



Root Chakra Self-Assessment Questionnaire

<input type="checkbox"/>	Have you ever felt like or do you feel like don't belong?
<input type="checkbox"/>	Have you ever or do you want to escape from your life?
<input type="checkbox"/>	Have you or do you suffer from depression?
<input type="checkbox"/>	Have you ever or do you have ambivalence about life or wish you were never born?
<input type="checkbox"/>	Did you have some trauma, distress, or difficulty, physically, or emotionally between conception and the ages of 3-5?
<input type="checkbox"/>	Have you or do you feel insecure?
<input type="checkbox"/>	Is your energy low or unpredictable, often leaving you feeling, weak, tired or sick?
<input type="checkbox"/>	Do you have physical problems in your legs, back or feet?
<input type="checkbox"/>	Do you have problems with self-esteem, self-confidence, or self-worth?
<input type="checkbox"/>	Do you have a difficult time managing jobs, personal relationships, and finances?
<input type="checkbox"/>	Do new ideas scare you?
<input type="checkbox"/>	Do you resist or find change challenging?
<input type="checkbox"/>	Have you ever indulged in self-destructive behavior?
<input type="checkbox"/>	Were you abused- emotionally, physically, or sexually or neglected during your very early years?
<input type="checkbox"/>	Have you ever felt or do you feel abandoned by others?

If you answered "yes" to most of the above questions then you may have some imbalance or blockage of your root chakra?