

VIKRUTI SUBDOSHA QUESTIONNAIRE



VATA

NOT AT ALL

SOMEWHAT/
OCCASIONALLY

VERY OFTEN

Name: _____

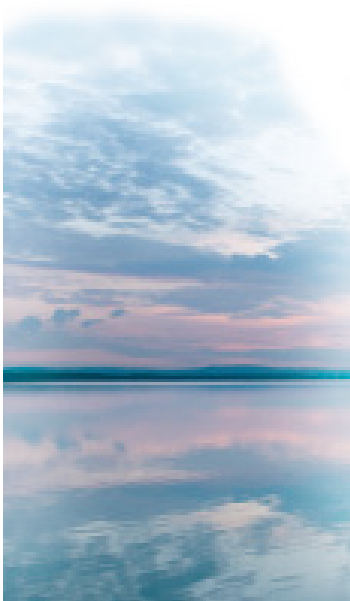
Program Date: _____

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. Men: I've been having trouble getting sexually aroused, maintaining erections, or experiencing orgasms. Women: 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: _____

Name: _____

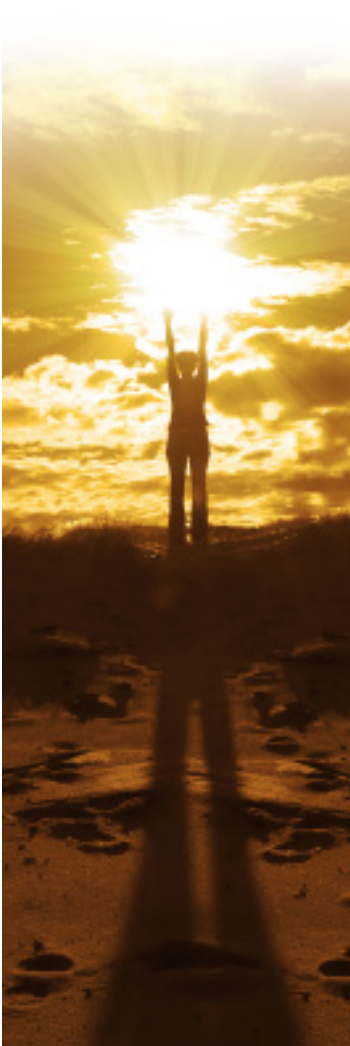
Program Date: _____

MIND

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

BODY

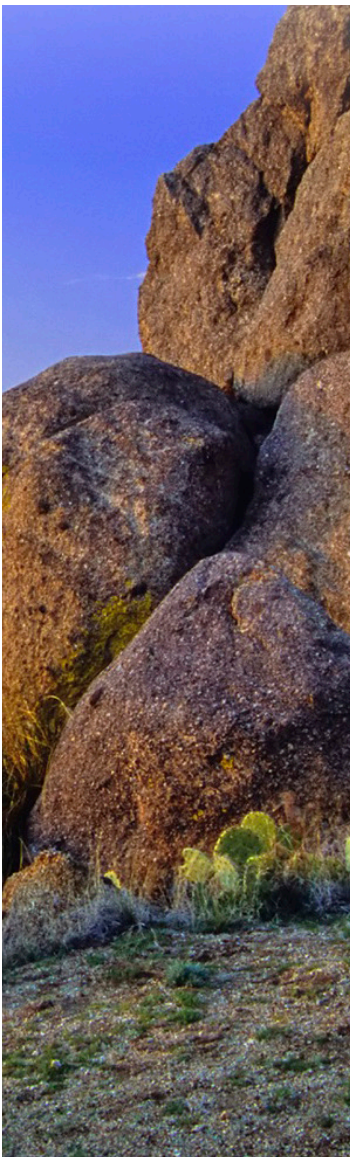
11. I've been feeling overheated or have been experiencing hot flashes.	I	3	5
12. I've been having headaches accompanied by light sensitivity or distorted vision.	I	3	5
13. My eyes have been itchy, irritated, red, or watery.	I	3	5
14. I've been having more than two bowel movements per day.	I	3	5
15.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



PITTA-MIND SCORE # 1-10: _____ PITTA-BODY SCORE # 11-20: _____

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: _____

Name: _____

Program Date: _____

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: _____