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www.ashtachakra.com

Vata Pitta Kapha

Ayurvedic

Body Constitution Questionnaire



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Prakruti: Ayurveda understands the concept of three doshas namely Vata, Pitta, and Kapha. These three doshas are derived from various combinations of five elements in a condensed form that are present and functional in the body.

Although everybody is made of the same five elements but the unique combination of these elements decides the uniqueness of your mind and body. This unique physical and mental constitution is called “Prakruti”. Prakruti is a birth condition and describes the nature and tendencies you were born with.

Vikruti: “Vikruti” is the disturbance of the natural constitution that is most often due to a lifelong process of habits and lifestyle practices that are in opposition to our unique physiological and psychological body constitution. Vikruti is the end result of our reactions to the life experience.

The following questionnaire is designed to determine your “Prakruti” or natural birth constitution.

1. Answer each of the questions carefully. If needed consult a family member or friend who knows you well to help you to determine an accurate account of your individual constitution.
2. Answer all questions as accurately as possible. Place a tick in the box to address the question that most relates to your personality. You may only choose one per category, do not choose two answers.
3. Calculate each question in the “mental” dosha section Vata, Pitta, and Kapha and calculate the scores for each type at the end of the section “mental and emotional characteristics”. You may only choose one per category, do not choose two answers/
4. Complete the section on “Body Type”. Try to answer each question accurately. Place a tick in a box in this section Vata, Pitta, Kapha. You may only choose one per category, do not choose two answers. Calculate the totals of each column and record your observations.
5. Add the mental and physical totals of each column. This will give you an accurate analysis of your overall constitution.

The highest scores reflect the mental/physical imbalance. Ayurveda works with a holistic approach and the focus is on balancing the Vikruti to restore a sense of balance and harmony. For an accurate doshic analysis, visit an Ayurvedic health consultant to determine your original Prakriti and your Vikruti.

Prakriti never changes, it is your birth imprint, but Vikruti changes according to life conditions and experiences.

After completing the questionnaire if you would like Ashta Chakra to suggest you food and lifestyle products and prescribe you ayurvedic or herbal medicines based on your unique body constitution please fill in the personal particulars form, duly sign it, scan it or take a picture and send the entire questionnaire back to ayurveda@ashtachakra.com. You can also WhatsApp us or send us the form on Facebook Messenger.



Personal Particular Form

Title	
First Name	
Last Name	
Date Of Birth	
Mobile/Telephone	
Email	
Address 1	
Address 2	
State	
Pincode	
Country	
Any existing medical conditions/disease/problems you are facing	

I hereby give permission to www.ashtachakra.com to contact me regarding food & lifestyle products and ayurvedic/herbal medicines based on my unique ayurvedic body constitution on the basis of answers given by me here in the questionnaire.

Signature: -

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Prakruti Questionnaire

Mental Dosha	Vata (Air/Ether)	Pitta (Fire/Water)	Kapha (Earth/Water)
Performs Activities	<input type="checkbox"/> Very Rapidly	<input type="checkbox"/> With Moderate Speed	<input type="checkbox"/> Slowly
Motivated, Enthusiastic, and Excitable	<input type="checkbox"/> Very Easily	<input type="checkbox"/> Moderately	<input type="checkbox"/> Slowly
Moods	<input type="checkbox"/> Change Quickly	<input type="checkbox"/> Change Quickly and Intense	<input type="checkbox"/> Non-changing and Steady
Learn	<input type="checkbox"/> Quickly and Easily	<input type="checkbox"/> Somewhat Quickly and Easily	<input type="checkbox"/> Slowly
Quality of Mind	<input type="checkbox"/> Quick, Creative, imaginative but Restless	<input type="checkbox"/> Sharp Penetrating Intellect	<input type="checkbox"/> Stable
Memory	<input type="checkbox"/> Good – Short Term	<input type="checkbox"/> Medium	<input type="checkbox"/> Good – Long Term
Digestion	<input type="checkbox"/> Inconsistent, Varies Between Weak and Strong	<input type="checkbox"/> Usually Strong	<input type="checkbox"/> Weak and Slow
Appetite	<input type="checkbox"/> Variable, Can Skip Meals Sometimes	<input type="checkbox"/> Strong Consistent appetite, not comfortable skipping meals	<input type="checkbox"/> Usually Mild, Can Skip Meals Without Discomfort
Taste Preferences	<input type="checkbox"/> Sweet, Sour and Salty	<input type="checkbox"/> Sweet, Bitter and Astringent	<input type="checkbox"/> Pungent, Bitter and Astringent



Frequency of Bowel Movements	<input type="checkbox"/> Irregularly	<input type="checkbox"/> Two or More Times Per Day	<input type="checkbox"/> Regularly
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Consistency of Faeces	<input type="checkbox"/> Hard, Dry Stool	<input type="checkbox"/> Loose Stool, Soft Stool	<input type="checkbox"/> Well Formed
Perspiration	<input type="checkbox"/> Moderate	<input type="checkbox"/> Profuse With Body Odour	<input type="checkbox"/> Slight
Sexual Desire	<input type="checkbox"/> Small	<input type="checkbox"/> Small to Moderate	<input type="checkbox"/> Abundant
Amount of Sleep	<input type="checkbox"/> Usually 5-6 Hours	<input type="checkbox"/> Usually 6-8 Hours	<input type="checkbox"/> Usually 8 Hours or More
Quality of Sleep	<input type="checkbox"/> Light, Easily Interrupted	<input type="checkbox"/> Deep and Uninterrupted	<input type="checkbox"/> Deep and Heavy
Type of Dreams	<input type="checkbox"/> Fear, Flying, Running, Jumping, Climbing Trees and Mountains	<input type="checkbox"/> Anger, Violence, Struggle, War, Fire, Lightning, The Sun, Gold and Light	<input type="checkbox"/> Water, Lakes, Rivers, Oceans, Clouds, Swans, Flowers, and Romance
Response To Challenge	<input type="checkbox"/> Uncertain, Indecisive, Worried	<input type="checkbox"/> Angered, Impatient, Irritable	<input type="checkbox"/> Clear, Stable, Patient
Speech	<input type="checkbox"/> Fast, Omitting Words and Digressing	<input type="checkbox"/> Fast, Clear and Precise	<input type="checkbox"/> Slow, Clear and Sweet



Gait	<input type="checkbox"/> Fast with light Step	<input type="checkbox"/> Medium Speed With Precise, determined Step	<input type="checkbox"/> Slow, Steady and Fluid
Sub Total for Mental Dosha	= _____	= _____	= _____



Body Type	Vata (Air/Ether)	Pitta (Fire/Water)	Kapha (Earth/Water)
Shape of Face	<input type="checkbox"/> Thin and Bony	<input type="checkbox"/> Oval, Angular	<input type="checkbox"/> Round, Full
Complexion	<input type="checkbox"/> Dark, Brownish or Black	<input type="checkbox"/> Fair, Reddish	<input type="checkbox"/> Light, Clear and Whitish
Involuntary Body Movements	<input type="checkbox"/> Twitching, Jerking and Fine Tremors	<input type="checkbox"/> Body is Usually Still	<input type="checkbox"/> Body is Usually Still
Body Weight	<input type="checkbox"/> Light, Five to Ten Pounds Below Normal	<input type="checkbox"/> Normal, Medium weight	<input type="checkbox"/> Heavy, Five or More Pounds Above Normal
Build	<input type="checkbox"/> Lean, Thin, Tall or Short	<input type="checkbox"/> Medium Build, Medium Height	<input type="checkbox"/> Thick, Large, Fleishy or Plump
Texture or Quality of Skin	<input type="checkbox"/> Dry, Coarse, Rough, Cracked or Scaling and Birthmarks	<input type="checkbox"/> Soft, Delicate and Sensitive with Freckles, Moles	<input type="checkbox"/> Soft, Smooth and Oily
Body Temperature	<input type="checkbox"/> Low, Cold Extremities	<input type="checkbox"/> High, always Feels Warm	<input type="checkbox"/> Low, body Feels Cool
Stamina	<input type="checkbox"/> Short	<input type="checkbox"/> Moderate	<input type="checkbox"/> Strong
Shape and Quality of Eyes and Lashes	<input type="checkbox"/> Small, Bulging and Deep-Set With Thin, Scanty Eye Lashes	<input type="checkbox"/> Sharp and Penetrating With Brown, blonde or Copper Lashes	<input type="checkbox"/> Large Attractive and Full With Long Thick Lashes



Dominant Hue of Sclera	<input type="checkbox"/> Dark	<input type="checkbox"/> Yellow or Reddish	<input type="checkbox"/> White, Glossy
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Peculiar Characteristics of Eyes	<input type="checkbox"/> Dry, Frequent Blinking	<input type="checkbox"/> Light, Sensitive, Easily Reddened	<input type="checkbox"/> Teary or Running
Teeth	<input type="checkbox"/> Very Small or Protruding, Crooked, Easily Cracked	<input type="checkbox"/> Moderate Size, Yellowish	<input type="checkbox"/> Strong, Large, White
Nails	<input type="checkbox"/> Short, Rough, Brittle, Dark and Lustreless	<input type="checkbox"/> Slightly Oily, Coppery or Pink Coloured	<input type="checkbox"/> Full, Thick, Moist and Oily
Lips	<input type="checkbox"/> Dark, Dry and Cracked	<input type="checkbox"/> Soft, Pink or Copper Coloured	<input type="checkbox"/> Full, Thick, Moist and Oily
Size and Shape of Fingers	<input type="checkbox"/> Very Short or Very Long, Stubby and Thick	<input type="checkbox"/> Medium Length, Square or Oval Shaped	<input type="checkbox"/> Medium Length, Elegantly Shaped
Colour and Texture of Hair	<input type="checkbox"/> Thin, Coarse, Dry and Wiry. Darker in Colour or Balding	<input type="checkbox"/> Thin, Fine, Soft, Blonde or Red, early Greying	<input type="checkbox"/> Thick, glossy, Firmly Rooted. Wavy and Black
Body hair	<input type="checkbox"/> Scanty	<input type="checkbox"/> Moderate	<input type="checkbox"/> Thick and Plentiful
Joints	<input type="checkbox"/> Loose or Rigid, Pronounced, crack and Pop	<input type="checkbox"/> Smooth, Flexible, Well Knit	<input type="checkbox"/> Strong, Well Hidden



Chest	<input type="checkbox"/> Long, Sunken, Thin Ribs Easily Visible	<input type="checkbox"/> Medium in Length, Medium Thickness, Ribs not so Visible	<input type="checkbox"/> Broad, Strong and Covered With Flesh
Body Odour	<input type="checkbox"/> Little or No Smell or Perspiration	<input type="checkbox"/> Strong, Armpits Fetid	<input type="checkbox"/> None
Tongue	<input type="checkbox"/> Dark, Brownish, Thick, Rough and Very Cracked on the Sides	<input type="checkbox"/> Pink or Dark Red, Soft and Long	<input type="checkbox"/> Light, Heavy and Moist
Sub Total for Body Dosha	= _____	= _____	= _____

Keep a record of your “Prakruti” and “Vikruti” as this will allow you to map your progress back to your original state*

Any Additional Information you would like to provide us: -



Additional Information : -