

*Personal Yoga Therapy*  
*Self Assessment Form*

**Time & Space Consulting, LLC**

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*Experiences that stimulate the mind-body-spirit connection can be very powerful in facilitating personal healing and development. Inner space explorations can at times stir up the unconscious and shine a light on places we don't often visit consciously. For this reason, it is important that people who do this work are prepared, willing and emotionally ready to do so. **Personal Yoga Therapy is for those who are ready to move beyond their current definition of self.** Self-study (svadhaya) and tapas or discipline are required. You are expected to show up for yourself. The questionnaire that follows will give you an idea of the kind of explorations we will go on. It is my hope that the questions will cause you to think and to be enlightened about the unique being that you are. The process begins with the feelings you are experiencing right now. Let's begin.*

The completeness and accuracy of the information is extremely important. Please give yourself plenty of time to work on this questionnaire. Make every effort to provide clear, accurate, complete information. The questionnaire is not a test. It is an exercise in self-awareness – a soul-searching tool to help me to facilitate you on your journey of self-discovery. Your process has already begun. As you answer the questions that follow, relax and enjoy what you learn from the knowledge it brings to you about yourself. Please do not underestimate the importance of any single answer, and answer all questions that apply to you. If any question arouses a fear or concern in your mind, make a note of this in the margin of the questionnaire. How you feel about the questions is just as important as your answers. Some questions require careful thought. Give yourself time to answer thoughtfully. If you need to take a break, please respect your need to rest.

And remember to B R E A T H E !

## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Date of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_\_ am/pm Place of Birth: \_\_\_\_\_

Experience with stress management techniques, yoga or meditation.

Please list any prescription or non-prescription drugs you are taking and what they are for:

Do you have an addictive personality? Can you describe your addictions?

Please list any history of major illness, chronic conditions, accidents, injuries or psychiatric care?

Are you currently working with a psychotherapist? How long? What is your past history with psychotherapists?

Type of Work that you do to earn income:

Level of satisfaction with your work?

Describe your family and living situation.

Level of satisfaction at home.

In your opinion, what areas of your life most need improvement?

Where in your life do you feel most out of balance? Physical Body? Emotional Body?  
Mental Body? Spiritual Body?

What have you done to develop your self-awareness and self-knowledge? (Please mention your experience with previous inner process work):

At this point in time what do you consider your greatest lesson to learn would be?

Do you feel more connected to your body, mind or spirit? Please say more.

What is spirituality to you? Does the concept cause you any conflict?

In your relationship to yourself, are you kind? Compassionate? Critical? Self-indulgent?

Are you satisfied with the level of intimacy in your life? Do your personal relationships need attention?

Are you ready to change your life? What emotions or body sensations does this question evoke?

Knowing you, do you think you are ready for this process?

What is your 'intention' for our work together? In 1-3 sentences or less.

Anything else you'd like to say?

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Please return this questionnaire to Time & Space Consulting, PO Box 45, Allenhurst, NJ 07711 Or fax to: 732.517.0199