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# PART IV:
# YOUR HEALTH EVALUATION

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# HEALTH GUIDELINES

PART IV  Worksheet 1

*This self-evaluation invites you to reflect on how you care for the body, how you nurture its strength, and where you may be overlooking its needs. For each question, check "**Yes**" if the statement describes your usual behavior, "**No**" if it rarely or never does, or "**Needs Attention**" if you wish to improve. • Before beginning, take time to relax your body and settle your mind. Sit in an upright position, with shoulders and arms at ease. Bring your attention to the steady rhythm of your breath. With each exhalation, release tension from the muscles of the face, neck, and shoulders. With each inhalation, invite fresh energy and vitality to fill your body. Feel as if life force were flowing through every cell, awakening strength, harmony, and wellbeing. • When you feel centered and fully present, begin the reflections that follow, viewing yourself as a health counselor would—calmly, objectively, and with the intention to understand.*

## Diet and Nutrition

| | Yes | No | Needs Attention |
|---|---|---|---|
| I sleep deeply at night and wake up feeling rested. | ☒ | ☐ | ☐ |
| I stretch or move my body soon after waking. | ☒ | ☐ | ☐ |
| I drink a liter or more of water daily (not counting coffee or tea). | ☒ | ☐ | ☐ |
| I eat at more or less the same times every day. | ☒ | ☐ | ☐ |
| I include fresh fruits or vegetables in my diet every day. | ☒ | ☐ | ☐ |
| After eating I feel satisfied and comfortable. | ☒ | ☐ | ☐ |
| I fast occasionally or intermittently. | ☒ | ☐ | ☐ |
| I avoid eating heavy meals late at night. | ☒ | ☐ | ☐ |
| I limit stimulants—coffee, tea, chocolate, sugar, or energy drinks—to moderate amounts. | ☒ | ☐ | ☐ |
| I maintain a steady level of energy throughout the day, refreshing it as needed. | ☒ | ☐ | ☐ |
| I pay attention to posture when sitting, standing, and using a phone or computer. | ☒ | ☐ | ☐ |
| On most days I engage in 30 minutes or more of physical activity—walking, yoga, gardening, or similar. | ☒ | ☐ | ☐ |
| When sitting for long periods, I alternate with short periods of movement. | ☒ | ☐ | ☐ |
| I take regular breaks during the day to rest and restore energy. | ☒ | ☐ | ☐ |
| I handle minor aches or changes in health promptly. | ☒ | ☐ | ☐ |
| I keep up with regular medical and dental checkups. | ☒ | ☐ | ☐ |
| I dedicate one day a week to rest and relaxation. | ☒ | ☐ | ☐ |
| I spend time in nature as much as possible. | ☒ | ☐ | ☐ |

# SIGNS OF PHYSICAL DISCOMFORT

PART IV  Worksheet 2

*Before illness fully sets in, there are often warning signs—physical discomforts we tend to overlook or dismiss. Though they may seem minor at first, they often point to deeper imbalances. Your body's messages, especially those that repeat, are valuable signals. They reveal areas where greater awareness or balance is needed.* • *The statements below invite you to bring awareness to these early indicators. Mark "**Yes**" if the statement reflects your usual behavior, "**No**" if it rarely or never does, or "**Needs Attention**" if you wish to improve.*

| | Yes | No | Needs Attention |
|---|---|---|---|
| **Diet and Digestion** | | | |
| • I skip meals or eat at irregular times. | ☒ | ☐ | ☐ |
| • I overeat or eat beyond comfort or need. | ☒ | ☐ | ☐ |
| • I experience digestive discomfort—bloating, gas, constipation, diarrhea, or heartburn. | ☒ | ☐ | ☐ |
| • I have a persistent lack of appetite. | ☒ | ☐ | ☐ |
| • I eat late at night, and wake up feeling heavy. | ☒ | ☐ | ☐ |
| • I crave stimulants such as coffee, tea, chocolate, or sweetened drinks. | ☒ | ☐ | ☐ |
| • I react to certain foods with fatigue, headaches, or skin irritation. | ☒ | ☐ | ☐ |
| **Energy and Motivation** | | | |
| • I experience ongoing fatigue that isn't relieved by rest. | ☒ | ☐ | ☐ |
| • I notice a gradual decline in my physical energy or muscle strength. | ☒ | ☐ | ☐ |
| • I feel unmotivated or apathetic about daily responsibilities. | ☒ | ☐ | ☐ |
| **Pain and Discomfort** | | | |
| • I experience recurring or persistent pain that doesn't improve over time. | ☒ | ☐ | ☐ |
| • I notice reduced strength or difficulty with routine physical tasks. | ☒ | ☐ | ☐ |
| • I experience joint stiffness, swelling, or pain that limits my movement. | ☒ | ☐ | ☐ |
| • I experience frequent muscle tension, often related to stress or posture. | ☒ | ☐ | ☐ |
| • I frequently experience headaches, sometimes migraines. | ☒ | ☐ | ☐ |
| • I have recurring skin irritation or rashes. | ☒ | ☐ | ☐ |
| • I sometimes experience shortness of breath. | ☒ | ☐ | ☐ |
| • I feel dizzy or lightheaded at times. | ☒ | ☐ | ☐ |
| • I experience unexplained or recurrent fevers. | ☒ | ☐ | ☐ |
| • I tend to ignore such signs, hoping they will go away. | ☒ | ☐ | ☐ |
| • I put off regular health checkups. | ☒ | ☐ | ☐ |
| **Rhythms and Routine** | | | |
| • I go to bed and wake up at inconsistent times. | ☒ | ☐ | ☐ |
| • I work long hours without sufficient breaks. | ☒ | ☐ | ☐ |
| • I struggle to maintain a healthy balance between work, meals, physical activity, family, and rest. | ☒ | ☐ | ☐ |

KNOW THYSELF

# ACTION STEPS FOR BETTER PHYSICAL HEALTH

PART IV  Worksheet 3

*Review the two previous questionnaires, noting the items you marked as "**Needs Attention**." These represent areas where greater awareness and small, steady changes can strengthen your physical wellbeing.*

## LIST THOSE AREAS HERE

Choose five or more areas that feel most important for your health right now and describe practical, realizable steps you can take immediately for improvement.

**1) *Needs attention:***

- ***Describe practical, realizable steps you can take now for improvement.***

2) *Needs attention:*

- *Describe practical, realizable steps you can take now for improvement.*

3) *Needs attention:*

- *Describe practical, realizable steps you can take now for improvement.*

4) *Needs attention:*

- *Describe practical, realizable steps you can take now for improvement.*

5) *Needs attention:*

- *Describe practical, realizable steps you can take now for improvement.*

# PHYSICAL HEALTH: DAY BY DAY

PART IV  Worksheet 4

*Set aside time each day to reflect on your physical wellbeing. This simple practice can help you become more attuned to your body's needs and recognize early signs of imbalance. Begin with a few moments of meditation, or use the Introspection Gateway to center yourself and awaken deeper receptivity.*

**NUTRITION.** What did I eat today, and how did it affect my energy, mood, and digestion?

**REST.** How did I sleep last night, and how did I feel upon waking? What did I do to rouse my energy and get my brain working clearly?

**MOVEMENT.** What forms of physical exercise did I engage in today, and how did they influence my energy and mood?

**DISCOMFORT.** Where did I notice any pain, tension, or physical discomfort today? Were these symptoms recurring, or did they arise unexpectedly?

**ACCIDENTS OR MISHAPS.** Were there any accidents or physical mishaps that occurred today, even if they seemed minor? In what ways did each event affect my body and my emotional state? Aside from karma, what practical factors may have contributed—such as fatigue, haste, distraction, posture, or inattention? Is there a message here for me?

**CHOICES.** Which of my actions and decisions today supported my physical wellbeing, and which may have compromised it?

**ENERGY.** How was the level of my vital energy throughout the day? When did it feel strong, and when did it begin to wane? What did I do to restore it?

**OTHER.** Additional observations that feel important or deserve attention:


*Set an hourly reminder on your phone or smartwatch: if you've been sitting, stand and stretch; if you've been on your feet, sit and breathe deeply. Even a brief change of position or a few deep breaths can restore clarity and energy.*

# PHYSICAL HEALTH: THIS WEEK IN PERSPECTIVE

PART IV  Worksheet 5

*At the end of each week, look back over your daily journals and note the patterns that emerge. This overview helps you recognize what strengthens your vitality and what tends to drain it. You may begin to see how simple choices—what you eat, how you rest, and how you move—directly influence your overall wellbeing.*

**DIET.** What choices did I make this week to support good health? Which choices were detrimental? Did any particular foods noticeably affect my energy, digestion, or mood?

**EXERCISE.** How often during the week did I exercise? What excuses did I make for not doing so? Which forms of activity left me feeling most alive?

**REST.** How regular were my sleep patterns? Did I awaken refreshed or sluggish most mornings, and what factors contributed? What can I do to improve my rest?

**DISCOMFORT.** What pains or discomforts were evident this week? Were they acute or chronic? What did I do this week to relieve them? Do these signals indicate the need for more rest, professional attention, lifestyle adjustment, or more consistent health habits?

**ACCIDENTS OR PHYSICAL MISHAPS.** Looking back over the week, were there any accidents or physical mishaps? How did they influence my physical confidence, energy, or emotional tone? Aside from karma, what recurring conditions or habits may have contributed? What adjustments might this pattern be asking me to make?

**OTHER.** Additional observations that feel important or deserve attention.


*Identify one recurring symptom and take a concrete step toward relieving or eliminating it.*

## INTERLUDE

### LISTENING TO THE BODY

Take a few moments now to relax and integrate what you have discovered from these evaluations. Let your body know that you will be attending to its needs more attentively now and in the future. Place your hands on any part of the body that is asking for attention and massage that area gently, bringing warmth and healing life force where it is most needed.

Close your session here or, if you feel ready, continue to the next chapter to explore the wellbeing of your mind.

# DEVELOPING MENTAL STRENGTH

PART IV  Worksheet 6

*This self-evaluation invites you to look honestly at your mental powers and notice where greater clarity, focus, or willpower may be needed. Each question helps you become aware of the direction of your thoughts— whether they lead you toward greater clarity or get lost in distraction and restlessness.* ● *Before beginning, take time to quiet the mind and gather your thoughts. Sit upright, relax the neck and shoulders, and elongate the spine. Use a breathing, meditation, or prayer technique you know, or use the Introspection Gateway to calm your feelings and steady your mind. When you feel centered and attentive, begin the reflections that follows.* ● *For each statement, check "**Yes**" if it describes your usual behavior, "**No**" if it rarely or never does, or "**Needs Attention**" if you wish to improve.*

| | Yes | No | Needs Attention |
|---|---|---|---|
| **Focus and Willpower** | | | |
| ● I use my time wisely and prioritize tasks effectively. | ☒ | ☐ | ☐ |
| ● I am punctual and consistent in honoring my commitments. | ☒ | ☐ | ☐ |
| ● I am able to concentrate and resist distractions that pull my attention away. | ☒ | ☐ | ☐ |
| ● When challenges arise, I can summon the inner resolve to keep moving forward. | ☒ | ☐ | ☐ |
| ● I stay the course and follow projects through to completion. | ☒ | ☐ | ☐ |
| ● I remain calm and think clearly under pressure. | ☒ | ☐ | ☐ |
| **Learning and Memory** | | | |
| ● I grasp new information and retain it with relative ease. | ☒ | ☐ | ☐ |
| ● I can draw on what I've learned and apply it when needed. | ☒ | ☐ | ☐ |
| **Creativity and Problem-Solving** | | | |
| ● I approach challenges with practical ideas and thoughtful strategies. | ☒ | ☐ | ☐ |
| ● I adapt easily when plans or ideas need to change. | ☒ | ☐ | ☐ |
| ● I look for creative ways to solve problems and to improve how things are done. | ☒ | ☐ | ☐ |
| **Discernment and Decision-Making** | | | |
| ● I reflect calmly and objectively before making decisions. | ☒ | ☐ | ☐ |
| ● I consider different viewpoints with openness and discernment. | ☒ | ☐ | ☐ |
| ● I trust my judgment and follow through on my decisions with confidence. | ☒ | ☐ | ☐ |
| **Intuition and Inner Guidance** | | | |
| ● I turn inward for intuitive guidance when clarity is needed and act on insights I receive.* | ☒ | ☐ | ☐ |

* See Part VII, Intuitive Guidance, to learn how to ask for and receive intuitive insight.

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# SIGNS OF MENTAL STRAIN

PART IV  Worksheet 7

*For each statement, check "**Yes**" if it describes your usual behavior, **No**" if it rarely or never does, or "**Needs Attention**, if wish to improve.*

| | *Yes* | *No* | *Needs Attention* |
|---|---|---|---|
| **Distraction and Mental Fatigue** | | | |
| I am often scattered or distracted, unable to concentrate. | ☒ | ☐ | ☐ |
| I have difficulty finishing what I start. | ☒ | ☐ | ☐ |
| I take on too much at once and lose focus and energy in the process. | ☒ | ☐ | ☐ |
| I often feel mentally drained, unmotivated, or sluggish. | ☒ | ☐ | ☐ |
| I tend to postpone or avoid mentally demanding tasks, even when they matter to me. | ☒ | ☐ | ☐ |
| **Indecision and Self-Doubt** | | | |
| I hesitate to make decisions or frequently second-guess myself. | ☒ | ☐ | ☐ |
| I rely heavily on the opinions of others when making decisions. | ☒ | ☐ | ☐ |
| I dismiss intuitive insights in favor of rational analysis. | ☒ | ☐ | ☐ |
| **Rigidity and Resistance** | | | |
| I resist new perspectives or struggle to consider unfamiliar ideas. | ☒ | ☐ | ☐ |
| I tend to reject viewpoints that differ from my own. | ☒ | ☐ | ☐ |
| When circumstances shift, I find it hard to change course. | ☒ | ☐ | ☐ |
| **Memory and Recall** | | | |
| I use my time wisely and prioritize tasks effectively. | ☒ | ☐ | ☐ |
| I notice increasing forgetfulness, such as misplacing items or losing track of tasks. | ☒ | ☐ | ☐ |
| I sometimes struggle to recall familiar names, faces, or words. | ☒ | ☐ | ☐ |
| I forget recent conversations or events more often than before. | ☒ | ☐ | ☐ |
| I rely heavily on notes, reminders, or digital devices to remember daily tasks. | ☒ | ☐ | ☐ |
| I find it harder to learn and retain new information than in the past. | ☒ | ☐ | ☐ |
| Others have mentioned concerns about my memory or concentration. | ☒ | ☐ | ☐ |
| **Overthinking and Worry** | | | |
| My mind is constantly active or overstimulated, even when I want to relax. | ☒ | ☐ | ☐ |
| I feel mentally or physically drained by constant worry. | ☒ | ☐ | ☐ |
| My thoughts often circle around the same doubts or concerns without resolution. | ☒ | ☐ | ☐ |
| I dwell more on problems than on possible solutions. | ☒ | ☐ | ☐ |

KNOW THYSELF

# ACTION STEPS FOR MENTAL WELLBEING

PART IV  Worksheet 8

*Review the two previous questionnaires, noting the items you marked as "**Needs Attention**." These represent areas where greater awareness and small, steady changes can strengthen your physical wellbeing.*

## LIST THOSE AREAS HERE

Choose five or more areas that feel most important for your health right now and describe practical, realizable steps you can take immediately for improvement.

**1) *Needs attention:***

- ***Describe practical, realizable steps you can take now for improvement.***

2) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

3) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

4) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

# MENTAL STRENGTH: DAY BY DAY

PART IV  Worksheet 9

*Set aside time each day this week to reflect on your mental habits, your ability to focus, and your approach to decision-making. This simple practice can help you become more aware of how your mind works and how to direct it more clearly and creatively. Begin, if you wish, with a few moments of meditation or with the Introspection Gateway to attune yourself to a broader perspective.*

## FOCUS

- What was the most important thing I focused on today, and how wholehearted was my effort?

- What distracted me, and how did I respond?

## FOLLOW-THROUGH

- What tasks or goals did I complete today, and which ones remain unfinished?

- What challenges or problems did I encounter today, and how did I address them? How could I have managed them differently?

### OPENNESS

- Did I encounter a different point of view today? Was I open to it, or did I resist it?

- How did I apply my creativity or ingenuity today?

### MEMORY

- What was I unable to easily recall today?

### DECISIONS

- Did I make any important decisions today? Do I feel confident that they are good ones?

### OTHER

- Additional observations that feel important or deserve attention:

*Choose one task for tomorrow that deserves your full attention. Focus on it for at least thirty minutes. Commit now to eliminating distractions: silence or set aside your phone and close all social media and messaging apps during that time. Afterwards, evaluate your experience—what did you notice about your focus and sense of accomplishment?*

KNOW THYSELF

# MENTAL STRENGTH: THIS WEEK IN PERSPECTIVE

PART IV  Worksheet 10

*Before beginning these reflections, take time to settle your energy and calm your thoughts and feelings. Sit upright, relax the shoulders, and bring your attention to the steady rhythm of your breath. With each exhalation, release tension and restlessness; with each inhalation, invite calm strength to fill your heart. Feel waves of peace washing over you, soothing the mind and emotions. When you sense that you have entered a state of inner balance, begin the exercises that follow.*

**FOCUS.** What major projects did I work on? What distracted me from them? Which ones progressed well, and which did not?

**FLEXIBILITY.** What new ideas or situations arose this week and how did I respond? Did I adapt easily, or resist change?

**CREATIVITY.** In what ways did I apply my creativity at home and at work?

**MEMORY.** In what situations did I find it difficult to remember something? What did I do this week to strengthen my memory and concentration?

**DECISIONS.** What decisions did I make this week and how are they working out? Do I feel at peace with them, or do they call for re-examination?


*Choose one task or project to bring to a conclusion next week. Focus your attention on completing it with concentration, clarity, and creativity. Notice the sense of satisfaction and renewed energy that comes with closure.*

## INTERLUDE

### TIME OFF

This might be a good time to take a break from your health checkup. Set it aside for another day—or, if you feel to continue with the next chapter, first do some refreshing physical activity. When you feel calm and alert, turn to the next section and begin observing your emotional landscape.

# EMOTIONAL MASTERY

PART IV  Worksheet 11

*In this section, you will reflect on how you meet life's emotional demands and how your presence affects those around you. You will first evaluate your current ability to respond consciously and maturely, then look more closely at the reactions that may still arise in you unconsciously.* ● *For each statement, check "**Yes**" if it describes your usual behavior, "**No**" if it rarely or never does, or "**Needs Attention**" if you wish to improve.*

| | Yes | No | Needs Attention |
|---|---|---|---|
| **Acceptance and Honesty** | | | |
| ● I am honest with myself about my feelings, even when they are difficult to face. | ☒ | ☐ | ☐ |
| ● I express my feelings clearly and kindly, without suppressing or overreacting. | ☒ | ☐ | ☐ |
| ● I recognize my shortcomings as opportunities to improve myself. | ☒ | ☐ | ☐ |
| ● I feel at peace with what life brings. | ☒ | ☐ | ☐ |
| **Harmony in Relationships** | | | |
| ● I am willing to consider different points of view without prejudice. | ☒ | ☐ | ☐ |
| ● I refrain from judging others for their ideas or behavior. | ☒ | ☐ | ☐ |
| ● I let go of resentment and forgive when hurt. | ☒ | ☐ | ☐ |
| ● I offer my time and support generously when others need help. | ☒ | ☐ | ☐ |
| ● I can be relied upon to follow through on my commitments. | ☒ | ☐ | ☐ |
| ● I stay loyal and supportive in my relationships, especially when love or harmony is tested. | ☒ | ☐ | ☐ |
| **Emotional Steadiness and Resilience** | | | |
| ● I maintain a calm state of mind even in stressful circumstances. | ☒ | ☐ | ☐ |
| ● I approach life with optimism, even in uncertain times. | ☒ | ☐ | ☐ |
| ● I recover quickly from emotional upsets. | ☒ | ☐ | ☐ |
| ● I find the inner strength to keep going when faced with setbacks. | ☒ | ☐ | ☐ |

# EMOTIONAL CHALLENGES

PART IV  Worksheet 12

*Now turn your attention to the emotional patterns that can interfere with wellbeing. Such patterns tend to surface when reactivity replaces awareness and emotion takes the lead over reason or calm reflection. • For each statement, check "**Yes**" if it describes your usual behavior, "**No**" if it rarely or never does, or "**Needs Attention**" if you wish to improve.*

| | Yes | No | Needs Attention |
|---|---|---|---|
| **Self-Centered Patterns** | | | |
| • I tend to focus on my own needs, sometimes at the expense of others. | ☒ | ☐ | ☐ |
| • I feel a desire to retaliate when I've been hurt. | ☒ | ☐ | ☐ |
| • I am envious when others are recognized or achieve success. | ☒ | ☐ | ☐ |
| • I feel the need to defend or justify myself when challenged. | ☒ | ☐ | ☐ |
| **Fear and Insecurity** | | | |
| • I often feel anxious about my safety, security, or overall wellbeing. | ☒ | ☐ | ☐ |
| • I frequently worry about the wellbeing of friends or loved ones. | ☒ | ☐ | ☐ |
| • At times my worries seem out of proportion to the situation. | ☒ | ☐ | ☐ |
| • I am fearful in the face of uncertainty, change, or potential loss | ☒ | ☐ | ☐ |
| • I occasionally experience panic attacks. | ☒ | ☐ | ☐ |
| • At times I lose faith in myself or in the future. | ☒ | ☐ | ☐ |
| **Reactive Tendencies** | | | |
| • I react with anger when I feel wronged or misunderstood. | ☒ | ☐ | ☐ |
| • I find myself drawn into arguments, rivalry, or combative exchanges. | ☒ | ☐ | ☐ |
| • My moods fluctuate unpredictably, making it hard to stay emotionally steady. | ☒ | ☐ | ☐ |
| • I become easily irritated by minor inconveniences or frustrations. | ☒ | ☐ | ☐ |
| • I act on impulse—speaking or deciding without calm reflection. | ☒ | ☐ | ☐ |
| • I withdraw when emotions feel overwhelming. | ☒ | ☐ | ☐ |

KNOW THYSELF

# ACTION STEPS FOR EMOTIONAL WELLBEING

PART IV  Worksheet 13

*From the previous two questionnaires, review all the items you marked as "**Needs Attention**." These represent areas where greater awareness and small, steady changes can bring greater emotional stability.*

## LIST THOSE AREAS HERE

Choose five or more areas that feel most important for your emotional stability right now and describe practical, realizable steps you can take immediately for improvement.

**1) *Needs attention:***

- ***Describe practical, realizable steps you can take now for improvement.***

2) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

3) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

4) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

5) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

# EMOTIONAL MATURITY: DAY BY DAY

PART IV  Worksheet 14

*These journal prompts invite you to observe your emotional reactions and the deeper patterns behind them. You don't need to answer every question each day. Choose those that are most relevant to the day's experiences—the moments that touched you, unsettled you, or inspired you.*

## REACTIONS

- What unexpected situations arose today, and how did I handle them?

- Did someone or something irritate me today? How did I react?

- Did I get angry today? How did I deal with it?

## RESILIENCE

- Did I experience a personal or professional setback today? How did I respond?

- Was there a moment today when I transformed an emotional reaction into a constructive response? What helped me make that shift?

## CONCERNS

- What are my three main worries right now, and how are they affecting my health, work, and relationships?

1)

2)

3)

## COMPASSION

- In what ways did I help or support others today?

## HIGHLIGHTS

- What was the highlight of my day?

- What am I grateful for today?

## OTHER

- Additional observations that feel important or deserve attention:


*End your day, or begin the morrow, by writing to or speaking with someone who needs encouragement or support. Offer genuine appreciation, a few kind words, or practical help.*

# EMOTIONAL MATURITY: THIS WEEK IN PERSPECTIVE

PART IV  Worksheet 15

*At week's end, look back on the emotions that most colored your days. Notice what tended to unsettle you and what helped you regain inner calm. Through this review you can begin to recognize recurring circumstances that trigger habitual reactions and discover the inner strengths that help you remain centered.*

## REACTIONS

- What emotions surfaced most often this week?

- Did I recognize these moments quickly, or only after they had passed?

## RESILIENCE

- When difficulties arose, how did I maintain emotional equilibrium? What attitudes or practices helped me do so?

## RELATIONSHIPS

- Who was the most significant person in my life this week?

- Were our interactions harmonious or fraught?

- What did I learn from these exchanges?

## COMPASSION

- In what ways did I offer understanding, encouragement, or practical help to others this week?

## GRATITUDE

- What am I most grateful for this week?


*Identify one recurring emotional pattern that disturbs your peace of mind, and describe how you will respond to it when it next arises. Resolve to meet it differently next week—with calm awareness and a conscious choice to respond, not react.*

## INTERLUDE

### SETTLE DOWN

Take a few moments now to relax and integrate what you have Before turning to the next chapter, take a pause. Set aside your reflections for a while and simply breathe.

Notice how it feels to rest within yourself, free of analysis or effort. Let the heart grow quiet and the mind spacious. In this stillness, the insights of your emotional work can begin to settle and take hold.

When you feel inwardly refreshed, you will be ready to explore the subtler dimension of your inner life.

# SPIRITUAL AWARENESS

PART IV  Worksheet 16

*Through the following exercises you will be able to observe the interplay between the forces of expansion and contraction as they manifest in your inner life and your daily actions. You can be candid and objective in your evaluation; your responses are meant to highlight areas of inner strength and neglect, not to foster self-judgment.* • *Before you start, take the time you need to enter a calm, focused, and elevated state of mind. You can use the Introspection Gateway if you wish, or any other method familiar to you. What matters is that you begin from stillness, with the mind uplifted and receptive.* • *For each statement, check "**Yes**" if it describes your usual behavior, "**No**" if it rarely or never does, or "**Needs Attention**" if you wish to improve.*

| | *Yes* | *No* | *Needs Attention* |
|---|---|---|---|
| **Inner Life** | | | |
| • I tend to focus on my own needs, sometimes at the expense of others. | ☒ | ☐ | ☐ |
| • I I maintain regular practices that deepen my attunement with the higher Self. | ☒ | ☐ | ☐ |
| • I I approach my practices enthusiastically, with a desire to go deeper. | ☒ | ☐ | ☐ |
| • I I stay inwardly focused during practice. | ☒ | ☐ | ☐ |
| • I I feel uplifted when I practice with others who share my aspirations. | ☒ | ☐ | ☐ |
| • I I dedicate time to being alone and in silence. | ☒ | ☐ | ☐ |
| • I My practices lead me to a sense of inner peace. | ☒ | ☐ | ☐ |
| • I I remain patient, even when inner progress feels slow. | ☒ | ☐ | ☐ |
| **Daily Life** | | | |
| • I remain inwardly serene when faced with challenges or unexpected change. | ☒ | ☐ | ☐ |
| • I am content with what life gives me, without longing for more. | ☒ | ☐ | ☐ |
| • I strive to see life's situations from a higher, more expansive perspective. | ☒ | ☐ | ☐ |
| • I recognize and honor a sacred presence in all life forms. | ☒ | ☐ | ☐ |
| **Relationships** | | | |
| • I seek out and nurture friendships with those who share my values and ideals. | ☒ | ☐ | ☐ |
| • I relate to others in a spirit of harmony, even when our views or goals differ. | ☒ | ☐ | ☐ |
| • I offer my time, knowledge, and support when needed. | ☒ | ☐ | ☐ |
| • I treat others with kindness and respect, even when we disagree. | ☒ | ☐ | ☐ |
| **Faith** | | | |
| • I seek divine guidance in all circumstances. | ☒ | ☐ | ☐ |
| • I accept challenges as opportunities to align with divine will. | ☒ | ☐ | ☐ |
| • I test and then trust inner guidance even when the path ahead is unclear. | ☒ | ☐ | ☐ |
| • I express gratitude for life's challenges as well as its blessings. | ☒ | ☐ | ☐ |

# SIGNS OF SPIRITUAL NEGLECT

PART IV  Worksheet 17

*Even with the best intentions and a strong sense of purpose, there are times when we encounter resistance—sometimes from within, sometimes from unseen forces—that pulls us off course and threaten to lead us into a downward spiral. These influences can cloud our judgment and draw us away from the path of spiritual growth. Recognizing the warning signs early allows us to make timely adjustments before they become more persistent or entrenched.* ● *For each statement, check "**Yes**" if it describes your usual behavior, "**No**" if it rarely or never does, or "**Needs Attention**" if you wish to improve.*

| | *Yes* | *No* | *Needs Attention* |
|---|---|---|---|
| **Depth of Practice** | | | |
| ● My spiritual practices are inconsistent. | ☒ | ☐ | ☐ |
| ● During practice I experience physical restlessness or mental wandering. | ☒ | ☐ | ☐ |
| ● My practices often feel shallow or routine, lacking depth or inspiration. | ☒ | ☐ | ☐ |
| ● My practices don't bring the peace or joy I seek. | ☒ | ☐ | ☐ |
| ● I make good spiritual resolutions but fail to follow through with them. | ☒ | ☐ | ☐ |
| ● I often waste time in distractions that hinder my inner progress. | ☒ | ☐ | ☐ |
| ● I avoid practicing with others when my own practice feels weak. | ☒ | ☐ | ☐ |
| ● I hesitate to seek help when my spiritual life falters. | ☒ | ☐ | ☐ |
| ● I avoid self-reflection or struggle to be fully honest with myself. | ☒ | ☐ | ☐ |
| **Attitudes Toward Others** | | | |
| ● I tend to judge or criticize others. | ☒ | ☐ | ☐ |
| ● I harbor prejudiced views or treat others as inferior. | ☒ | ☐ | ☐ |
| ● I feel spiritually superior to others or proud of my progress. | ☒ | ☐ | ☐ |
| ● I sometimes react to others unkindly, with harsh words. | ☒ | ☐ | ☐ |
| ● I struggle to forgive or to let go of past hurts. | ☐ | ☐ | ☐ |
| **Loss of Spiritual Connection** | | | |
| ● I sometimes question the presence or benevolence of a higher power. | ☒ | ☐ | ☐ |
| ● I feel disconnected or uninspired during spiritual practice. | ☒ | ☐ | ☐ |
| ● A lingering sadness clouds my experience of life. | ☒ | ☐ | ☐ |
| ● I feel discontent with what life has given me. | ☒ | ☐ | ☐ |
| ● I become disappointed or discouraged when things don't unfold as expected. | ☒ | ☐ | ☐ |
| ● I judge myself harshly and feel guilty or unworthy. | ☒ | ☐ | ☐ |
| ● I feel apathetic toward activities that once brought me joy. | ☒ | ☐ | ☐ |
| ● I isolate myself from others when I lose energy or inspiration. | ☒ | ☐ | ☐ |

**BEHOLD!**

Introspection means to behold oneself from a center of inner calmness, without the slightest mental bias, open to what may be wrong in oneself—not excusing it, but not condemning, either. Introspection means referring what one sees to the superconscious mind, and detachedly accepting guidance, when it comes.*

*—Swami Kriyananda*

* Swami Kriyananda, *Affirmations for Self-Healing* (Nevada City: CA: Crystal Clarity Publishers, 2005), "Introspection."

KNOW THYSELF

# ACTION STEPS FOR DEEPER SPIRITUAL AWARENESS

PART IV  Worksheet 18

*From the two previous questionnaires, review all the items you marked as "**Needs Attention**." These represent areas where greater awareness and small, steady changes can bring new life and depth to your inner life.*

## LIST THOSE AREAS HERE

Choose five or more areas that feel most important for your emotional stability right now and describe practical, realizable steps you can take immediately for improvement.

1) ***Needs attention:***

- ***Describe practical, realizable steps you can take now for improvement.***

2) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

3) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

4) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

5) *Needs attention:* _____

- *Describe practical, realizable steps you can take now for improvement.* _

# INNER LIFE: DAY BY DAY

PART IV  Worksheet 19

*Keeping a journal over the course of weeks and months helps us become more aware of the frequency and depth of our practices, and of the attitudes and situations that may undermine our resolutions. Use this journal daily to reflect on the quality of your inner life. If time is short, respond to the questions that feel most relevant.*

## Time and Priorities

Our days include both restorative and dispersive activities. Relaxation renews our energy and helps us stay inwardly balanced; entertainment, though enjoyable, often disperses our energy. Becoming aware of how we spend our time reveals much about our priorities.

Looking back on today, how much time did I spend in each of the following areas?

- Sleep: _____
- Work: _____
- Meals: _____
- Relaxation or hobbies: _____
- Time with family and friends: _____
- Online activity: _____
  (*social sites, messaging, video calls, news, films, browsing*)
- Recreation and entertainment: _____
  (*outings, other leisure pastimes*)
- Spiritual or personal growth practices: _____

## Where could I free up more time for my inner life?

## Practice and Depth

- Which practices did I engage in today?

- Were they inward and meaningful, or did they feel routine or superficial?

- Did I skip or postpone any of my usual practices? If so, why? How did I justify my inaction?

### *Concentration and Awareness*

- What specific thoughts, concerns, or interruptions distracted me during practice?

- Did my mind drift into a sleepy, subconscious state? How did I bring it back to focus?

### *Inner Experience and Influence*

- Did I feel a connection to my higher Self today? If so, in what way?

- How did my spiritual practices influence the rest of my day?

- What was the highlight of my inner life today?

- Other observations that feel significant or deserve further reflection:


*Feel free to enact one or all of the following suggestions tomorrow:*

- Commit to keeping your mind focused for at least fifteen minutes during one of your practices.
- Spend time—in person or virtually—with someone who inspires you.
- Make an inner pilgrimage: watch, listen to, or read something that carries the vibration of truth and inspiration.

KNOW THYSELF

# INNER LIFE: THIS WEEK IN PERSPECTIVE

PART IV  Worksheet 20

- What was my favorite spiritual practice this week?

- Which days this week was I consistent with my practices?

- Which practices did I skip, and for what reasons?

- On a scale of 1-10, how deep and fulfilling were my practices?

- How often did I participate—in person or virtually—in group spiritual activities? What influence did they have on my practices?

- What adjustments to my daily schedule would I like to make to give more time to my inner life?

- Who or what inspired me most this week?

What was the highlight of my inner life this week?