



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

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SIGNATURE & INITIALS ABOVE AND PRINT NAME HERE: _____ DATE: _____

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

SELF-ASSESSMENT INSTRUCTIONS FOR USE

1. Just as in your doctor's office, you will complete this tool in writing. I do not recommend converting to a fillable pdf, but you will make that final decision for yourself. The interactive process of pen/pencil to paper is a slower process for most, and the reason to use this style to capture information about yourself. You need to slow down, be mindful and don't provide the first thing that comes to mind. Ponder each question and answer before you write your response.
2. Create a binder to keep all of your Ésprit with SoZoKi Energy Self-Practice assessments, notes and other downloaded SoZoKi documents.
3. Use a pencil or erasable ink pen to answer the questions – they both give you the opportunity to erase for better readability when you return to the document 😊!
4. PRINT DOCUMENT (if you do not own a printer, you can attach this document to an email, and then UPS or FedEx can print for you).
5. If you do not have access to a printer, determine how many times in 12 months you plan to complete this tool and have that number of copies printed to have on hand when needed.
6. If you have more than 3 major diagnoses', please print extra copies of page 15.
7. If you have printer capability, still determine how often you will return to complete this document during the next 12 months.
8. I recommend monthly for the first several months and then increase the span of time between assessments if desired. Increased frequency will provide better insight into the effectiveness of your intentions, allowing you to adjust as needed for the improvement you seek.
9. Be honest, this document is for you. Make sure you complete the cover page and then initial and date each page of the document to protect your legal health information (HIPAA).
10. Provide all of the details, if you need extra space, insert a blank piece of paper, or make a note to see back of a page in the document.
11. Record the date you begin and end the assessment, and then repeat the process each time you complete the tool. The dates are a prod to complete the form within a couple of days, this is not a process to complete over the course of a week or month. If you can, finish in one sitting.
12. Use the assessment as a reminder of your current habits and health status as you begin your energy self-practice.
13. Return to this tool as a baseline, and as you apply knowledge (aka., insert energy intentions into daily living), you will assess for success of intentions by changes you sought to create in your life. (Behaviors, Physical and/or Emotional Health)
14. **FIVE FOCUSES:** Behaviors, Physical Health, Emotional Health, Social Health and Personality Traits
15. Be honest, this document is for you, for the first time!
16. Additional instructions are woven throughout the document to prevent constant return to this page.

THIS PROCESS PRODUCES A METHOD, NOT A MAGIC TRICK

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

BEHAVIOR HEALTH HISTORY						
SLEEP ROUTINE						
	TIME TO BED _____	TIME TO SLEEP _____	TIME AWAKE _____	TIME Out of Bed _____	NAP TIME & LENGTH _____	SHIFT WORK? _____
CAFFEINE CONSUMPTION						
	TIME BEVERAGE _____	TIME BEVERAGE _____	TIME BEVERAGE _____	TIME BEVERAGE _____	TIME BEVERAGE _____	TIME BEVERAGE _____
	AMOUNT _____	AMOUNT _____	AMOUNT _____	AMOUNT _____	AMOUNT _____	AMOUNT _____
	WORK/SOCIAL _____	WORK/SOCIAL _____	WORK/SOCIAL _____	WORK/SOCIAL _____	WORK/SOCIAL _____	WORK/SOCIAL _____
	TRIGGERED BY ANOTHER BEHAVIOR _____	TRIGGERED BY ANOTHER BEHAVIOR _____	TRIGGERED BY ANOTHER BEHAVIOR _____	TRIGGERED BY ANOTHER BEHAVIOR _____	TRIGGERED BY ANOTHER BEHAVIOR _____	TRIGGERED BY ANOTHER BEHAVIOR _____

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

CAUSTIC CONVERSATIONS			
	HOME (Fight with kid)	WORK (Bad mouth boss)	SOCIAL (Gossip)
<p>First look at your own behavior. Do you have a half-full or half-empty life view?</p> <p>Do you have low or high energy levels when not interacting with someone?</p> <p>In a traditional interaction, do your choices produce a CC? If you are not the stimulus then identify what triggers the interaction, with whom, and events surrounding.</p>			

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

<p>When we have a low energy flow, we tend to subconsciously take energy from another via an interaction, it can</p> <p>be positive or negative, but someone walks away energized while the other depleted (possibly looking for that energy drink?)</p>	<table border="0"><tr><th data-bbox="352 264 871 293">HOME (CONT.)</th><th data-bbox="871 264 1375 293">WORK (CONT.)</th><th data-bbox="1375 264 1955 293">SOCIAL (CONT.)</th></tr><tr><td data-bbox="352 293 871 1421"></td><td data-bbox="871 293 1375 1421"></td><td data-bbox="1375 293 1955 1421"></td></tr></table>	HOME (CONT.)	WORK (CONT.)	SOCIAL (CONT.)			
HOME (CONT.)	WORK (CONT.)	SOCIAL (CONT.)					

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

EXERCISE						
	TYPE	TIME	INTERRUPTED	CONTINUOUS	TIMES/DAY	DAYS OF WEEK
	_____	_____	_____	_____	_____	_____
	TYPE	TIME	INTERRUPTED	CONTINUOUS	TIMES/DAY	DAYS OF WEEK
	_____	_____	_____	_____	_____	_____
	TYPE	TIME	INTERRUPTED	CONTINUOUS	TIMES/DAY	DAYS OF WEEK
	_____	_____	_____	_____	_____	_____
	TYPE	TIME	INTERRUPTED	CONTINUOUS	TIMES/DAY	DAYS OF WEEK
	_____	_____	_____	_____	_____	_____
	TYPE	TIME	INTERRUPTED	CONTINUOUS	TIMES/DAY	DAYS OF WEEK
	_____	_____	_____	_____	_____	_____

INITIALS _____ DATE _____



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NICCOTINE						
	HOW CONSUMED	#/DAY	# OF YEARS	HOW CONSUMED	#/DAY	# OF YEARS
	HOW CONSUMED	#/DAY	# OF YEARS	HOW CONSUMED	#/DAY	# OF YEARS
ALCOHOL						
	TYPE	FREQUENCY (#/DAY & 3 DAYS/WEEK)	ALONE?	TRIGGERS?	HAPPY/ANGRY	TIME YOU START
	TYPE	FREQUENCY (#/DAY & 3 DAYS/WEEK)	ALONE?	TRIGGERS?	HAPPY/ANGRY	TIME YOU START
	TYPE	FREQUENCY (#/DAY & 3 DAYS/WEEK)	ALONE?	TRIGGERS?	HAPPY/ANGRY	TIME YOU START

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

RECREATIONAL DRUG USE						
	TYPE	FREQUENCY (#/DAY & # DAYS/WEEK)	ALONE?	TRIGGERS?	TIME OF DAY YOU START	TIME OF DAY YOU STOP
	TYPE	FREQUENCY (#/DAY & # DAYS/WEEK)	ALONE?	TRIGGERS?	TIME OF DAY YOU START	TIME OF DAY YOU STOP
	TYPE	FREQUENCY (#/DAY & # DAYS/WEEK)	ALONE?	TRIGGERS?	TIME OF DAY YOU START	TIME OF DAY YOU STOP
	TYPE	FREQUENCY (#/DAY & # DAYS/WEEK)	ALONE?	TRIGGERS?	TIME OF DAY YOU START	TIME OF DAY YOU STOP

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

WORK/SCHOOL	ATTIRE (Do you know what you are going to wear & is it ready?)	COMMUTE (Do you know the best time to leave with the least opportunity for delay? Even if it means you need to leave a little earlier?)	CLOCK (Do you rush to a timeclock and set your pace to rush to the rest of your day, reacting rather than act upon your day?)	FIRST/LAST MEETING/CLASS (Do you schedule or accept meetings at the time you have to be at work? The same for the time to leave work?)	BREAKS (Include your routine - morning, lunch, afternoon, food consumed, exercise, self-care)	ENVIRONMENT (Include temp, noise, ergonomics, lighting)
<p>? (s) TO ASK:</p> <p>DO YOU LAUGH AT WORK/SCHOOL?</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>DO YOU ENJOY YOUR WORK/CLASSES?</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>DO YOU FEEL YOUR WORK MAKES A DIFFERENCE?</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>IS SCHOOL PREPING YOU FOR A SERVICE JOB?</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>DO YOU SEE YOURSELF AT THE SAME JOB IN 5 YEARS?</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>ARE YOU IN THE MILITARY?</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>						

INITIALS _____ DATE _____



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NUTRITION	DO BEGIN TO THINK ABOUT THE PROCESS OF YOUR FOODS JOURNEY					
<p>Protein/day F = 60gm M=120gm Carbs/day F & M = 40gm No more than 10 at one time. To Lose Weight</p> <p>THIS IS A DATA COLLECTION FOR BEHAVIORS AND NOT A FOOD DIARY</p> <p>NOT ENOUGH PROTIEN AND TOO MANY CARBS PRODUCE WEIGHT GAIN FOR MOST & DEPLETES THE NATURAL FLOW OF ENERGY</p>	<p>LIQUIDS TOTAL OUNCES/DAY</p> <hr/>	<p>PROTEIN TOTAL GRAMS/DAY WITH FAT CONTENT</p> <hr/>	<p>VEGITABLES TOTAL SERVINGS & CARBS</p> <hr/>	<p>FRUIT TOTAL SERVINGS & CARBS</p> <hr/>	<p>SNACKS #/DAY TOTAL PROTEIN, FAT & CARBS</p> <hr/>	<p>DIET FOLLOWED</p> <hr/> <p>HOW LONG AFTER YOU WAKE DO YOU EAT?</p> <hr/> <p>WHEN YOU LAST EAT, HOW LONG IT IS BEFORE YOU GO TO BED?</p> <hr/>

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

PHYSICAL HEALTH HISTORY						
ALLERGIES						
HOW OLD WERE YOU WHEN YOU FIRST EXPERIENCED THE ALLERGY? WHAT WAS OCCURING IN YOUR LIFE WHEN THE ALLERGY STARTED? IS THE START OF THE ALLERGY TIED TO A DIFFICULT LIFE EVENT?	SEASONAL (HAY FEVER)	ENVIRONMENT (DUST, PERFUMES)	METALS (NICKEL)	FOODS	MEDICATIONS	REACTION

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

MEDICATIONS						
PRESCRIBED	NAME _____	FREQUENCY _____	REASON _____	NAME _____	FREQUENCY _____	REASON _____
MEDS PRESCRIBED	NAME _____	FREQUENCY _____	REASON _____	NAME _____	FREQUENCY _____	REASON _____
	NAME _____	FREQUENCY _____	REASON _____	NAME _____	FREQUENCY _____	REASON _____
OVER THE COUNTER	NAME _____	FREQUENCY _____	REASON _____	NAME _____	FREQUENCY _____	REASON _____
	NAME _____	FREQUENCY _____	REASON _____	NAME _____	FREQUENCY _____	REASON _____
SUPPLEMENTS	NAME _____	FREQUENCY _____	REASON _____	NAME _____	FREQUENCY _____	REASON _____
SUPPLEMENTS (CONT.)	NAME _____	FREQUENCY _____	REASON _____	NAME _____	FREQUENCY _____	REASON _____

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

The chart below provides a list of the major systems, organs, and glands in the human body.

Use it to assist as you complete the health diagnosis section of your assessment.

I am not providing a comprehensive list of potential diagnosis. If you have a diagnosis not on the list, ‘other’ + ‘diagnosis’ is how to include so that you can provide the requested information and ensure all significant health data is captured.

SYSTEMS	MAJOR ORGANS
CIRCULATORY (BLOOD)	BLADDER
DIGESTION	BRAIN
ENDOCRINE	HEART
IMMUNE	INTESTINES (SMALL AND LARGE)
INTEGUMENTARY (SKIN)	KIDNEY
LYMPHATIC (NODES)	LIVER
MUSCULAR	LUNGS
NERVOUS (NERVES)	SPLEEN
RESPIRATORY	STOMACH
REPRODUCTIVE	UTERUS
SKELETAL	
URINARY	
MAJOR GLANDS	
ADRENALS	SKIN (LARGEST SYSTEM)
GONADS	
OVARIES	BLOOD (PLASMA/RED CELLS/WHITE CELLS/PLATELETS)
PANCREAS	
PARATHYROID	VESSELS (ARTERY/VEIN/CAPILLARY)
PINEAL	
PITUITARY	NERVES (CENTRAL/PERIPHERAL/BUNDLES)
THYMUS	
THYROID	LYMPH NODES AND THE LYMPHATIC SYSTEM

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

MY HEALTH DIAGNOSIS CHART						
HEALTH DIAGNOSIS	ARTHRITIS ASTHMA AUTOIMMUNE BACK PROBLEMS BLADDER PROBLEM BLOOD PRESSURE DISORDER BOWEL PROBLEMS	BRUXISM/ (GRIND TEETH) CANCER CHEWING DISORDER CIRCULATORY DISORDER DENTAL DISORDERS DIABETES	EDEMA (FLUID RETENTION) GERD HEADACHES HEART DISORDER HORMONE DISORDER HYPER/HYPO GLYCIEMA	INSOMNIA KIDNEY DISORDER LIVER DISEASE MIGRAINES MUSCULAR DISORDER NECK PAIN NERVOUS DISORGER NUMBNESS	OTHER REPRODUCTIVE DISORDER RESPIRATORY DISORDER RHEUMATOID ARTHRITIS SKIN DISORDER SKELETAL ISORDER SIATICA	STOMACH PROBLEMS STRESS TESION URINARY PROBLEMS VISION DISORDER WEAKNESS
	DIAGNOSIS	DATE	TREATMENT	RESOLVED	CONTINUES	DISCRIPTION

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

HEALTH ISSUES (CONT.)	AGNOSIS	DATE	TREATMENT	RESOLVED	CONTINUES	DISCRIPTION

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

PAIN MANAGEMENT						
ACUTE	INJURY	ACCIDENT	DATE	INJURY LOCATION	MANAGEMENT MEDICATIONS THERAPY OTHER METHODS	OUTCOME RECOVERY ETA
	INJURY	SURGICAL PROCEDURE	DATE	SURGICAL SITE	MANAGEMENT MEDICATIONS THERAPY OTHER METHODS	OUTCOME RECOVERY ETA

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

PAIN (CONT.)	ILLNESS	ACUTE OR CHRONIC	DATE SYMPTOMS STARTED	DATE TREATMENT STARTED	MANAGEMENT MEDICATIONS THERAPY OTHER METHODS	OUTCOME RECOVERY ETA
			DATE TREATMENT SOUGHT			
	ILLNESS	ACUTE OR CHRONIC	DATE SYMPTOMS STARTED	DATE TREATMENT STARTED	MANAGEMENT MEDICATIONS THERAPY OTHER METHODS	OUTCOME RECOVERY ETA
			DATE TREATMENT SOUGHT			

INITIALS _____ DATE _____



SOCIAL HEALTH ASSESSMENT						
<p>ANSWER THE QUESTIONS RELEVANT IN YOUR LIFE</p> <p>AS YOU ENTER YOUR DATA, IF THERE IS NOT ENOUGH SPACE USE THE BACK OF THE PREVIOUS PAGE (17) TO GIVE YOU A FULL VIEW OF YOUR RESPONSES WHEN YOU REFER TO THIS INFORMATION LATER IN THE ASSESSMENT PROCESS</p>	DO YOU LIVE ALONE?	DO YOU WORK?	DO YOU VOLUNTEER?	# OF SOCIAL EVENTS WEEKLY?	DO YOU TAKE A CLASS?	ATTEND MEET-UP EVENTS?
	WHO LIVES IN THE HOUSEHOLD?	DO YOU WORK IN AN OFFICE?	WHAT ORGANIZAION?	# OF SOCIAL EVENTS MONTHLY?	ACADEMIC?	HOW MUCH TIME SPENT ON SOCIAL MEDIA?
	ARE THEY RELATED AND IF SO, HOW?	DOES YOUR WORK ISOLATE YOU FROM OTHERS IN THE WORKPLACE?	HOW OFTEN?	INCLUDE RELIGIOUS SERVICES AND EVENTS IN YOUR RESPONSES.	DANCE?	DATES? ROMATIC OR FRIEND
	WHO IS FINANCIALLY RESPONSIBLE?	DO YOU WORK FROM HOME?	WORK WITH TEAM?	INCLIUDE SCHOOL EVENTS		DO YOU USE A DATING APP?
	GOING THROUGH A LIFE TRANSITION?	DO YOU WORK WITH A TEAM?	WORK INDEPENDENTLY WITHOUT INTERACTION?	INCLUDE SPORTING EVENTS	YOGA?	HOW MUCH TIME DO YOU SPEND ON AN ELECTONIC DEVICE DAILY?
	IF YES ABOVE, WHAT IS CHANGING?	ARE YOU A STUDENT?			NEW LANGUAGE?	DO YOU SPEND MORE TIME ALONE THAN YOU WOULD LIKE?
		IN CLASS OR ONLINE SETTING?				

Page 18 of 45



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

Our cellular structure modifies to accommodate more of the neuropeptide associated with an emotion, it's a viscous cycle you have to break if that is an emotion that causes self-harm. If you find yourself experiencing overwhelming emotion for an extended period of time, recognize it, acknowledge it, and develop your specific plan to break the behavior cycle.

Our thoughts are impacting our health at the structural cellular level throughout our body, clearly identifying our need to proactively engage in strategic patterned use of energy intentions to sustain a strong flow of SoZoKi.

Emotional Trauma Symptoms (psychological concerns) include:

PANIC ATTACKS, ANXIETY, IRRITABILITY, FEAR, ANGER, DISBELIEF, SHOCK, COMPULSIONS, OBSESSIONS, EMOTIONAL NUMBING, DEPRESSION, DETACHMENT, SHAME AND GUILT (especially if the person dealing with the trauma survived while others didn't) are many of the symptoms' people may experience.

The terms loss, unable and victim fill some of the most emotional events in our life. Not all emotional events produce a negative experience, so we also need to include creating a partnership, creating a family, completing education and accomplishing career goals. You will need to keep a balance of positive and negative events that have filled your life. Do not create a victim chart, do not cause yourself additional trauma by reliving an event. If you completed elementary school, if you completed high school, if you attended a birthday party, make sure you hold tight to positive as you complete this section.

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

EMOTIONAL HEALTH ASSESSMENT

	EMOTIONAL TRAUMA	LOSS OF LOVED ONE	LOSS OF LIFESTYLE	LOSS OF LIFE DREAM	LOSS OF CAREER/LONG TERM EMPLOYMENT	DIVORCE
		INFERTILITY	VICTUM OF ASSAULT	VICTUM OF PHYSICAL ABUSE	VICTUM OF EMOTIONAL ABUSE	

FOR EACH EMOTIONAL TRAUMA PROVIDE THE OVERARCHING DETAILS FOR YOURSELF – DO NOT RE-TRAUMATIZE YOURSELF – THIS IS NOT A DEEP DIVE INTO THERAPY RATHER AN EXERCISE TO IDENTIFY INCIDENTS IN LIFE THAT MAY BE A NEGATIVE IMPACT ON YOUR ENERGY FLOW

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

YOU ARE ALMOST THERE & YOU ARE WORTH THIS INVESTMENT IN YOURSELF!

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

THE FINAL STEP IN YOUR SELF-ASSESSMENT IS TO IDENTIFY YOUR PERSONALITY TRAITS.

IDENTIFY ONLY - DON'T BEAT YOURSELF UP !

CIRCLE THE TRAITS THAT APPLY TO YOU.

IF YOU HAVE A TRAIT NOT ON THE LIST, MAKE SURE YOU ADD IT.

DON'T RELIVE YOUR TRAUMA, I HAVE EXPERIENCED ASSAULT AND BATTERY IN LIFE, I DO NOT WANT THIS EXERCISE TO HARM YOU, JUST IDENTIFY SO YOU CAN SEE THE IMPACT OF EMOTIONAL TRAUMA ON YOUR ENERGY BODY.

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

PERSONALITY						
DISPOSITION IS INFLUENCED BY: <i>WORLD VIEW</i> <i>PHILOSOPHY</i> <i>PERCEPTION</i> <i>PERSPECTIVE</i> <i>EXPERIENCES</i>	OPEN	CONSCIENTTIOUS	EXTRAVERT	INTRAVERT	AGREEABLE	NEUROTIC
	SELF-CENTERED	SINCERE	EMPATHETIC	SYMPATHETIC	POOR ME	JEALOUS
	SYNICAL	HOPEFUL	JUDGMENTAL	RETALIATORY	FORGIVING	RESENTFUL
	KIND	HAPPY	APATHETIC	WORRIER	CAREFREE	SPONTANEOUS
	STRUCTURED	RIGID	ANGRY	DISCONTENTED	FORCEFUL	INTIMADATING
	COLLABORATIVE	MANIPULATIVE	ACCOMODATING	NURTURING	ALOOF	ARROGANT
	RESILIENT	FORTITUDE	CONFIDENT	CONTROLLING	HARRASSING	HALF EMPTY
	HALF FULL	OPTOMISTIC	PESSIMISTIC	WITHHOLDING	CONTRIBUTER	INTEGRITY
	TRUTHFUL	HONORABLE	TRUSTWORTHY	LIE	DEPENDABLE	RESPONSIBLE
	FORTHRIGHT	DECEITFUL	DISTRUSTING	TRUSTING	ACCEPTS	QUESTIONS
	ADD UNLISTED	ACTIVE	PASSIVE	NEUTRAL		

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

IDENTIFY INFLUENCERS CHART DIRECTIONS

1. Identify those who have the most impact on you and your life.
2. They will be known as your influencers, positive and negative, the GOAL is to identify NOT judge, and ENTER DATA into a graphic.
3. This exercise will help you later in the course to complete your intention chart by identifying why, when, where, and for whom an intention may be needed to sustain your energy flow and will be the foundation of your individualized self-practice.
4. Include the name of the person identified and how you interact with them, e.g., work is boss or teammate, school is classmate or teacher, etc.

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

IDENTIFY INFLUENCERS CHART

ME	FAMILY	FRIEND	WORK	SCHOOL	FAITH	VOLUNTEER	SOCIAL	CLASS	MENTOR

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

IMPACT OF INFLUENCER WITH TRAIT ASSIGNMENT CHART COMPLETION DIRECTIONS.

1. The next step is to use the Identify Influencer and Influencer Personality Trait Charts to develop the Impact of Influencer Chart on the following page. This is not everyone in your life, these are the major players, in person and faraway.
2. A few explanations:
 - a. Life Partner in this context is a person whom you rely upon and who co-exists in most if not all aspects of life (not limited to those in sexual or romantic relationships).
 - b. Family includes extended members: grandparents, aunts, uncles, in-laws, etc.
 - c. Work includes business partner, boss, direct reports, officemates, etc.
 - d. Teacher includes formal in classes, academic or not, as well as life teachers.
 - e. Minister is your formal religious or spiritual leader.
3. As you assigned identified personality traits to those who have the most influence ***you will need to determine if the traits are a positive or negative impact on your energy.*** Does the grouchy curmudgeon touch your heart and lift your spirit? If someone is shy, do you find yourself expending more energy when you interact with them? There is a reason I did not include a positive or negative connotation in the personality chart as we each view/consider these traits differently.

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

IMPACT OF INFLUENCER WITH TRAIT ASSIGNMENT CHART

INFLUENCERS							
	SELF	LIFE PARTNER	FAMILY	WORK	TEACHER	MINISTER	FRIENDS
Add the trait & who you identified Consider if they (person and trait) are Positive it gives you energy or Negative it drains your energy							

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

BEHAVIOR IMPACT ON ENERGY CHART DIRECTIONS

1. The following chart combines the chakras, associated anatomy (organs, glands & systems), the behaviors impacting the chakra function, and a variety of disease states and system dysfunctions *potentially impacted* by low energy flow through the chakra system.
2. You will use this chart, with your Ésprit with SoZoKi Self-Assessment Tool data (aka., your responses in the assessment), the Energy Influencer Assessment Chart, the Human Anatomy Overview Chart, and the Personal Behavior Impact on Energy Chart to develop YOUR Ésprit with SoZoKi Energy Self-Practice Intentions Chart.
3. After you have created the initial intentions chart, having experienced this process to produce the method, you will revisit your plan frequently to assess effectiveness.
4. After you have created the initial intentions chart, you will add, subtract or remain the same. If anything changes, you need to refer to your strategy to ensure the new influence is identified and addressed appropriately.
5. While energy practice still needs time for science to create tools to support the experience, following the Ésprit with SoZoKi process to apply the method with intentions driven by data in this manner is a scientific approach.

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

HUMAN ANATOMY OVERVIEW CHART

SYSTEMS	MAJOR ORGANS
CIRCULATORY	BLADDER
DIGESTION	BRAIN
ENDOCRINE	HEART
IMMUNE	INTESTINES (SMALL AND LARGE)
INTEGUMENTARY (SKIN)	KIDNEY
LYMPHATIC	LIVER
MUSCULAR	LUNGS
NERVOUS	SPLEEN
RESPIRATORY	STOMACH
REPRODUCTIVE	UTERUS
SKELETAL	
URINARY	
MAJOR GLANDS	
ADRENALS	SKIN
GONADS	
OVARIES	BLOOD
PANCREAS	
PARATHYROID	VESSELS (ARTERY/VEIN/CAPILLARY)
PINEAL	
PITUITARY	NERVES AND NERVE BUNDLES
THYMUS	
THYROID	LYMPH NODES AND THE LYMPHATIC SYSTEM

ABOVE IS THE SAME CHART PROVIDED ON PAGE 13 IN THE PHYSICAL HEALTH SELF-ASSESSMENT TO MAKE THIS NEXT PROCESS MORE CONVENIENT.

IT IS YOUR BODY AND UP TO YOU TO KNOW AS MUCH ABOUT IT AS YOU CAN !

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

BEHAVIOR IMPACT ON ENERGY CHART

CHAKRA	ANATOMY	BEHAVIORS	LOW ENERGY CAN CONTRIBUTE
ROOT CHAKRA	MALE REPRODUCTIVE SYS SEX DRIVE BOTH GENDERS WASTE ELIMINATION TESTES PROSTATE VAGINA PELVIS TAIL BONE LEGS FEET GOVERNED BY THE ADRENAL GLANDS	SLEEP CAFFEINE CONSUMPTION CAUSTIC CONVERSATIONS EXERCISE ALCOHOL TOBACCO RECREATIONAL DRUG USE FAMILY/PETS WORK INFLUENCER	TESTICULAR CANCER PROSTATE CANCER VAGINAL/CERVICAL CANCER URINE & STOOL ELIMINATION DISORDERS PERIPHERAL VASCULAR DS HIP & KNEE REPLACEMENTS MUSCULAR ATROPHY LOW MOBILITY LOW ENERGY OVERWEIGHT FASCITIS (FEET) BONE SPURS (FEET)
SACRAL CHAKRA	SPLEEN KIDNEYS URINARY TRACT OVARIES FALLOPIAN TUBES PROSTATE TESTES REGULATES BLOOD SUGAR REPRODUCTIVE HORMONES SEX DRIVE	SLEEP CAFFEINE CONSUMPTION CAUSTIC CONVERSATIONS EXERCISE ALCOHOL TOBACCO RECREATIONAL DRUG USE FAMILY/PETS WORK INFLUENCER	HYPOGLYCEMIA HYPERGLYCEMIA DIMINISHED EMOTIONAL SENSITIVITY DIMINISHED SENSUAL DESIRE DIMINISHED REPRODUCTION LOSS OF VITALITY UNABLE TO GIVE UNABLE TO RECEIVE INABILITY TO COMMUNICATE EMOTIONS LOSS OF CONFIDENCE

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

CHAKRA	ANATOMY	BEHAVIORS	LOW ENERGY CAN CONTRIBUTE
SOLAR PLEXUS CHAKRA	STOMACH GALLBLADDER LIVER SMALL INTESTINE PANCREASE REGUALTES BLOOD SUGAR	SLEEP CAFFEINE CONSUMPTION CAUSTIC CONVERSATIONS EXERCISE ALCOHOL TOBACCO RECREATIONAL DRUG USE FAMILY/PETS WORK INFLUENCER	GALLBLADDER STONES/CYSTS GERD GASTRITIS MALABSORPTION IRRITABLE BOWEL SYNDROME STOMACH CANCER PANCREATIC CANCER PACREATITIS DIABETES HYPER/HYPOGLYCEMIA INSULIN RESISTANCE CIRRHOSIS ASCITES (ABDOMINAL & PERIPERAL FLUID)
HEART CHAKRA	CARDIAC FUNCTION (HEART/CIRCULATION/BLOOD PRESSURE) LUNGS LYMPHATIC SYSTEM IMMUNE SYSTEM ALLERGIES	SLEEP CAFFEINE CONSUMPTION CAUSTIC CONVERSATIONS EXERCISE ALCOHOL TOBACCO RECREATIONAL DRUG USE FAMILY/PETS WORK INFLUENCER	ASTHMA CAD (CORONARY ARTERY DISEASE) COPD (CHONIC OBSTRUCTIVE PULMONARY DISEASE) LUNG CANCER PVD (PERIPERAL VASCULAR DISEASE) HYPERTENSION/HYPOTENSION AUTOIMMUNE DISEASES ALLERGIES

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

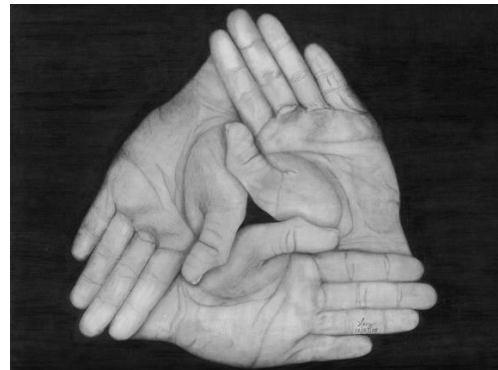
CHAKRA	ANATOMY	BEHAVIORS	LOW ENERGY CAN CONTRIBUTE
THROAT CHAKRA	<p>THROAT NECK EARS SINUS PARATHYROID UPPER RESPIRATOR</p> <p>GOVERNED BY THE THYROID GLAND</p>	<p>SLEEP CAFFEINE CONSUMPTION CAUSTIC CONVERSATIONS EXERCISE ALCOHOL TOBACCO RECREATIONAL DRUG USE FAMILY/PETS WORK INFLUENCER</p>	<p>PARATHYROID DISEASE THYROID DISEASE EAR INFECTIONS HEARING LOSS SERIAL COLDS CHRONIC COUGH SERKAL SINUSITIS</p>
THIRD EYE CHAKRA	<p>BROW EYES HYPOTHALAMUS PITUITARY THROAT NECK EARS SINUS PARATHYROID THYROID</p> <p>UPPER RESPIRATORY AUTONOMIC NERVOUS SYSTEM (BLOOD CIRCULATION, RESPIRATIONS, DIGESTION, AKA., HOMEOSTASIS) ENDOCRINE SYSTEM REPRODUCTIVE SYSTEM (BREAST MILK, EGGS, SPERM)</p>	<p>SLEEP CAFFEINE CONSUMPTION CAUSTIC CONVERSATIONS EXERCISE ALCOHOL TOBACCO RECREATIONAL DRUG USE FAMILY/PETS WORK INFLUENCER</p>	<p>HEADACHES DEHYDRATION ABNORMAL BLOOD PRESSURE GROWTH HORMONE INFERTILITY AUTOIMMUNE DISEASES ENDOCRINE DISEASES THYROID/PARATHYROID DISEASE PITUITARY DISEASE CUSHING DISEASE</p> <p>SINUS & EAR INFECTIONS VISUAL IMPAIRMENTS</p>

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

CROWN	ANATOMY	BEHAVIORS	LOW ENERGY CAN CONTRIBUTE
CROWN CHAKRA	CENTRAL NERVOUS SYSTEM HEAD CEREBRAL CORTEX UPPER SPINE HAIR	SLEEP CAFFEINE CONSUMPTION CAUSTIC CONVERSATIONS EXERCISE ALCOHOL TOBACCO RECREATIONAL DRUG USE FAMILY/PETS WORK INFLUENCER	ALOPECIA (STRESS RELATED) ALZHEIMER'S BELL'S Palsy CEREBRAL PALSy MULTPLE SCLEROSIS NEUROFIBROMATOSIS PARKINSON'S DISEASE (MOST OF THESE ARE NOT ASSOCIATED WITH POOR BEHAVIOR CHOICE HOWEVER INTENTIONS CAN IMPROVE THE NATURAL STATE OF THE BODY YOUR SPIRIT ENTERD UPON ARRIVAL TO EARTH!)



INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

WE WILL RETURN TO THIS NEXT STEP IN EACH OF THE CHAKRA FOCUSED EDUCATION SESSIONS.

As a complete system, this process can be overwhelming, so you will complete this chart in the education sessions for each of the seven major chakras.

After you have learned more about the chakra and how it interacts within the system, you will have the knowledge you need to address the Ésprit with SoZoKi life data uncovered and put it to good use!

PERSONAL BEHAVIOR IMPACT ON ENERGY CHART DIRECTIONS

1. The next step is to develop your Personal Behavior Impact on Energy Chart.
2. To develop this chart, you will need:
 - a. the entire Self-Assessment Data
 - b. the Energy Influence Chart
 - c. the Human Anatomy Overview Chart
 - d. the Behavior Impact on Energy Chart
3. In the Low Energy Can Contribute column list;
 - a. health issues related to the chakra, diagnoses and/or symptoms
 - b. Refer to your Physical Health Assessment
 - c. the Behavior Impact on Energy Chart.
4. To complete the Behaviors column use:
 - a. Your Entire Self-Assessment (all sections)
 - b. the Energy Influence Chart
 - c. the Human Anatomy Overview Chart
 - d. the Personal Behavior Impact on Energy Chart

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

PERSONAL BEHAVIOR IMPACT ON ENERGY CHART

CHAKRA	ANATOMY	BEHAVIORS	LOW ENERGY CAN CONTRIBUTE
ROOT CHAKRA	MALE REPRODUCTIVE SYS SEX DRIVE BOTH GENDERS WASTE ELIMINATION TESTES PROSTATE VAGINA PELVIS TAIL BONE LEGS FEET GOVERNED BY THE ADRENAL GLANDS		
SACRAL CHAKRA	SPLEEN KIDNEYS URINARY TRACT OVARIES FALLOPIAN TUBES PROSTATE TESTES REGULATES BLOOD SUGAR REPRODUCTIVE HORMONES SEX DRIVE		

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

CHAKRA	ANATOMY	BEHAVIORS	LOW ENERGY CAN CONTRIBUTE
SOLAR PLEXUS CHAKRA	STOMACH GALLBLADDER LIVER SMALL INTESTINE PANCREASE REGUALTES BLOOD SUGAR		
HEART CHAKRA	CARDIAC FUNCTION (HEART/CIRCULATION/BLOOD PRESSURE) LUNGS LYMPHATIC SYSTEM IMMUNE SYSTEM ALLERGIES		

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

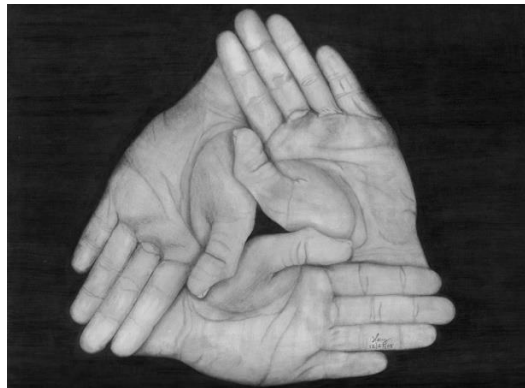
CHAKRA	ANATOMY	BEHAVIORS	LOW ENERGY CAN CONTRIBUTE
HEART CHAKRA	CARDIAC FUNCTION (HEART/CIRCULATION/BLOOD PRESSURE) LUNGS LYMPHATIC SYSTEM IMMUNE SYSTEM ALLERGIES		
THIRD EYE CHAKRA	BROW EYES HYPOTHALAMUS PITUITARY THROAT NECK EARS SINUS PARATHYROID THYROID UPPER RESPIRATORY AUTONOMIC NERVOUS SYSTEM (BLOOD CIRCULATION, RESPIRATIONS, DIGESTION, AKA., HOMEOSTASIS) ENDOCRINE SYSTEM REPRODUCTIVE SYSTEM (BREAST MILK, EGGS, SPERM)		

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

CHAKRA	ANATOMY	BEHAVIORS	LOW ENERGY CAN CONTRIBUTE
CROWN CHAKRA	CENTRAL NERVOUS SYSTEM HEAD CEREBRAL CORTEX UPPER SPINE HAIR		



INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

ENERGY INFLUENCE CHART DIRECTIONS

This exercise is to identify your primary influencers, where they exist in your life, any triggers of your behavior they influence, and if they are inspiring/uplifting, limiting/draining, supportive/nurturing and doubtful/discouraging interactions.

Knowing how those closest to you express their life experience, along with identifying when, where and how they enter your life, allows you to strategize energy intentions. You may have very important people in your life you do not want to release, and this information is a way to keep them without experiencing harm.

1. Develop this chart to identify who, when, where and how your interactions are impacting your natural energy flow.
2. Enter the day of the week, not the date, for easier reflection upon completion.
3. After you have completed the chart, transfer your data into the Ésprit With SoZoKi Strategic Plan Calendar you look at every day. which is not the traditional calendar. For this exercise the calendar has the month, no year and no numbered days of the month. It is divided into weeks, one through five, with a row for notes at the bottom of each month. It is important to include the name of the influencer, their impact on you/your energy body (positive or negative), and the location and time of day the interaction will occur.
4. Make sure the calendar is somewhere you can frequently see throughout your day. This information will not benefit you stored in a drawer or placed on a shelf in a binder.
5. If you need to create a shorthand, you are on your own for that one 😊
6. The Ésprit With SoZoKi Strategic Plan Calendar will become one of the first tools you refer to every day to ensure you are aware to be best prepared! The calendar can be purchased as a downloadable electronic document to print and find binding services near you, or can be purchased as a spiral bound document, in addition to the Ésprit With SoZoKi Energy Self-Practice Six-Step Process.

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

INFLUENCER ENERGY CHART

POSITIVE & NEGATIVE INFLUENCE						
INFLUENCER	AREA OF LIFE	DAY & TIME	AMT TIME DAY/WEEK	ENERGY +	ENERGY -	BEHAVIOR

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

ÉSPRIT WITH SOZOKI ENERGY SELF-PRACTICE INTENTIONS CHART DIRECTIONS

1. As you develop your Personal Behavior Impact on Energy Chart, you will begin to consider the development of intentions (the exertion of the mind; determination), consisting of the elements available.
2. Based on the Prime Function, Polarity, Divine Goal, Anatomy & Sense, and Property, you will have the opportunity to help energy flow with food, scent, gemstone, planet, element, metal, and color.
3. I have provided an example chart to assist you with this process.
4. To complete this chart, you will need:
 - a. Entire Self-Assessment (all sections)
 - b. Energy Influence Chart
 - c. Human Anatomy Overview Chart
 - d. Personal Behavior Impact on Energy Chart

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

ÉSPRIT WITH SOZOKI ENERGY SELF-PRACTICE INTENTIONS CHART (Example)

IDENTIFIED WELLNESS BARRIER	CHAKRA(s)	INTERVENTION(s)
DIRECTIONS: ALL TOPICS IN THE LEFT COLUMN ORIGINATE FROM YOUR SELF-ASSESSMENT (STEP ONE) THAT WAS INSERTED IN YOUR PERSONAL BEHAVIOR IMPACT ON ENERGY ASSESSMENT (STEP FOUR)	DIRECTIONS: IDENTIFY THE INVOLVED CHAKRA(S) - ROOT, SACRAL, SOLAR PLEXUS, HEART, THROAT, THIRD EYE, CROWN, OR THE ENTIRE SYSTEM NOTE: MOST OFTEN IT IS THE ENTIRE SYSTEM	DIRECTIONS: CHOOSE THE INTERVENTION(S) TO INCREASE ENERGY FLOW - MUSIC, COLOR, SCENT, FOOD, METAL, CRYSTALS, SOUND, EXERCISE, YOGA POSE, HAND POSITION MEDITATIONS, INCLUDE LOCATION PERFORMED THIS CAN BE A COMBINATION OF SEVERAL OPPORTUNITIES LISTED.
BEHAVIOR EXAMPLE: SLEEP	EXAMPLE: THE CHAKRA SYSTEM	EXAMPLE: BEST PRACTICE IS TO START WITH HEAD HAND POSITION MEDITATION TO CALM YOUR MIND INCLUDE CHAMOMILE TEA AND SCENT OF LAVENDAR
HINT: USE THE BARRIERS TO HEALTH AND WELLNESS IDENTIFIED IN YOUR SELF ASSESSMENT TO START DEVELOPMENT OF YOUR CHART. THEN FILL IN THE IDENTIFIED CHAKRAS AND INTERVENTIONS TO INSERT INTO YOUR DAY TO IMPROVE ENERGY FLOW.	HINT: THERE MAY BE MORE THAN ONE CHAKRA INVOLVED	HINT: ABOVE IS A LIST OF POTENTIAL INTERVENTIONS AND IF MORE THAN ONE CHAKRA IS IDENTIFIED AS INVOLVED OR IMPACTED BY THE BARRIER YOU WILL NEED TO ADDRESS BOTH OF THE CHAKRAS TO CREATE THE BEST OUTCOME FOR YOUR INTENTIONS.

THIS IS THE CHART YOU WILL USE TO COMBINE THE HEALTH BARRIERS YOU IDENTIFIED IN YOUR ASSESSMENT, WITH THE ASSOCIATED CHAKRAS IMPACTED, AND THE INTENTION YOU WILL INSERT AS YOUR DAILY INTENTIONS TO INCREASE ENERGY FLOW !

ÉSPRIT WITH SOZOKI ENERGY SELF-PRACTICE INTENTIONS CHART

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

IDENTIFIED WELLNESS BARRIER	CHAKRA(s)	INTERVENTION(s)

**DEVELOPING YOUR INTENTION CHART – INVITING ENERGY OF THE SPIRIT INTO YOUR LIFE – IS THE APPLICATION OF THE
WORK YOU HAVE COMPLETED – YOU CAN DO IT – YOU ARE ALMOST THERE!!**

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

ÉSPRIT WITH SOZOKI ENERGY SELF-PRACTICE INTENTIONS CHART

ELEMENT	CHAKRA(s)	INTERVENTION(s)

INITIALS _____ DATE _____



Ésprit with SoZoKi Energy Self-Practice Six-Step Process

Ésprit with SoZoKi

Nancy Anna Blitz Ruff, MSN, RN

Charlottesville, VA 22901

Nancy@SoZoKi.com

WWW.SOZOKI.COM

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