

Ayurveda - Tri-dosha test

Directions: Choose the answer that best fits you **based on your body and mind in the past month**. It is fine to check more than one answer if it honestly describes you. Go with your gut instinct answer.

Category	<i>Vata (Air)</i>	<i>Pitta (Fire)</i>	<i>Kapha (Water)</i>
Frame	<input type="checkbox"/> Tall or short, thin; less developed physique	<input type="checkbox"/> Medium; moderately developed physique	<input type="checkbox"/> Stout, stocky, short, big; well developed physique
Weight	<input type="checkbox"/> Low, hard to hold weight, prominent bones and veins	<input type="checkbox"/> Moderate, gains consistently with age	<input type="checkbox"/> Heavy, easy to gain weight, hard to lose it
Complexion	<input type="checkbox"/> Dull, dark, brownish	<input type="checkbox"/> Red, ruddy, flushed, glowing	<input type="checkbox"/> White, pale
Skin texture	<input type="checkbox"/> Thin, dry, rough, cracked, prominent veins	<input type="checkbox"/> Moist, pink, with moles, freckles, acne	<input type="checkbox"/> Thick, white, moist, soft, smooth
Temperature	<input type="checkbox"/> Tends to feel cold	<input type="checkbox"/> Tends to feel warm	<input type="checkbox"/> Tends to feel cool
Hair	<input type="checkbox"/> Scanty, coarse, dry, brown, slightly wavy	<input type="checkbox"/> Moderate, fine, soft, early gray or bald	<input type="checkbox"/> Abundant, oily, thick, very wavy, lustrous
Head	<input type="checkbox"/> Small, thin, long	<input type="checkbox"/> Moderate	<input type="checkbox"/> Large, stocky, steady
Forehead	<input type="checkbox"/> Small, wrinkled	<input type="checkbox"/> Moderate, with folds	<input type="checkbox"/> Large, broad
Face	<input type="checkbox"/> Thin, small, oval	<input type="checkbox"/> Moderate, angular	<input type="checkbox"/> Large, round, soft
Neck	<input type="checkbox"/> Thin, long	<input type="checkbox"/> Medium	<input type="checkbox"/> Large, thick
Eyebrows	<input type="checkbox"/> Small, with coarse hairs	<input type="checkbox"/> Moderate, fine	<input type="checkbox"/> Thick, bushy, dense
Eyelashes	<input type="checkbox"/> Small, dry, firm	<input type="checkbox"/> Small, thin, fine	<input type="checkbox"/> Large, thick, oily, firm
Eyes	<input type="checkbox"/> Small, dry, move quickly, gray sclera	<input type="checkbox"/> Medium, red sclera (inflamed easily), piercing (deep-set)	<input type="checkbox"/> Wide, prominent, white sclera
Nose	<input type="checkbox"/> Thin, small, long, dry, crooked or irregular	<input type="checkbox"/> Moderate, sharp	<input type="checkbox"/> Broad and round
Lips	<input type="checkbox"/> Thin, small, dark, dry	<input type="checkbox"/> Medium, soft, red	<input type="checkbox"/> Thick, large, oily, smooth, firm
Teeth and Gums	<input type="checkbox"/> Receding gums, crooked or gray teeth	<input type="checkbox"/> Gums bleed easily, sharp or yellow teeth	<input type="checkbox"/> Large, soft gums, big white teeth
Shoulders	<input type="checkbox"/> Thin, small, flat, hunched	<input type="checkbox"/> Medium, sharp	<input type="checkbox"/> Broad, thick, firm

Chest	<input type="checkbox"/> Thin, small, narrow	<input type="checkbox"/> Medium	<input type="checkbox"/> Broad, large
Arms	<input type="checkbox"/> Thin, small or long	<input type="checkbox"/> Medium	<input type="checkbox"/> Large, thick, round
Hands	<input type="checkbox"/> Long, thin, dry, cold, rough, unsteady	<input type="checkbox"/> Medium, warm, pink	<input type="checkbox"/> Fleshy, cool, firm, moist
Thighs	<input type="checkbox"/> Thin, narrow	<input type="checkbox"/> Medium	<input type="checkbox"/> Well-developed, round
Legs	<input type="checkbox"/> Thin, long or short, prominent knees	<input type="checkbox"/> Medium	<input type="checkbox"/> Large, stocky
Calves	<input type="checkbox"/> Small, hard, tight	<input type="checkbox"/> Loose, soft	<input type="checkbox"/> Shapely, firm
Feet	<input type="checkbox"/> Small, thin, long, dry, rough, fissured, unsteady	<input type="checkbox"/> Medium, soft, pink	<input type="checkbox"/> Large, thick, hard, firm
Joints	<input type="checkbox"/> Small, thin, dry, unsteady, cracking	<input type="checkbox"/> Medium, soft, loose	<input type="checkbox"/> Large, thick, well built
Nails	<input type="checkbox"/> Small, thin, dry, rough, fissured, cracked, darkish	<input type="checkbox"/> Medium, soft, pink	<input type="checkbox"/> Large, thick, smooth, white, firm, oily
Urine	<input type="checkbox"/> Scanty, difficult, colorless	<input type="checkbox"/> Profuse, yellow, tendency for burning	<input type="checkbox"/> Moderate, cloudy
Feces	<input type="checkbox"/> Scanty, dry, hard, tendency towards gas and constipation	<input type="checkbox"/> Abundant, loose, yellowish, tendency towards diarrhea or burning sensation	<input type="checkbox"/> Moderate, solid, sometimes pale in color, tendency towards mucous in stool
Sweat / Body odor	<input type="checkbox"/> Scanty or nervous sweating, no smell	<input type="checkbox"/> Profuse, hot, strong smell	<input type="checkbox"/> Moderate, cool, pleasant smell
Appetite	<input type="checkbox"/> Variable, erratic	<input type="checkbox"/> Strong, sharp	<input type="checkbox"/> Constant, low
Taste preferences	<input type="checkbox"/> Prefers sweet, sour, or salty food, cooked with oil and spiced	<input type="checkbox"/> Prefers sweet, bitter, or astringent food, raw, lightly cooked without spices	<input type="checkbox"/> Prefers pungent, bitter or astringent food, cooked with spices but not oil
Circulation	<input type="checkbox"/> Poor, variable, erratic	<input type="checkbox"/> Good, warm	<input type="checkbox"/> Good, slow, steady
Activity	<input type="checkbox"/> Quick, fast, unsteady, erratic, hyperactive	<input type="checkbox"/> Medium, motivated, purposeful, intense, goal-seeking	<input type="checkbox"/> Slow, steady, stately, strong
Strength / Endurance	<input type="checkbox"/> Low, poor endurance, but fast	<input type="checkbox"/> Medium, intolerant of heat	<input type="checkbox"/> Good endurance and strength
Sexual Nature	<input type="checkbox"/> Variable, erratic, deviant, strong desire but low energy, few children	<input type="checkbox"/> Passionate, competitive	<input type="checkbox"/> Romantic, cuddly

Sensitivity	<input type="checkbox"/> To cold, wind, dryness	<input type="checkbox"/> To heat, sun, fire	<input type="checkbox"/> To cold, damp
Resistance to disease	<input type="checkbox"/> Poor, variable, weak immune system	<input type="checkbox"/> Medium, prone to infection	<input type="checkbox"/> Good, prone to congestive disorders
Reaction to medications	<input type="checkbox"/> Quick, low dosage needed, unexpected side effects or nervous reactions	<input type="checkbox"/> Medium, average dosage	<input type="checkbox"/> Slow, high dosage required, effects slow to manifest
Disease tendency	<input type="checkbox"/> Nervous system diseases, pain, arthritis	<input type="checkbox"/> Fevers, infections, inflammatory diseases	<input type="checkbox"/> Respiratory system diseases, congestion, edema
Voice	<input type="checkbox"/> Low, weak, rough	<input type="checkbox"/> High pitch, sharp, moderate	<input type="checkbox"/> Pleasant, deep, good tone
Speech	<input type="checkbox"/> Quick, inconsistent, talkative	<input type="checkbox"/> Moderate, argumentative, convincing	<input type="checkbox"/> Slow, definite, not talkative
Mental Nature	<input type="checkbox"/> Quick, adaptable, indecisive	<input type="checkbox"/> Intelligent, penetrating, critical	<input type="checkbox"/> Slow, steady, calm
Memory	<input type="checkbox"/> Notices things easily but easily forgets	<input type="checkbox"/> Sharp, clear	<input type="checkbox"/> Slow to take notice, but will not forget
Finances	<input type="checkbox"/> Earns and spends quickly, erratically	<input type="checkbox"/> Spends on specific goals, causes or projects	<input type="checkbox"/> Holds on to what one earns, particularly property
Emotional Tendencies	<input type="checkbox"/> Fearful, anxious, nervous	<input type="checkbox"/> Angry, irritable, contentious	<input type="checkbox"/> Calm, content, attached, sentimental
Neurotic Tendencies	<input type="checkbox"/> Hysteria, trembling, anxiety attacks	<input type="checkbox"/> Temper, rage, tantrums	<input type="checkbox"/> Depression, unresponsiveness, sorrow
Faith	<input type="checkbox"/> Abstract, changeable, rebel	<input type="checkbox"/> Determined, leader	<input type="checkbox"/> Constant, loyal, conservative
Sleep	<input type="checkbox"/> Light, tends toward insomnia	<input type="checkbox"/> Moderate, may wake up but will fall asleep again	<input type="checkbox"/> Heavy, difficulty in waking up
Dreams	<input type="checkbox"/> Flying, moving, restless, nightmares	<input type="checkbox"/> Colorful, passionate, conflict	<input type="checkbox"/> Romantic, sentimental, few dreams
Habits	<input type="checkbox"/> Likes speed, traveling, parks, plays, jokes, stories, trivia, artistic activities, dancing	<input type="checkbox"/> Likes competitive sports, debates, politics, hunting, research	<input type="checkbox"/> Likes water, sailing, flowers, cosmetics, business ventures, cooking
Total your Scores:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guna Constitution Chart (reprinted, Frawley)

DIET	Vegetarian	Some meat	heavy meat diet
DRUGS, ALCOHOL, AND STIMULANTS	Never	Occasionally	Frequently
SENSORY IMPRESSIONS	Calm, pure	Mixed	disturbed
CONTROL OF SENSES	Good	Moderate	Weak
SPEECH	Calm and peaceful	Agitated	Dull
CLEANLINESS	High	Moderate	Low
WORK	Selfless	For personal goals	Lazy
ANGER	Rarely	Sometimes	Frequently
FEAR	Rarely	Sometimes	Frequently
DESIRE	Little	Some	Much
PRIDE	Modest	Some ego	Vain
DEPRESSION	Never	Sometimes	Frequently
LOVE	Universal	Personal	Lacking in love
CONTENTMENT	Usually	Partly	Never
FORGIVENESS	Forgives easily	With effort	Never
MEMORY	Good	Moderate	Poor
WILL POWER	Strong	Variable	Weak
TRUTHFULNESS	Always	Most of the time	Rarely
PEACE OF MIND	Generally	Partly	Rarely
CREATIVITY	High	Moderate	Low
SPIRITUAL STUDY	Daily	Occasionally	Never
MANTRA, PRAYER	Daily	Occasionally	Never
MEDITATION	Daily	Occasionally	Never
SERVICE	Much	Some	None
TOTAL	Sattva ___	Rajas ___	Tamas ___

Ayurvedic Intake Forms

Today's Date: _____

Patient Name

Age

DOB

Address

City

State

Zip Code

Phone

Alternate Phone

Fax or email

In case of emergency contact

Phone

Physician

Phone

Reason for visit/onset of disease or problem:

Previous significant medical history:

What are your top 5 goals for therapy:

1. _____
2. _____
3. _____
4. _____
5. _____

What hobbies or activities do you enjoy?

What hobbies or activities do you dislike?

List some of your staple foods in your diet. In other words, what do you typically eat everyday?

Location of your pain today:

Pain on scale of 0 – 10 (0 being no pain and 10 being emergency room type excruciating pain)

Currently _____ Pain at its best _____ When? _____

Yesterday _____ Pain at is worst _____ When? _____

Are you on, have you had, or do you use:

	Yes	no		Yes	no
Surgery	___	___	Scars	___	___
If so, list: _____			If so, list location: _____		
_____			Blood transfusion	___	___
_____			Alcohol	___	___
Medications	___	___	If so, list frequency: _____		
If so, list: _____			Glaucoma	___	___
_____			Cigarettes	___	___
_____			If so, list packs/day: _____		
Kidney problems	___	___	Anxiety	___	___
Diabetes	___	___	Panic attacks	___	___
Osteoporosis	___	___	Asthma	___	___
Osteopenia	___	___	COPD	___	___
Detached retina	___	___	Congestion	___	___
Heart disease	___	___	Insomnia	___	___
Hypertension	___	___	Urinary tract infections	___	___
High cholesterol	___	___	Sensitive to light	___	___
Hearing problems	___	___	Sensitive to heat	___	___
Depression	___	___	Sensitive to cold	___	___
Stroke	___	___	When? _____	___	___
Heart attack	___	___	When? _____	___	___
Nausea	___	___			
Headaches	___	___	If so, please describe: _____		
Dental problems	___	___	If so, please describe: _____		
Jaw pain	___	___			
Cancer	___	___	When and what type? _____		
Food Allergies	___	___			
If so, list: _____					

Drug Allergies	___	___			
If so, list: _____					

Metabolic condition:

How is your appetite? _____

How is your digestion? _____

How is your general circulation? _____

Do you consider yourself to have good dietary habits? _____

Please list any other problem or issue that has not been addressed: _____

Patient Signature

Date

Clinician Evaluation:

Patient: _____ **DOB:** _____ **Age:** _____ **Date:** _____

Vata: governs all doshas, tissues and waste materials, sustains effort, exhalation, inhalation, movement and impulses, tissue equilibrium, sense coordination

Pitta: governs digestion, heat, visual perception, hunger, thirst, luster, complexion, understanding, intelligence, courage, softness of body.

Kapha: governs stability, lubrication, joint stability, patience, loyalty

Vata: located colon, thighs, hips, ears, bones, organs of hearing and touch

Pitta: located small intestine, stomach, sweat, oil glands, blood, lymph, organ of vision

Kapha: located in chest, throat, head, pancreas, sides, stomach, lymph, fat, nose, tongue

Observations:

Skin: _____

Hair: _____

Nails: _____

Eyes: _____

Dosha Score: _____ V _____ P _____ K

Guna Score: _____ S _____ T _____ R

Notes:

20 Attributes Exam

Are you?

Yin/Yang

Circumstances in life that make them answer that way

Cold/hot

Heavy/light

Dense/flowing

Dull/sharp

Smooth/rough

Wet/dry

Gross/subtle

Static/mobile

Soft/hard

Cloud/clear

Vata: cold, dry, light, subtle, mobile, sharp, hard, rough, clear

Pitta: hot, slightly wet, light, subtle, flowing, mobile, sharp, soft, smooth, clear

Kapha: cold, wet, heavy, gross, dense, static, dull, soft, smooth, cloudy

Dosha total from Attributes test: Vata _____ **Pitta** _____ **Kapha** _____

General impression:

Primary or strongest attributes of the 20: Secondary or mild/weaker attributes of the 20:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Environmental State:

Like increases like – What worsens these attributes in your life (circumstances, environment, diet, relationships, job, office setting, coworkers, colors, sound, light, noises, etc.)

Methods for Tx:

Lifestyle or environmental therapies can include: yoga therapy including asana, pranayama, mudra, meditation, chanting; color therapy, aromatherapy, gem therapy, chakra therapy, nutritional therapy or planning, music or sound therapy

Top 3 deranged attributes to treat: Annamayakosha

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

Pranamayakosha

- 1.
- 2.
- 3.

Manomayakosha

- 1.
- 2.
- 3.

Vinjanamayakosha

- 1.
- 2.
- 3.

Anandamayakosha

- 1.
- 2.
- 3.

REPEAT FOR ANY EVALUATIONS OF ENVIRONMENT OR HOME (i.e. attributes of office, living room, etc.)

Secondary derangements:

- 1.
- 2.
- 3.

Changes:

- 1.
- 2.
- 3.

Secondary derangements:

- 1.
- 2.
- 3.

Changes:

- 1.
- 2.
- 3.

Impression of agni:

High Low Variable Balanced

Factors that contribute to agni:

- | | |
|---|---|
| 1. food quality | sneezing, belching, yawning, eating, drinking, crying, sleeping, breathing) |
| 2. type of food | |
| 3. schedule of eating | 10. excessive dryness (climate, season) |
| 4. overeating/undereating | 11. travel |
| 5. excessive talking | 12. emotional blockages (depressed immunity, depressed agni, increased ama = arthritis, asthma, CA; nausea, loss of appetite, liver upset, mood shifts, depression) |
| 6. drugs/smoking/alcohol | |
| 7. air pollution | 13. recent trauma |
| 8. sedentary/excessive exercise | 14. other |
| 9. suppression of urges (13 urges – urination, excretion, ejaculation, farting, vomiting, | |

Affected organs:

Vata: large intestine, urinary bladder, kidney, brain
Pitta: small intestine, liver, gall bladder, spleen, heart, uterus
Kapha: stomach, lungs, pancreas, testes

Assessment (for relocation of the dosha to its site of origin)

Overall impression:

Prakriti: _____

Vrkiti: (elemental origin of disease, if present)

Attributes to TX: _____

Plan: _____

Treatment to include:

1. dietary therapy
2. yoga therapy
3. chakra therapy
4. aromatherapy
5. color therapy
6. gem therapy
7. sound therapy
8. environmental or ergonomic analysis

Today's Treatment:

Future Treatment considerations or plan:

Certified Yoga Therapist or CYT-C

Date