

# PRAKRUTI DOSHA MIND BODY QUIZ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Are you attending Perfect Health?  YES  NO Today's Date: \_\_\_\_\_ Program Date: \_\_\_\_\_

This mind-body questionnaire gathers information about your basic nature – the way you were as a child or the basic patterns that have been true most of your life. If you developed an illness in childhood or as an adult, think of how things were for you before that illness.

## INSTRUCTIONS: (Please read carefully!)

Rank each characteristic with either 5, 3, or 1. For each row, use each number one time. (Each row should add up to 9)

**5 = Most accurately represents me    3 = Secondarily represents me    1 = Rarely represents me**

EXAMPLE	<input type="text" value="3"/> Vata	<input type="text" value="5"/> Pitta	<input type="text" value="1"/> Kapha	<b>= 9</b>
---------	-------------------------------------	--------------------------------------	--------------------------------------	------------

CHARACTERISTICS	VATA	PITTA	KAPHA	
FRAME	<input type="checkbox"/> I am thin, lanky and slender with prominent joints and thin muscles.	<input type="checkbox"/> I have a medium, symmetrical build with good muscle development	<input type="checkbox"/> I have a large, round or stocky build. My frame is broad, stout or thick.	<b>= 9</b>
WEIGHT	<input type="checkbox"/> LOW; I may forget to eat or have a tendency to lose weight.	<input type="checkbox"/> MODERATE; it is easy for me to gain or lose weight if I put my mind to it.	<input type="checkbox"/> HEAVY; I gain weight easily and have difficulty losing it.	<b>= 9</b>
EYES	<input type="checkbox"/> My eyes are small and active.	<input type="checkbox"/> I have a penetrating gaze.	<input type="checkbox"/> I have large pleasant eyes.	<b>= 9</b>
COMPLEXION	<input type="checkbox"/> My skin is dry, rough or thin.	<input type="checkbox"/> My skin is warm, reddish in color and prone to irritation.	<input type="checkbox"/> My skin is thick, moist and smooth.	<b>= 9</b>
HAIR	<input type="checkbox"/> My hair is dry, brittle or frizzy.	<input type="checkbox"/> My hair is fine with a tendency towards early thinning or graying.	<input type="checkbox"/> I have abundant, thick and oily hair.	<b>= 9</b>
JOINTS	<input type="checkbox"/> My joints are thin and prominent and have a tendency to crack.	<input type="checkbox"/> My joints are loose and flexible.	<input type="checkbox"/> My joints are large, well knit and padded.	<b>= 9</b>
SLEEP PATTERN	<input type="checkbox"/> I am a light sleeper with a tendency to awaken easily.	<input type="checkbox"/> I am a moderately sound sleeper, usually needing less than eight hours to feel rested.	<input type="checkbox"/> My sleep is deep and long. I tend to awaken slowly in the morning.	<b>= 9</b>
BODY TEMPERATURE	<input type="checkbox"/> My hands and feet are usually cold and I prefer warm environments.	<input type="checkbox"/> I am usually warm, regardless of the season, and prefer cooler environments.	<input type="checkbox"/> I am adaptable to most temperatures but do not like cold, wet days.	<b>= 9</b>
TEMPERAMENT	<input type="checkbox"/> I am lively and enthusiastic by nature. I like to change.	<input type="checkbox"/> I am purposeful and intense. I like to convince.	<input type="checkbox"/> I am easy going and accepting. I like to support.	<b>= 9</b>
UNDER STRESS...	<input type="checkbox"/> I become anxious and/or worried.	<input type="checkbox"/> I become irritable and/or aggressive.	<input type="checkbox"/> I become withdrawn and/or reclusive.	<b>= 9</b>
<b>TOTAL</b>	<b>_____ VATA TOTAL</b>	<b>_____ PITTA TOTAL</b>	<b>_____ KAPHA TOTAL</b>	<b>= 90</b>

**Note:** Each row should add up to 9. VATA TOTAL, PITTA TOTAL, and KAPHA TOTAL should add up to 90.

# VIKRUTI SUBDOSHA QUESTIONNAIRE

## VATA

NOT AT ALL

SOMEWHAT/  
OCCASIONALLY

VERY OFTEN

Name: \_\_\_\_\_

Program Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_

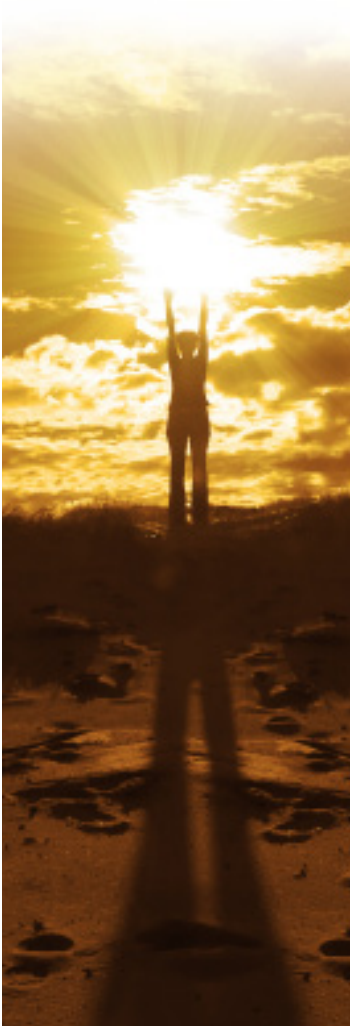
GENDER: M  F

These questions are intended to assess your current life situation, including any recent stresses, illnesses, or life changes. It is most helpful if you answer these questions according to what has been true for you over the past few weeks and months.



MIND			
1. I've been having difficulty with mental clarity or the ability to focus my attention.	1	3	5
2. I've been feeling overwhelmed, worried, or anxious.	1	3	5
3. My life has been turbulent and chaotic.	1	3	5
4. I've been starting new projects, but have difficulty completing them.	1	3	5
5. I've been having difficulty falling asleep or have been awakening easily.	1	3	5
6. I've been having a hard time making decisions.	1	3	5
7. I've been having trouble following through on commitments I've made.	1	3	5
8. I've been feeling restless if I'm not constantly on the move.	1	3	5
9. I've been acting impulsively or inconsistently.	1	3	5
10. I've been more forgetful than usual.	1	3	5
BODY			
11. I've had a dry throat, have felt the need to frequently clear my throat, or have a dry cough.	1	3	5
12. I've been experiencing gas, cramping, or bloating after meals.	1	3	5
13. My appetite has been inconsistent.	1	3	5
14. I've been suffering from chronic pain.	1	3	5
15. My skin has been dry or flaking.	1	3	5
16. My bowel movements have been hard and dry or are irregular.	1	3	5
17. <b>Men:</b> I've been having trouble getting sexually aroused, maintaining erections, or experiencing orgasms. <b>Women:</b> My menstrual cycle has been uncomfortable or irregular or I am experiencing vaginal dryness.	1	3	5
18. I've been getting light-headed when I get up quickly.	1	3	5
19. My hands and feet have been uncomfortably cold.	1	3	5
20. I've been having muscle twitches, cramps, or heart palpitations.	1	3	5

VATA-MIND SCORE # 1-10: \_\_\_\_\_ VATA-BODY SCORE # 11-20: \_\_\_\_\_



# PITTA

NOT AT ALL

SOMEWHAT/  
OCCASIONALLY

VERY OFTEN

Name: \_\_\_\_\_

Program Date: \_\_\_\_\_

## MIND

1. I've been feeling discontented with my life.	1	3	5
2. I've been judgmental and critical of others.	1	3	5
3. I've been feeling jealous of others.	1	3	5
4. I've been expressing anger towards others easily.	1	3	5
5. I've been feeling irritable or impatient.	1	3	5
6. I've been compulsive, with difficulty stopping once I've started a project.	1	3	5
7. I've been strongly opinionated, freely sharing my point of view without being asked.	1	3	5
8. I've been frustrated by other people.	1	3	5
9. I've been feeling the need to out-compete others.	1	3	5
10. I've been ruminating over situations from the past.	1	3	5

## BODY

11. I've been feeling overheated or have been experiencing hot flashes.	1	3	5
12. I've been having headaches accompanied by light sensitivity or distorted vision.	1	3	5
13. My eyes have been itchy, irritated, red, or watery.	1	3	5
14. I've been having more than two bowel movements per day.	1	3	5
15. My appetite has been excessively strong.	1	3	5
16. I've been getting reflux/heartburn or have an ulcer.	1	3	5
17. I've been sensing the accumulation of toxins (from food, air, water, alcohol, cigarettes, or drugs) in my system.	1	3	5
18. I've been diagnosed with some form of liver malady.	1	3	5
19. I've been diagnosed with high blood pressure or coronary heart disease.	1	3	5
20. My skin has been itchy, irritated, prone to breakouts, or I've been diagnosed with an inflammatory skin condition.	1	3	5

PITTA-MIND SCORE # 1-10: \_\_\_\_\_ PITTA-BODY SCORE # 11-20: \_\_\_\_\_

# KAPHA

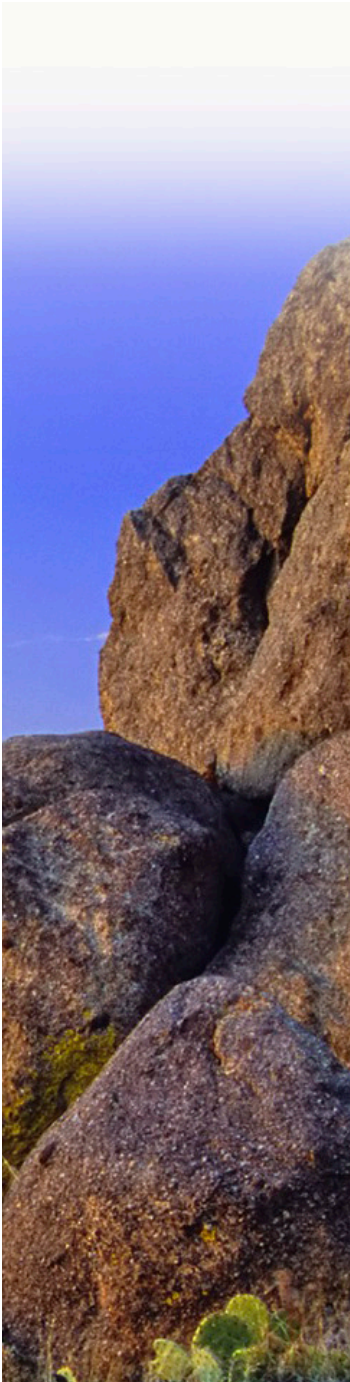
NOT AT ALL

SOMEWHAT/  
OCCASIONALLY

VERY OFTEN

Name: \_\_\_\_\_

Program Date: \_\_\_\_\_



## MIND

1. I've been dealing with conflict by withdrawing.	1	3	5
2. I've been accumulating clutter in my life.	1	3	5
3. I've been resistant to changing my routine.	1	3	5
4. I've been having difficulty leaving a relationship, job, or situation even though it is no longer nourishing me.	1	3	5
5. My short-term memory has been of concern to me.	1	3	5
6. I've been intending to be more physically active, but have difficulty exercising regularly.	1	3	5
7. I've been eating more out of my emotional rather than nutritional needs.	1	3	5
8. I've been having difficulty getting going in the morning.	1	3	5
9. I have not been confident in my ability to cope with challenges.	1	3	5
10. I've been having a hard time moving beyond the past.	1	3	5

## BODY

11. My ankles tend to swell.	1	3	5
12. I tend to be sluggish or lethargic in the morning.	1	3	5
13. I have a lot of phlegm or mucous production	1	3	5
14. I feel nauseated or full for an extended time after eating.	1	3	5
15. I am more than 10 pounds over my ideal weight.	1	3	5
16. I have high cholesterol or atherosclerotic heart disease.	1	3	5
17. I have been having episodes of asthma or wheezing.	1	3	5
18. I fall asleep easily after meals.	1	3	5
19. I have a tendency to have elevated blood sugars.	1	3	5
20. I have frequent sinus congestion or respiratory infections.	1	3	5

KAPHA-MIND SCORE # 1-10: \_\_\_\_\_ KAPHA-BODY SCORE # 11-20: \_\_\_\_\_

## JOINTS

Name: \_\_\_\_\_

Program Date: \_\_\_\_\_

1. I've been having joint pain that waxes and wanes in intensity.	1	3	5
2. My joints have been popping or cracking in the morning.	1	3	5
3. I've been having chronic low back or neck pain.	1	3	5
4. My joints have been inflamed and hot.	1	3	5
5. My joints have been painful even at rest.	1	3	5
6. I have joint pain that is relieved with cold.	1	3	5
7. My joints have been stiff in the morning, but improve with activity.	1	3	5
8. My joint pain is characterized by dull, heavy aching.	1	3	5
9. My joints have been swollen.	1	3	5
<b>JOINTS SCORE:</b> _____			



## WEIGHT

For each question, choose the answer that best describes your current weight /eating patterns.

1. I am currently	<input type="checkbox"/> underweight.	<input type="checkbox"/> at my ideal weight.	<input type="checkbox"/> overweight.
2. Under stress	<input type="checkbox"/> my appetite diminishes.	<input type="checkbox"/> I become ravenous.	<input type="checkbox"/> I eat even when I don't feel hungry.
3. It is easy for me to	<input type="checkbox"/> lose weight.	<input type="checkbox"/> maintain a stable weight.	<input type="checkbox"/> gain weight.

## TOTALS

VATA-MIND SCORE # 1-10: \_\_\_\_\_ VATA-BODY SCORE # 11-20: \_\_\_\_\_

PITTA-MIND SCORE # 1-10: \_\_\_\_\_ PITTA-BODY SCORE # 11-20: \_\_\_\_\_

KAPHA-MIND SCORE # 1-10: \_\_\_\_\_ KAPHA-BODY SCORE # 11-20: \_\_\_\_\_

JOINTS SCORE: \_\_\_\_\_