

Name: _____

Date: _____

Vikruti = Current Condition

This chart helps us to know which oils may be most beneficial for us to use in your treatments. We truly appreciate you taking the time to fill it out. For the following chart, make a check next to each symptom or set of symptom that applies to you right now. **Only check the boxes that apply to you. If none apply, do not check them.**

Changing Attributes	Vata ✓	Pitta ✓	Kapha ✓
Skin	Dry, cracking, rough	<i>Inflamed, burning skin with or without rashes, pimples or very sensitive skin¹</i>	I have lypomas or clammy skin
Lungs	Dry mouth, throat, dry cough	Bronchitis, inflammation	<i>Congestion in the sinuses or lungs, with profuse sputum²</i>
Emotions	Fear, anxiety, nervousness	Irritability, judgment, criticism	Attachment, greed, possessiveness
Joints	<i>Popping and cracking, painful joints or back³</i>	Hot, red, inflamed joints	Stiff
Musculature	Spasms, twitches	Inflammation	n/a
Digestion	Gas, bloating, constipation, variable appetite	Heartburn, colitis, inflammation, burning or loose stools, ravenous	Mucous present in stools, slow to true hunger
Weight	Underweight	n/a	Overweight
Temperature	Fear cold and/or wind	I feel tired due to hot weather	I feel clammy
Noise, light	Hard to tolerate loud noise	Light-sensitive	n/a
Energy	I'm exhausted from travel, work or multitasking	Am impatient with slowness or inefficiency in myself or in others.	I feel lethargic, even though I haven't been working too hard
Sleep	Disturbed, erratic, light, insomnia	Have dreams of fire	Always hard to get up in the morning, even if you've slept many hours
Hair	n/a	My hair is thinning or balding	n/a
Total # of ✓s per column	Vata ✓	Pitta ✓	Kapha ✓

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Prakruti = Your Constitution

How the doshas and gunas manifest in your physiology

For the following chart, make a check next to each symptom or set of symptom that applies to you. *You can check more than one box for each attribute if more than one answer applies to you.*

Unchanging Physical Attributes	Vata	✓	Pitta	✓	Kapha	✓
Body frame	Long, lanky, very tall or very short; light, delicate; hips, shoulders narrow		Medium		Thick, large	
Body weight	Low, difficult to gain weight		Medium		High; difficult to lose weight	
Musculature	Prominent tendons, wiry		Medium		Ample, firm	
Skin	Dry, rough, cracked, grey, brownish tint, cold		Oily, shiny, rosy, reddish hue, freckles, moles, warm		Cool and moist and thick; like smooth marble	
Hair*	Dry, kinky curly, coarse, dark, scanty or abundant		Blond or red, fine, thin, early gray, soft, oily		Thick, lustrous, wavy, brown	
Face	Long		Heart-shaped		Round	
Teeth	Crooked, cracked, uneven, protruded big or quite small now or before braces		Medium, yellowish, uniform		Large, pearly, white, uniform	
Nose	Crooked, small, narrow		Medium, sharp, pointy		Large, fleshy, rounded	
Lips	Thin, dry		Medium, red		Large, wet	
Eyes*	Usually small, dark, dull		Blue, green, hazel, light, sharp, penetrating, medium, near-sighted		large, lustrous, dreamy, attractive, thick eyelashes,	
Joints	Protruding, prominent, spontaneous cracking, popping, knobby		Medium		Big, well-formed, well-lubricated, round	
Hands	Long fingers, slender hands		Medium		Fleshy, solid, squarish palms	
Breasts/Chest	Small, narrow		Medium		Large, broad	
Speech	Fast, scattered		Sharp, cutting, inspiring		Melodious, slow, monotonous, resonant	
Total # of ✓s per column	Vata ✓		Pitta ✓		Kapha ✓	

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*disregard color if it doesn't apply to your race/ethnicity

While even a thoughtful test cannot take the place of a competent Ayurvedic practitioner in determining someone's constitution, this test may help you, as well as us, begin to understand yours. Whichever dosha has the most number of checks is likely to be a strong presence in your constitution. Whichever has the second most checks is likely to be your second strongest dosha. Whichever has the least is likely to be the least represented dosha in your constitution. If two are close, this likely means that you have two strong doshic components in your constitution.

Please tic the box in the box next to any conditions that you are currently experiencing:

Condition	<input type="checkbox"/>	Abhy	Pizi	swed	shiro
Pregnancy: first six months	<input type="checkbox"/>	X	X	X	
Pregnancy: last three months	<input type="checkbox"/>	X	X	X	X
Menstruation	<input type="checkbox"/>	Gentle	Gentle	X	
Cancer	<input type="checkbox"/>	X	X	X	
Open sores on your body	<input type="checkbox"/>	X	X	X	
Profuse mucous in your chest or sinuses	<input type="checkbox"/>	Less oil	X		
Very thick coat all over the tongue	<input type="checkbox"/>	X	X	X	
Fever or chills	<input type="checkbox"/>	X	X	X	X
Acute illness	<input type="checkbox"/>	X	X	X	X
Acute diarrhea	<input type="checkbox"/>	X	X	X	
Dehydration	<input type="checkbox"/>	X	X	X	
Nausea or vomiting	<input type="checkbox"/>	X	X	X	X
Severe weakness or exhaustion or fainting	<input type="checkbox"/>	X	X	X	X
Enlarged spleen, liver or accumulated fluid in the abdomen	<input type="checkbox"/>	X	X	X	
Spontaneous sweating	<input type="checkbox"/>	X	X	X	X
Recently delivered a child	<input type="checkbox"/>			X	
Drink more than 3 alcoholic drinks/day	<input type="checkbox"/>			X	
Blindness	<input type="checkbox"/>			X	
Active genital herpes	<input type="checkbox"/>			X	
Gout	<input type="checkbox"/>			X	
Recent bereavement (loss of a loved one)	<input type="checkbox"/>			X	
Suffer from burns on your body	<input type="checkbox"/>			X	
Jaundice	<input type="checkbox"/>			X	
Diabetes	<input type="checkbox"/>			X	
High or Low Blood pressure	<input type="checkbox"/>			Brief	
Headache⁴	<input type="checkbox"/>			Brief	

Gentle=okay with gentle pressure X=contraindicated

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For Therapist use:

Abhyanga, Pizichili or Mud base oil	V P K
Medicinal oils to add to base	Mahanarayana Neem
Medicinal essential oil	Peppermint
Swedana	
Marma essential oil	
Shirodhara	Banyan shirodhara oil

¹ See Neem oil.

² Use less oil with this guest and more steam.

³ See Mahanarayana oil.

⁴ See Peppermint oil

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