



# FIRST TIME EVALUATION

Please complete the following questions carefully. This information will help us to build a specialized Nutritional Program, personally designed for you.

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ M  F  Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Marital Status: S  M  D  W  No. of children: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

**Do not take any supplements for 2 meals before evaluation.**

1. **Complaints** Please rank your current complaints and rate their severity (on a scale of 1 to 10, 10 being the most severe):

\_\_\_\_\_  
\_\_\_\_\_

2. **Other Information** Please tell us any additional information or concerns about your health:

\_\_\_\_\_  
\_\_\_\_\_

3. **Medications** Please list any medications you are currently taking and how long you have taken them (including birth control pills, aspirin, pain medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_

4. **Smoking** Do you currently smoke? \_\_\_\_\_ If yes, how much? \_\_\_\_\_ How long have you smoked? \_\_\_\_\_  
Do you frequently breathe the smoke from others who are smoking (either at work or at home)? \_\_\_\_\_

5. **Surgeries** What surgeries, operations, traumas, car accidents, etc. have you had?

\_\_\_\_\_  
\_\_\_\_\_

- a.) Have you ever had full-body anesthesia (i.e., to remove tonsils, wisdom teeth, etc.)? \_\_\_\_\_
- b.) Do you have breast implants? \_\_\_\_\_ Other surgical implants or prostheses? \_\_\_\_\_
- c.) Have you had elective surgery (tummy tuck, face-lift, burned off moles, liposuction, etc.)? \_\_\_\_\_
- d.) Do you have any metal or plastic inside your body (such as pins, clamps, plates, etc.)? \_\_\_\_\_
- e.) Do you have pierced ears or other body piercings? \_\_\_\_\_ Tatoos? \_\_\_\_\_

6. **Scars** Describe any scars on your body (major and minor ones): \_\_\_\_\_  
\_\_\_\_\_

7. **Drugs** This is strictly confidential information. Do you currently use recreational drugs? \_\_\_\_\_ [Circle: marijuana, cocaine, heroin, uppers, downers] Others: \_\_\_\_\_ How often? \_\_\_\_\_  
Have you used recreational drugs in the past? \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

8. **Stress** Please rate your current stress level (on a scale of 1 to 10, 10 being the highest stress): \_\_\_\_\_  
 What is the main reason(s) for your stress? \_\_\_\_\_  
 If over level 5, what step(s) are you taking to reduce your stress level? \_\_\_\_\_

9. **Dental work** Indicate how many of the following you have:

Silver fillings _____	Gold crowns or inlays _____	Root canals _____	Braces _____
Composites (tooth-colored) _____	Stainless steel crowns or inlays _____	Root canals with EndoCal _____	Bleeding Gums _____
Extractions _____	Porcelain crowns or inlays _____	Posts _____	Sensitive teeth _____
Bridgework _____	DeGussa Porcelain crowns or inlays _____	Implants _____	Bad Bite _____
Partial or full dentures _____	Veneers _____	Temporaries _____	New cavities _____

Have you had any teeth extracted (wisdom teeth, four bicuspid extraction etc.)? \_\_\_\_\_  
 Have you had dental surgery (gum surgery, jaw surgery, etc.)? \_\_\_\_\_  
 Do you need further dental work? \_\_\_\_\_ If so, what? \_\_\_\_\_

**Health Overview** For the following questions, circle the phrases that apply to you.

- Sleep** How is your sleep? [**Circle:** *restful, restless, hard to get to sleep, wake up often, get up during the night, bad dreams*]  
 Other complaints? \_\_\_\_\_  
 What time do you usually go to sleep? \_\_\_\_\_ Number of hours of sleep per night? \_\_\_\_\_
- Digestion** How is your digestion? [**Circle:** *adequate, poor; acid reflux, burp often, bloating, burning/pain in stomach*]  
 Other complaints? \_\_\_\_\_
- Urination** How are your daily urinations? [**Circle:** *every 2 to 3 hours, too frequent, sense of urgency, too small amount, too large amount, burning, dribbling, up at night several times*]  
 Other complaints? \_\_\_\_\_
- Bowels** How are your bowel eliminations? [**How often?** *3 times daily, once per day, skip days* **Amount:** *normal, too little, too large* **Consistency:** *normal, too hard, very soft, diarrhea* **Color:** *brown, black, whitish* **Other:** *lots of mucus, lots of gas, foul smell*]  
 Other complaints? \_\_\_\_\_

5. **Women Only:** Are you pregnant? \_\_\_\_\_ Are you breast-feeding? \_\_\_\_\_ Do you have monthly periods? \_\_\_\_\_  
 Date of last menstrual period? \_\_\_\_\_ Are you going through menopause? \_\_\_\_\_ Have your periods stopped? \_\_\_\_\_  
 Had a hysterectomy? \_\_\_\_\_ (If so, when? \_\_\_\_\_)

**Menstrual Cycle.** Are your monthly periods regular (28 day cycles)? \_\_\_\_\_  
 Number of days of your menstrual flow? \_\_\_\_\_  
 Circle any of the following symptoms you experience associated with your period: cramping, bloating, feeling weak, mood swings, cravings, heavy bleeding, back pain, headaches, bright red blood, dark clotty blood.  
 Other menstrual complaints? \_\_\_\_\_

- Exercise** What kind of exercise do you do? \_\_\_\_\_  
 How often? \_\_\_\_\_ For how long at a time? \_\_\_\_\_
- Sunlight** Amount of natural sunlight you receive daily outside? \_\_\_\_\_ Amount of sunlight you receive daily through windows? \_\_\_\_\_ Hours spent daily under fluorescent lights? \_\_\_\_\_ Do you use Chromalux light bulbs at home? \_\_\_\_\_ At work? \_\_\_\_\_
- Eyewear** Do you wear contact lenses? \_\_\_\_\_ Glasses? \_\_\_\_\_ If so, how many hours per day? \_\_\_\_\_  
 Do your lenses have tints? \_\_\_\_\_ An anti-glare coating? \_\_\_\_\_ A scratch-resistant coating? \_\_\_\_\_
- Electromagnetic Exposure** How many hours do you spend daily:  
 Watching TV? \_\_\_\_\_ Working on a computer? \_\_\_\_\_ Talking on a phone? \_\_\_\_\_ Talking on a cellular phone? \_\_\_\_\_  
 Wearing a pager? \_\_\_\_\_ Wearing a headset? \_\_\_\_\_ Wearing a wrist-watch (with battery)? \_\_\_\_\_ Wearing a hearing aid? \_\_\_\_\_  
 Riding in a car/truck/vehicle? \_\_\_\_\_ Near electrical equipment for long periods of time (such as copy machines, high power lines, computers, etc.)? \_\_\_\_\_ When you sleep, is your head within 10 feet of a plug-in clock (such as on a nite stand)? \_\_\_\_\_
- Clothing** How often do you wear 100% natural clothing (cotton, ramie, wool, silk, or linen)? \_\_\_\_\_  
 Synthetic clothing (polyester, acrylic, nylon, rayon, etc.)? \_\_\_\_\_ Blends (natural fabric combined with synthetic)? \_\_\_\_\_

**11. Personal Care Products** List the brand names that you use: *(Please take time to complete this list.)*

Shampoo? _____	Shave Cream? _____
Deodorant? _____	Dish Washing Liquid/Powder? _____
Toothpaste? _____	Laundry Soap? _____
Soap? _____	Tub/Tile Cleaner? _____
Hand/Body Lotion? _____	Glass Cleaner? _____
Facial Cleanser/Moisturizer? _____	All-Purpose Cleaner? _____
Hair Spray/Gel? _____	Perfume/Cologne? _____
Personal (Sexual) Lubricant? _____	Roach/Ant Spray? _____
Contraceptive Jelly/Spermicide? _____	Toilet Freshener? _____
Hair Dye? _____	Hair Permanent? _____
Fingernail/Toenail Polish? _____	Face Make-up/ Eye Make-up? _____
Other chemical exposure <i>(from yard, workplace, art chemicals, etc.)</i> ? _____	

**12. Appliances** Circle which of the following you use:

Gas stove    Electric stove    Electric heater    Electric blanket    Water bed    Turbo Blend    Microwave oven  
 Air purifier (Brand: \_\_\_\_\_)    Water purifier (Brand: \_\_\_\_\_)

**13. Cookware** What type of cookware do you use? [**Circle:** *stainless steel, aluminum, iron, teflon-coated, glass, Premier Waterless Cookware*]

Other types: \_\_\_\_\_

**14. Shower Filter** What brand of shower filter do you use *(for chlorine protection)*? \_\_\_\_\_

When was your filter last changed? \_\_\_\_\_

**15. Pets** Do you have a pet(s)? \_\_\_\_\_ If so, what kind/how many? \_\_\_\_\_

Is it allowed in the house? \_\_\_\_\_ On your bed? \_\_\_\_\_ What do you feed your pet(s)? \_\_\_\_\_

**Food Choices** Circle each type of food that you eat often *(once a week or more)*:

- Pre-made foods:** a) canned food    b) boxed cereals    c) frozen dinners    d) bottled or frozen juices    e) take-out food
- Red meat (beef, pork, lamb):** a) commercially grown    b) naturally raised (Brand: \_\_\_\_\_)
- Chicken:** a) commercially grown    b) naturally raised (Brand: \_\_\_\_\_)
- Turkey:** a) commercially grown    b) naturally raised (Brand: \_\_\_\_\_)
- Fish:** a) canned tuna    b) fresh fish    c) frozen fish    d) at restaurants
- Fresh vegetables:** a) commercially grown (*store-bought*)    b) organically grown (*store bought*)    c) organically grown (*direct from farmers*)  
d) from natural growers at a farmer's market
- Fresh fruit:** a) commercially grown (*store-bought*)    c) organically grown (*store-bought*)    c) organically grown (*direct from farmer*)  
d) from natural growers at a farmer's market
- Whole grains:** a) commercially grown (*store-bought*)    b) organic (*store-bought*)    c) organic (*direct from farmer*)
- Whole beans:** a) commercially grown (*store-bought*)    b) organic (*store-bought*)    c) organic (*direct from farmer*)
- Eggs/Butter:** a) commercial eggs (*store-bought*)    b) organic eggs    c) commercial butter    d) organic butter
- Milk:** a) commercial milk    b) organic pasteurized milk    c) organic goat's milk    d) good quality, raw whole milk
- Cheese:** a) commercial cheese    b) organic aged cheese (*store-bought*)    c) recommended aged cheeses by Dr. Marshall
- Other:** a) commercial ketchup, mustard, spices    b) commercial vinegar    c) commercial olive oil    d) PRL Olive Oil

**Food Stressors** Please indicate how many times per week you consume the following foods:

Stimulants	Toxic Oils	Commercial Dairy	Highly Heated Foods
Coffee ( <i>including decaf.</i> )	Fried foods	Cow's Milk	Bread ( <i>store-bought</i> )
Black tea, caffeine drinks	Fast food	Yogurt	Crackers ( <i>store-bought</i> )
Soft drinks ( <i>colas, etc.</i> )	Potato or corn chips	Ice cream	Bagels ( <i>store-bought</i> )
Drinks with NutraSweet	Roasted nuts	Cottage cheese	Buns ( <i>store-bought</i> )
Alcohol ( <i>wine, beer, etc.</i> )	Mayonnaise	Sour cream	Pasta ( <i>store-bought</i> )
Chocolate	Margarine	Cheese ( <i>commercial</i> )	Muffins ( <i>store-bought</i> )
Candy, pastries, sweets	Peanut butter ( <i>commercial</i> )		Cookies ( <i>store-bought</i> )

# Food Habits

- Eating Out** Do you eat out at restaurants? \_\_\_\_\_ If yes, how often? \_\_\_\_\_ Where? \_\_\_\_\_  
What type of food do you eat at restaurants? \_\_\_\_\_
- Home Meals** Do you prepare meals at home? \_\_\_\_\_ If so, how often? \_\_\_\_\_  
If yes, what type of food do you prepare? \_\_\_\_\_
- Meal Habits** Do You: [circle] a) skip meals often b) have irregular eating times c) eat food past 7 PM
- MSG** Do you avoid food/drinks that list “natural flavors” (*which means hidden MSG*) on the label? \_\_\_\_\_
- Water** Do you drink tap water? \_\_\_\_\_ What brand of drinking water do you use? \_\_\_\_\_  
If you have a home water purifier, when was the cartridge last changed? \_\_\_\_\_

## Typical Diet

*Please fill out your typical diet for the last few weeks. Please be as detailed as possible. (For example, instead of writing “chicken,” identify what brand and how it was made such as “baked Foster Farms chicken.” Instead of writing “salad,” identify what it’s made of, such as “salad made with organic baby green lettuce, commercial cherry tomatoes and PRL Olive Oil.”) PLEASE BE HONEST!*

**BREAKFAST:** (Time eaten: \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LUNCH** (Time eaten: \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DINNER** (Time eaten: \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SNACKS** (Time eaten: \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_

## Bedroom/Sleep Considerations

1. **Bedding Materials.** What type of sheets and blankets to you use?

\_\_\_\_\_ (i.e., 100% cotton, silk, polyester, poly-blends, wool, etc.)

What type of pillow do you use? \_\_\_\_\_

2. **Mattress.** What type of mattress do you sleep on?

\_\_\_\_\_ (such as box springs, synthetic, futon, latex, etc.)

3. **Head Direction.** What direction does the top of your head point when you sleep? \_\_\_\_\_

(i.e., south, north, northwest, etc.)

4. **Darkness.** Do you sleep with the curtains drawn tightly (so the room is very dark) or is there considerable light in the room when you sleep? \_\_\_\_\_

\_\_\_\_\_

5. **Electrical Appliances.** Is there a computer, TV or electrical appliance near your bed? \_\_\_\_\_

If so, how far away? \_\_\_\_\_

Are any electrical appliances left on in the room when you sleep (such as a TV or computer)? \_\_\_\_\_

6. **Clock-Radio.** Do you sleep with a clock-radio near your head (within one to two feet)? \_\_\_\_\_

7. **Windows.** Do you sleep near a window? \_\_\_\_\_

If yes, what direction does the window face? \_\_\_\_\_

8. **Alarm.** Do you sleep with a whole-house alarm turned on (which uses infrared beams/sensors within the house)? \_\_\_\_\_

\_\_\_\_\_

9. **EMF Exposure.** Do you sleep with your head at least one foot away from the wall? \_\_\_\_\_

\_\_\_\_\_

## Electrical Devices on Body

1. **Hearing Aid.** Do you wear a hearing aid? \_\_\_\_\_

If yes, which ear(s)? \_\_\_\_\_

2. **Watch.** Do you wear a battery-operated watch?

\_\_\_\_\_

3. **Pacemaker.** Do you wear a pacemaker? \_\_\_\_\_

4. **Other.** Do you wear any other electrically-powered devices on your body? \_\_\_\_\_

If yes, what and where? \_\_\_\_\_

## EMF Exposure

1. **Cell Phone.** Do you use a cell phone? \_\_\_\_\_

If yes, how often? \_\_\_\_\_

2. **Cell Phone Tower.** Do you live or work within 1/2 mile of a cell phone tower? \_\_\_\_\_

3. **Transformers.** Do you live or work within 100 ft. or less of a power transformer (on a telephone pole)? \_\_\_\_\_

\_\_\_\_\_

4. **Pager.** Do you wear a pager? \_\_\_\_\_

If yes, how often? \_\_\_\_\_

## Toxic Body Exposure

1. **Nail Polish.** Do you wear fingernail or toenail polish?

\_\_\_\_\_

Have you ever worn fingernail or toenail polish?

\_\_\_\_\_

If yes, for how long? \_\_\_\_\_

2. **Toxic Chemicals.** Have you ever had toxic chemicals spill on your body? \_\_\_\_\_

If yes, what? \_\_\_\_\_

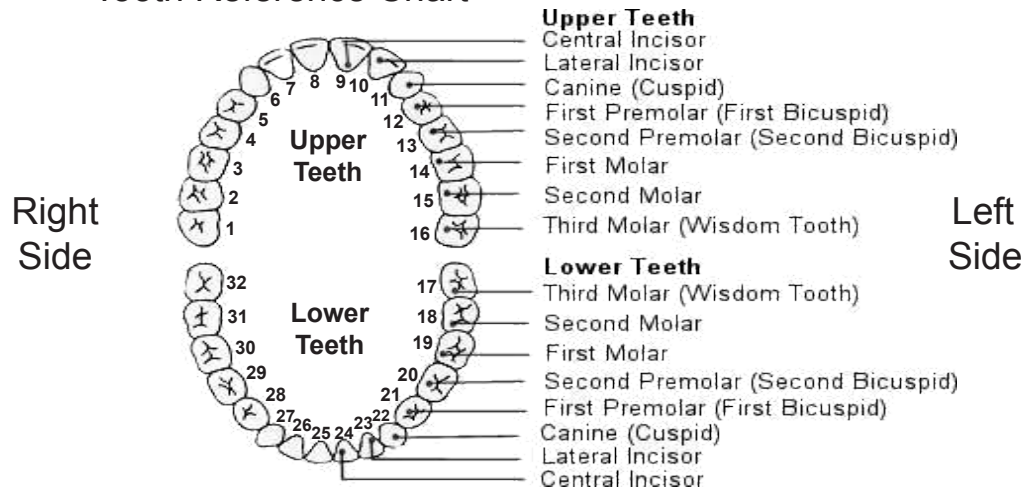
# Personal Health Goals

1. Do you want to lose weight? \_\_\_\_\_ If so, how much? \_\_\_\_\_
2. How important is your health to you, on a scale from 1 – 10 (1 = lowest; 10 = the highest importance)?  
\_\_\_\_\_
3. How much confidence do you have in medical drugs, on a scale from 1- 10 (1 = low; 10 = high confidence)? \_\_\_\_\_
4. How much confidence do you have in your body's ability to heal itself (if given the right nutrients/natural therapies), on a scale from 1 to 10 (1 = low; 10 = high confidence)? \_\_\_\_\_
5. List any nutritional supplements that you regularly take: \_\_\_\_\_  
\_\_\_\_\_
6. What best describes your diet overall (**please be honest**)? Check all that apply:  
  
 mostly eat out (fast food)  
 mostly eat out (but try to eat healthier items)  
 eat whatever is available  
 occasional binges  
 would never give up meat  
 eat a lot of fresh food (very little from cans, boxes)  
 mostly homemade meals  
 vegetarian  
 eat mostly organic  
 eat a lot of raw food  
 in transition to eating better
7. What are your specific health goals? (What do you *really* want?) \_\_\_\_\_  
\_\_\_\_\_
8. How far are you willing to commit to achieve your health goals? (**Please be honest.**)  
 don't really want to change much  
 willing to change some  
 willing to change a reasonable amount  
 willing to do whatever it takes
9. How much money do you spend per month on your health, out of pocket? \_\_\_\_\_
10. How long do you want to live? (Check all that apply.)  
 age 60-70                       as long as I'm healthy  
 age 70-80                       as long as I have been granted  
 age 80-90                       until I complete my mission (purpose) on earth  
 age 90 - 100                    only if my significant other is still alive also  
 age 100+                         forever  
    it's already enough

# Dental History Chart

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

## Tooth Reference Chart

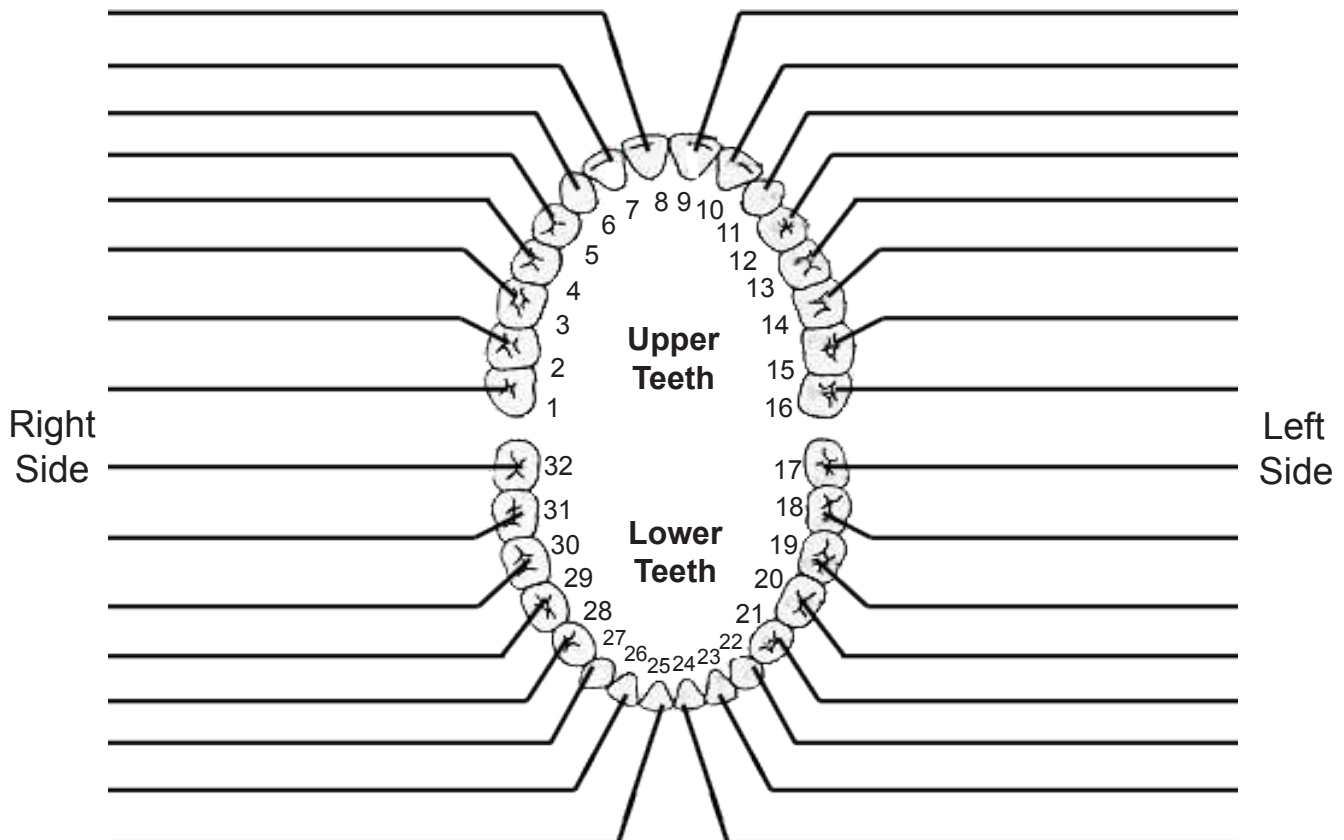


**Directions:** Please fill in the Dental History Chart below by writing down what was done to each tooth and the approximate age it was done. For an extracted tooth, put an X over the tooth. For example, on the line for left lower second molar, you might write: "Silver filling, age 22." **Please see Example Chart on back.**

**Please use the following descriptors when filling in the chart:**

- ◆ Silver filling
- ◆ Composite filling (plastic-like filling)
- ◆ Gold crown
- ◆ Stainless steel crown
- ◆ Root canal
- ◆ Post (in root canal)
- ◆ Veneers
- ◆ Bridge (circle teeth with bridge attached)
- ◆ Partial denture
- ◆ Full denture
- ◆ Extracted tooth (write next to X'd out tooth)
- ◆ No filling

**Gum Concerns:** please make a line at the base of any teeth that have gum problems and indicate what type of concern, such as deep pockets, receding gums, bleeding gums, etc.

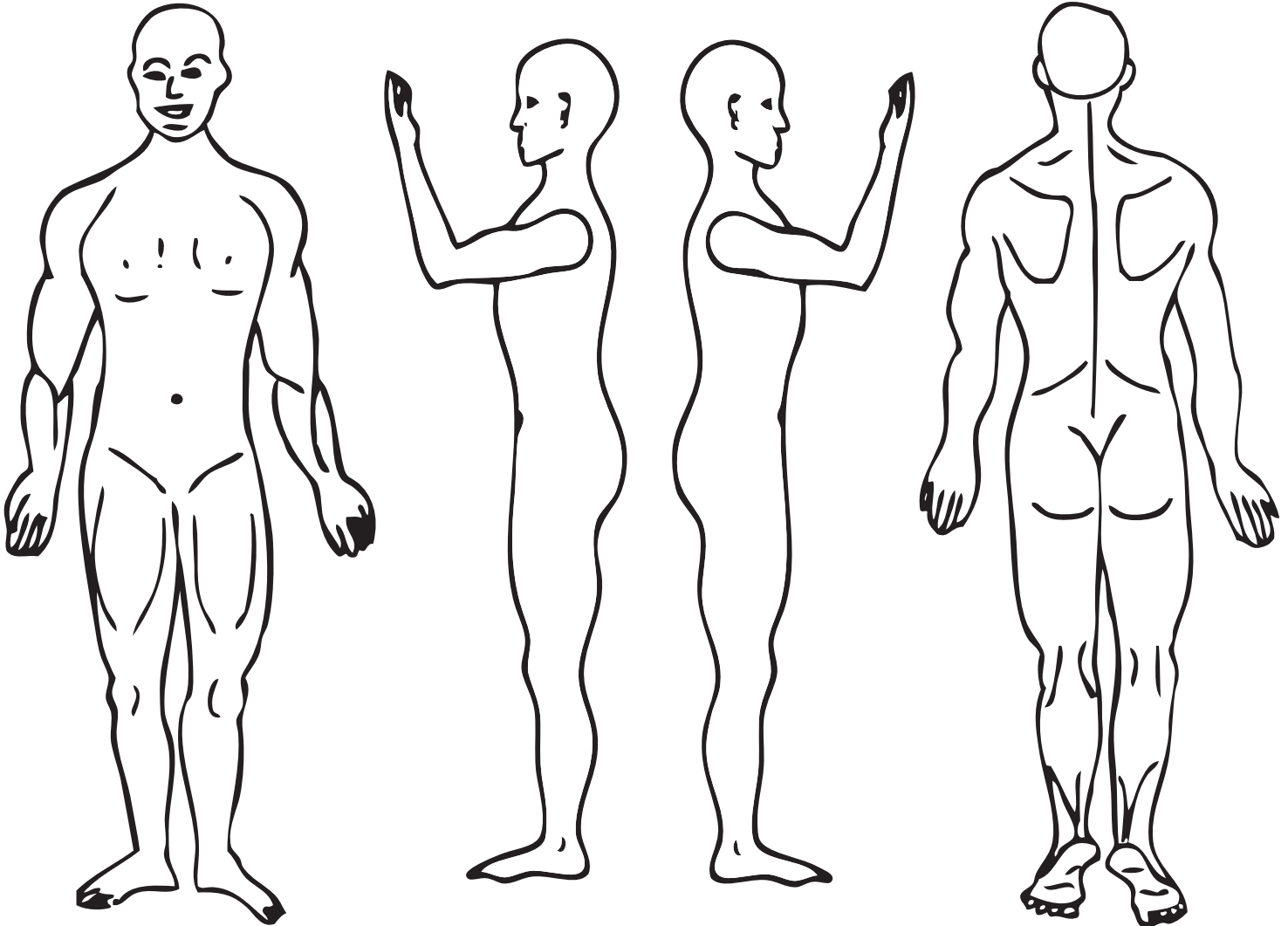




# Scar/Trauma Chart

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

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



## ***Directions***

**All Scars.** Please draw a red line on the drawing where you have scars, even if they are very old. Don't forget C-sections, vaccination scars, episiotomies, surgeries, earring puncture holes, tattoos, facelift scars, vasectomies, all injection sites (no matter how long ago), old burn areas, etc.

**All Trauma Areas.** Please put a red X where you have had trauma even if it is very old. Don't forget previous sprains, burns, falls, whiplash (from auto accidents), radiation, etc.

**Internal Metal:** Please draw a circle on the drawing if you have any type of internal metal objects, such as a surgical steel pin, metal plate, hip replacement, surgical wire mesh, etc.

**Date of injury and type of injury.** Draw a line from each of the above injury areas and print the type of injury and approximate date of injury. (For example, draw a line from a shoulder trauma area and print "car accident, 1988.")

# The 3 Body Constitutions (*Tridosha*)

## *A Brief Overview*

In ancient Ayurvedic philosophy, the five elements (**ether, air, water, fire, earth**) combine in pairs to form three dynamic forces or interactions called Doshas (the three constitution types: Vata, Pitta, Kapha). These three Doshas are constantly moving in dynamic balance, one with the others. The three Doshas are required for life to happen. In Ayurveda, the three Doshas are also known as the governing principles and every living thing in nature is characterized by the three Doshas. Therefore, each person possesses all three Doshas, but commonly one or two Doshas may predominate or go out of balance.

## **Vata Body Type**

**Vata** is a force conceptually made up of elements **ether and air**. The proportions of ether and air determine how active Vata is. The amount of ether (space) affects the ability of the air to gain momentum. If unrestricted, air can gain momentum and become too forceful, such as a hurricane.

Vata means “wind, to move, flow, direct the processes of, or command.” Vata enables the other two doshas to be expressive. The actions of Vata are **drying, cooling, light, agitating and moving**.

Vata governs breathing, movements in the muscles and tissues, pulsations in the heart, all expansion and contraction, the movements of cytoplasm and the cell membranes, and the movement of impulses in nerve cells. Vata also governs such feelings and emotions as freshness, nervousness, fear, anxiety, pain, tremors, and spasms. The **primary seat or location of the Vata in the body is the colon**. It also resides in the hips, thighs, ears, bones, large intestine, pelvic cavity, and skin. It is related to the touch sensation. If the body develops an excess of Vata, it will typically accumulate in these areas.

## **Characteristics of Vata**

Common characteristics of people who have a predominantly Vata constitution:

- Creativity, mental quickness
- Highly imaginative
- Quick to learn and grasp new knowledge
- Thin body frame; prominent bony joints
- Slenderness; lightest of the three body types
- Talks and walks quickly
- Tendency toward cold hands and feet; discomfort in cold climates
- Excitable, lively, fun personality
- Changeable moods
- Irregular daily routine
- Variable appetite and digestive efficiency
- High energy in short bursts; tendency to tire easily and to overexert
- Full of joy and enthusiasm when in balance
- Respond to stress with fear, worry, and anxiety, especially when out of balance
- Tendency to act on impulse
- Often have racing, disjointed thoughts
- Generally have dry skin and dry hair; does not perspire much
- Typical health problems include headaches, hypertension, dry coughs, sore throats, earaches, anxiety, irregular heart rhythms, muscle spasms, lower back pain, constipation, abdominal gas, diarrhea, nervous stomach, menstrual cramps, premature ejaculation and other sexual dysfunctions, and arthritis. Most **neurological disorders** are related to Vata imbalance.

## Physical Features of Vata

The Vata constitution is generally physically underdeveloped. Their chests are flat and their veins and muscle tendons are visible. The skin is cold, rough, dry and cracked.

Vata generally has a thin frame which reveal prominent joints and bone-ends because of poor muscle development. The hair is curly and scanty; the eyelashes are thin. The eyes may be sunken, small, dry and active. The nails are rough and brittle. The shape of the nose is often bent.

Physiologically, the appetite and digestion are variable. Vata **loves sweet, sour and salty tastes and likes hot drinks**. The production of urine is scanty and the feces tend to be dry, hard and small in quantity. Vata has a tendency to **perspire less** than other constitutional types. Their sleep may be disturbed; often they will sleep less than the other types. Their hands and feet are often cold.

Psychologically, they are characterized by quick mental understanding. They may understand something immediately, but may soon forget it. They have weak will power, tend toward mental instability and possess little tolerance, confidence or boldness. Their decisiveness power is weak. They tend to be nervous, fearful and afflicted by much anxiety.

## Pitta Body Type

**Pitta** is a force created by the dynamic interplay of **fire and water**. These forces represent **transformation**. They cannot change into each other, but they modulate or control each other and are vitally required for life processes to occur. (For example, too much fire and too little water will result in the boiling away of the water. Too much water will result in the fire being put out.)

Pitta governs **digestion, absorption, assimilation**, nutrition, metabolism, body temperature, skin coloration, the luster of the eyes, intelligence, and understanding. Psychologically, Pitta arouses anger, hate, and jealousy. The small intestine, stomach, sweat glands, blood, fat, eyes, and skin are the seats of Pitta.

## Characteristics of Pitta

Common characteristics of people who have a predominantly Pitta body type.

- Medium physique, strong, well-built
- Sharp mind, good concentration powers
- Orderly, focused
- Assertive, self-confident and entrepreneurial at their best; aggressive, demanding, pushy when out of balance
- Competitive, enjoy challenges
- Passionate and romantic; more sexual vigor and endurance than Vata, but less than Kapha
- Strong digestion, strong appetite; irritated if they have to miss or wait for a meal
- Likes to be in command
- When under stress, Pitta becomes irritated and angry
- Skin fair or reddish, often with freckles; sunburns easily
- Hair usually fine and straight, tending toward blond or red, typically turns gray early; tendency toward baldness or thinning hair
- Uncomfortable in sun or hot weather; heat makes them very tired
- Perspires a lot
- Others may find them stubborn, pushy, opinionated
- Good public speakers; also capable of sharp, sarcastic, cutting speech
- Generally good management and leadership ability, but can become authoritarian
- Like to spend money, surround themselves with beautiful objects
- Subject to temper tantrums, impatience, irritability and anger
- Typical physical problems include rashes or inflammations of the skin, acne, boils, skin cancer, ulcers, heartburn, acid stomach, hot sensations in the stomach or intestines, insomnia, bloodshot or burning eyes and other vision problems, anemia, and jaundice.

## Physical Features of Pitta

Pitta is of medium height and body frame. Their chests have a medium build. They show a medium prominence of veins and muscle tendons. Muscle development is moderate.

The Pitta complexion may be coppery, yellowish, reddish or fair. The skin is soft, warm and less wrinkled than Vata skin. The hair is thin, silky, red or brownish and there is a tendency toward premature graying of hair and hair loss. The eyes may be gray, green or copper-brown and sharp: the eyeballs will be of medium prominence. The nails are soft. The shape of the nose is sharp and the tip tends to be reddish.

Physiologically, Pitta has a strong metabolism, good digestion and strong appetite. The Pitta constitution usually takes large quantities of food and liquid. Pitta types have a natural craving for **sweet, bitter and astringent tastes and enjoy cold drinks**. Their sleep is of medium duration but uninterrupted. They produce a large volume of urine. The feces are yellowish, liquid, soft and plentiful. There is a tendency toward excessive perspiring. The body temperature may run slightly high and hands and feet will tend to be warm. Pitta does not tolerate sunlight or heat well.

Psychologically, Pitta has a good power of comprehension; they are very intelligent and sharp and tend to be good orators. They have emotional tendencies toward hate, anger and jealousy.

They are ambitious and generally like to be leaders. Pitta appreciates material prosperity. They tend to be moderately well-off financially. They enjoy exhibiting their wealth and luxurious possessions.

## Kapha Body Type

**Kapha** is the dynamic equilibrium of **earth and water**. Kapha is **structure and lubrication**. Kapha cements the elements in the body, providing the material for physical structure. This Dosha maintains immune resistance. Water is the main constituent of Kapha, and this bodily water is responsible physiologically for biological strength and natural tissue resistance in the body.

Kapha lubricates the joints; provides moisture to the skin; helps to heal wounds; fills the spaces in the body; gives biological strength, vigor and stability; supports memory retention; gives energy to the heart and lungs, and maintains immunity. Kapha is present in the chest, throat, head, sinuses, nose, mouth, stomach, joints, cytoplasm, plasma, and in the liquid secretions of the body such as mucus. Psychologically, Kapha is responsible for the emotions of attachment, greed, and long-standing envy. It is also expressed in tendencies toward calmness, forgiveness, and love. The chest is the seat of Kapha.

### Characteristics of Kapha

Common characteristics of people who have a predominantly Kapha constitution:

- Easygoing, relaxed, slow-paced
- Affectionate and loving
- Forgiving, compassionate nature; stable and reliable; faithful
- Physically strong and with a sturdy, heavier build
- Has the most energy of all constitutions, but it is steady and enduring, not explosive
- Slow moving and graceful
- Slow speech, reflecting a deliberate thought process
- Soft hair and skin; tendency to have large "soft" eyes and a low, soft voice
- Tendency to be overweight; may also suffer from sluggish digestion
- Prone to heavy, oppressive depressions
- More self-sufficient, need less outward stimulation than do other types; a mild, gentle and essentially undemanding approach to life
- Kapha is the slowest to be aroused sexually, but have the most endurance
- Excellent health, strong resistance to disease
- Slow to anger; strive to maintain harmony and peace in their surroundings

- Not easily upset and can be a point of stability for others
- Tend to be possessive and hold on to things, people, money; good savers.
- Don't like cold, damp weather
- Physical problems include colds and congestion, sinus headaches, respiratory problems including asthma and wheezing, hay fever, allergies, and atherosclerosis (hardening of the arteries).

## **Physical Features of Kapha**

Kapha has a well-developed body. However, there is a strong tendency for these individuals to carry excess weight. Their chests are expanded and broad. The veins and tendons of Kapha are not obvious because of their thick skin and their muscle development is good. The bones are not prominent.

Their complexions are fair and bright. The skin is soft, lustrous and oily; it is also cold and pale. The hair is thick, dark, soft and wavy. The eyes are dense and black or blue: the white of the eye is generally very white, large and attractive.

Physiologically, Kapha has regular appetites. Due to slow digestion, they tend to consume less food. They **crave pungent, bitter and astringent foods**. Stools are soft and may be pale in color: evacuation is slow. Their perspiration is moderate. Sleep is sound and prolonged. There is a strong vital capacity evidenced by good stamina. Kapha is generally healthy, happy and peaceful.

Psychologically, Kapha tends to be tolerant, calm, forgiving and loving; however, they also exhibit traits of greed, attachment, envy and possessiveness. Their comprehension is slow but definite: once they understand something, that knowledge is retained.

Kapha tends to be wealthy. They earn money and are good at holding on to it.

# The Three Body Types Questionnaire

## Identifying Your Constitution

To learn your basic Ayurvedic constitution type (called a “dosha”), please rate the following traits as they have pertained to you in the last 2 to 3 years.

Answer each number and be sure to put a number in all 3 blanks per line, even if it is “0”.

0 = Doesn't describe me at all  
 1 = Describes me a little  
 2 = Describes me quite well  
 3 = Describes me almost perfectly

	VATA	PITTA	KAPHA
1. My hair texture tends to be:	___ Dry, curly wavy, shiny	___ Straight or fine	___ Thick or full bodied
2. My hair color is:	___ Medium or light brown	___ Blond or reddish tone or early gray	___ Dark brown or black
3. My skin tends to be:	___ On the dry side	___ Delicate or sensitive	___ Oily or smooth
4. My complexion (when compared with others of my race) is:	___ Darker	___ More reddish or freckled	___ Lighter
5. Compared with others of my height, I have:	___ Smaller bones	___ Average-size bones	___ Larger bones
6. My weight is:	___ Thin; I don't gain weight	___ Average	___ Heavy
7. My energy level:	___ Tends to fluctuate, may be high or low	___ Is moderate to high; I can push myself too hard	___ Is steady
<b>SUBTOTALS:</b>	<b>VATA =</b> ___	<b>PITTA =</b> ___	<b>KAPHA =</b> ___

**VATA****PITTA****KAPHA**

- 
- |                              |   |  |  |
|------------------------------|---|--|--|
| 8. Regarding temperature, I: | <input type="checkbox"/> Dislike cold; am comfortable in heat | <input type="checkbox"/> Dislike heat, perspire easily, like cool temperatures | <input type="checkbox"/> Dislike damp and cold, can tolerate extremes well |
|------------------------------|---|--|--|
- 
- |                             |   |   |   |
|-----------------------------|---|---|---|
| 9. My typical hunger level: | <input type="checkbox"/> Can vary from excessive to no interest in food | <input type="checkbox"/> Is intense; I need regular meals | <input type="checkbox"/> Is usually low but can be emotionally driven |
|-----------------------------|---|---|---|
- 
- |                              |  |                               |                                      |
|------------------------------|--|-------------------------------|--------------------------------------|
| 10. I prefer my food/drinks: | <input type="checkbox"/> Warm or moist or oily | <input type="checkbox"/> Cold | <input type="checkbox"/> Warm or dry |
|------------------------------|--|-------------------------------|--------------------------------------|
- 
- |                      |                                  |  |                                 |
|----------------------|----------------------------------|--|---------------------------------|
| 11. I generally eat: | <input type="checkbox"/> Quickly | <input type="checkbox"/> Moderately fast | <input type="checkbox"/> Slowly |
|----------------------|----------------------------------|--|---------------------------------|
- 
- |                             |   |  |                                     |
|-----------------------------|---|--|-------------------------------------|
| 12. My sleep is most often: | <input type="checkbox"/> Interrupted, light | <input type="checkbox"/> Sound, moderate | <input type="checkbox"/> Deep, long |
|-----------------------------|---|--|-------------------------------------|
- 
- |                            |   |   |   |
|----------------------------|---|---|---|
| 13. My sexual interest is: | <input type="checkbox"/> Strong when romantically involved; low to moderate otherwise | <input type="checkbox"/> Moderate to strong | <input type="checkbox"/> Slow to awoken but then is sustained |
|----------------------------|---|---|---|
- 
- |                         |   |  |  |
|-------------------------|---|--|--|
| 14. My emotional moods: | <input type="checkbox"/> Change easily; I'm very responsive | <input type="checkbox"/> Are intense; I'm quick-tempered | <input type="checkbox"/> Are even; I'm slow to anger |
|-------------------------|---|--|--|
- 
- |                                       |   |                                    |                                      |
|---------------------------------------|---|------------------------------------|--------------------------------------|
| 15. My general reaction to stress is: | <input type="checkbox"/> Anxious, fearful | <input type="checkbox"/> Irritated | <input type="checkbox"/> Mostly calm |
|---------------------------------------|---|------------------------------------|--------------------------------------|
- 
- |                              |  |  |   |
|------------------------------|--|--|---|
| 16. With regard to money, I: | <input type="checkbox"/> Am easy and impulsive | <input type="checkbox"/> Am careful, but I spend | <input type="checkbox"/> Tend to save, accumulate |
|------------------------------|--|--|---|
- 

**SUBTOTALS:**    **VATA** = \_\_\_\_\_    **PITTA** = \_\_\_\_\_    **KAPHA** = \_\_\_\_\_

0 = Doesn't describe me at all  
 1 = Describes me a little  
 2 = Describes me quite well  
 3 = Describes me almost perfectly

	VATA	PITTA	KAPHA
17. My way of learning is:	___ To learn quickly, enjoy more than one thing at a time	___ To focus sharply, discriminate	___ To take my time
18. With regard to tasks, I may:	___ Start a task, but not finish	___ Finish what I start	___ Tend to be methodical
19. My memory is:	___ Best in the short term	___ Good overall	___ Best in the long term
20. My way of speaking is:	___ Quick, often imaginative or excessive	___ Clear, precise detailed, well-organized	___ Soothing, calm
21. If there was one trait to best describe me, it would be:	___ Vivacious	___ Determined	___ Easygoing
22. Regarding my relationships, I:	___ Easily adapt to different kinds	___ Often choose friends on the basis of their values	___ Am slow to make new friends, but then I am loyal
23. My family and friends might prefer me to be more:	___ Settled	___ Tolerant	___ Enthusiastic
<b>SUBTOTALS:</b>	<b>VATA = ___</b>	<b>PITTA = ___</b>	<b>KAPHA = ___</b>
Add each of the subtotals together for each dosha, then enter in the grand total for each one.			
<b>GRAND TOTAL</b>	<b>VATA = ___</b>	<b>PITTA = ___</b>	<b>KAPHA = ___</b>

### ASSESSING YOUR SCORE

If one column total is 15 or more points higher than the other two column totals, this is clearly your dominant constitutional type -- vata, pitta or kapha.

If two of the column totals are 0 to 15 points apart, you are a dual-dosha constitutional type -- vata-pitta (or pitta-vata), pitta-kapha (or kapha-pitta), or vata-kapha (or kapha-vata).

If all three column totals are within 0 to 10 points of each other, you are a tri-dosha constitutional type (the most balanced type).

**Birth Dosha:** To determine your original constitutional type, take this test again, only answer the questions as they would have pertained to you as a child. Compare your present (acquired dosha) with your birth dosha.