

# PERSONAL YOGA PRACTICE ASSESSMENT SHEET

## STEP 1: Define your motivation and commitment

Why do I want to practice yoga? What do I get from it?

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When will I do my practice?

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## STEP 2: Evaluate where you are on each one of Panchamaya levels and where you want to be.



### ANNAMAYA (THE PHYSICAL BODY)

(ACHES AND PAINS, LIMITED MOBILITY OR FUNCTION, POOR BALANCE, SENSE OF UNEASE WITHIN THE BODY)

| What concerns me right now in my physical body | How I would like to feel in my physical body |
|--|--|
| <hr/>  | <hr/>  |
| <hr/>  | <hr/>  |
| <hr/>  | <hr/>  |

What makes me feel better in my body?

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What makes me feel worse in my body?

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### PRANAMAYA (THE VITAL BODY)

(STRESS, SLEEP AND ENERGY, VARIOUS ORGAN FUNCTION, SENSE OF VITALITY)

|   |                             |
|---|-----------------------------|
| What is my level of stress right now?     | Where would I want it?      |
| Do I get enough sleep?                    | How much sleep do I need?   |
| Am I happy with the quality of my energy? | What would I want it to be? |
| Do I have any issues with organ function? | What would I want it to be? |



## MANOMAYA (THE INTELLECTUAL MIND)

(ABILITY TO FOCUS, MEMORY, LEARNING, QUALITY OF MENTAL ACTIVITY)

|  |                              |
|--|------------------------------|
| Do I get easily distracted?                | How would I prefer it to be? |
| Do I experience incessant mental activity? | How would I like it to be?   |
| Do I have trouble remembering things?      | What would I want it to be?  |



## VIJNANAMAYA (THE PERSONALITY)

(PERSONALITY TRAITS, CONDITIONING, HOW WE VIEW THE WORLD)

|  |                              |
|--|------------------------------|
| What kind of emotions keep coming up for me? | How would I prefer it to be? |
| How often do I feel anxious or disturbed?    | How would I like it to be?   |
| How often do I feel depressed or disengaged? | How would I like it to be?   |
| How often do I feel calm and content?        | How would I like it to be?   |



## ANANDAMAYA (THE HEART CENTER)

(SENSE OF JOY, CONNECTION AND BELONGING)

|   |                              |
|---|------------------------------|
| Do I feel supported in my intimate relationships? | How would I prefer it to be? |
| Do I have a social support network I can rely on? | How would I like it to be?   |
| Do I feel like I matter?                          | How would I like it to be?   |
| Do I do things that give me joy?                  | What would I want it to be?  |

**STEP 3:** Define your priorities. Circle the lines above that you want to focus on. Summarize below.

|   |  |
|---|--|
| Primary concerns (most important right now) | Secondary concerns (important in the long run) |
|---|--|