers. Where are they the highest?

Congratulations, you are identifying your energetic imbalances. Work to bring the chakras with the concentration of “yes” answers into balance first.

Living Energy provides tools to help you structure an approach to rebalance your system. Visit www.LivingEnergyWorks.com. It works!

Questions	Chakra	# of Yes answers
1 – 20	Root Chakra	
21 – 40	Sacral Chakra	
41 – 60	Solar Plexus	
61 – 80	Heart Chakra	
81 – 100	Throat Chakra	
101 – 120	Brow Chakra	
121 – 140	Crown Chakra	

Note: Your answers may shift over time, so it is useful to re-do this assessment from time to time.

SEVEN MAJOR CHAKRAS



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