

SELF ASSESSMENT OF YOUR BODY NATURE IN AYURVEDIC WAY

PHYSICAL/EXTERNAL APPEARANCE

S.No	Particulars of Examination	Prakriti Type – A	Prakriti Type – B	Prakriti Type – C
1.	General Body Built	a. Lean <input type="checkbox"/> b. Tall <input type="checkbox"/> c. Bony <input type="checkbox"/>	Medium <input type="checkbox"/>	Hefty, muscular <input type="checkbox"/>
2.	Skin complexion and texture	a. Dusky & dark <input type="checkbox"/> b. Dry and rough <input type="checkbox"/> c. Cracked hand foot <input type="checkbox"/> d. Cold with dryness <input type="checkbox"/>	a. Fair <input type="checkbox"/> b. Soft, supple <input type="checkbox"/> c. Warm <input type="checkbox"/>	a. Fair <input type="checkbox"/> b. Soft, smooth, tight glossy <input type="checkbox"/> c. Cold with out dryness <input type="checkbox"/>
3.	Prominence of veins and tendons	Prominent, Reticulated <input type="checkbox"/>	Less prominent <input type="checkbox"/>	Not at all visible, deep seated. <input type="checkbox"/>
4.	Joints	Prominent <input type="checkbox"/>	Less prominent <input type="checkbox"/>	Well covered with muscles <input type="checkbox"/>
5.	Chest	Thin and narrow <input type="checkbox"/>	Medium <input type="checkbox"/>	Wide, strong, well covered with muscle <input type="checkbox"/>
6.	Face	a. Small forehead <input type="checkbox"/> b. Dark Skin <input type="checkbox"/> c. Rough skin <input type="checkbox"/>	a. Medium forehead <input type="checkbox"/> b. Copper Colored skin <input type="checkbox"/> c. Plenty of Pimples <input type="checkbox"/>	a. Large forehead <input type="checkbox"/> b. Bright <input type="checkbox"/> c. Good looking face <input type="checkbox"/>

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7.	Eyes	a. Round <input type="checkbox"/> b. Dull & dusky, lusterless <input type="checkbox"/> c. Remain half open during sleep <input type="checkbox"/>	a. Narrow Fissured eyes <input type="checkbox"/> b. Eye lashes brown copper colored <input type="checkbox"/> c. Eyes readily congested under effect of alcohol, anger and sun rays <input type="checkbox"/>	a. Large <input type="checkbox"/> b. White shining <input type="checkbox"/> c. Eye lashes black and thick <input type="checkbox"/>
8.	Hair on body	Scanty <input type="checkbox"/>	a. Soft <input type="checkbox"/> b. Few <input type="checkbox"/> c. Brownish <input type="checkbox"/>	a. Thick, long <input type="checkbox"/> b. Dark <input type="checkbox"/> c. Plenty <input type="checkbox"/>
9.	Hair on scalp	a. less <input type="checkbox"/> b. Dry <input type="checkbox"/> c. Rough <input type="checkbox"/> d. Brown <input type="checkbox"/> e. Split in hairs <input type="checkbox"/>	a. Less <input type="checkbox"/> b. Soft <input type="checkbox"/> c. Golden <input type="checkbox"/> d. Tendency to early baldness <input type="checkbox"/> e. Premature graying of hairs <input type="checkbox"/>	a. Plenty <input type="checkbox"/> b. Thick <input type="checkbox"/> c. Dark <input type="checkbox"/> d. Curly / long <input type="checkbox"/> e. Glossy <input type="checkbox"/>
10.	Moles	No moles <input type="checkbox"/>	Excess <input type="checkbox"/>	Few <input type="checkbox"/>

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PHYSIOLOGICAL APPEARANCE

<u>S.No</u>	<u>Particularsof Examination</u>	<u>Prakriti Type – A</u>	<u>Prakriti Type – B</u>	<u>Prakriti Type – C</u>
1.	Body temperature	Slightly less than normal <input type="checkbox"/>	Slightly above the normal <input type="checkbox"/>	Normal <input type="checkbox"/>
2.	Perspiration	Seldom <input type="checkbox"/>	Profuse <input type="checkbox"/>	Moderate <input type="checkbox"/>
3.	Digestive	Irregular <input type="checkbox"/>	Very powerful <input type="checkbox"/>	Normal <input type="checkbox"/>
4.	Ability to bear hunger	Irregular <input type="checkbox"/>	Poor <input type="checkbox"/>	Very good <input type="checkbox"/>
5.	Thirst <input type="checkbox"/>	Irregular <input type="checkbox"/>	Frequently <input type="checkbox"/>	Seldom <input type="checkbox"/>
6.	Quantity of food <input type="checkbox"/>	Sometimes large, sometimes poor <input type="checkbox"/>	Always large <input type="checkbox"/>	Normal / Less <input type="checkbox"/>
7.	a. Kind of Food <input type="checkbox"/> b. group of taste <input type="checkbox"/>	Warm foods <input type="checkbox"/> a. Sweet <input type="checkbox"/> b. Sour <input type="checkbox"/> c. Salty <input type="checkbox"/>	Cold foods <input type="checkbox"/> a. Sweet <input type="checkbox"/> b. Bitter <input type="checkbox"/> c. Astringent <input type="checkbox"/>	Warm <input type="checkbox"/> a. Dry foods <input type="checkbox"/> b. Pungent <input type="checkbox"/> c. Bitter <input type="checkbox"/> d. Astringent <input type="checkbox"/>
8.	Bowel movements	Irregular/ frequently constipated <input type="checkbox"/>	Loose stools <input type="checkbox"/>	Regular, well-formed stool <input type="checkbox"/>
9.	Walk	Quick with swift Movements <input type="checkbox"/>	Normal <input type="checkbox"/>	Slow & steady gait <input type="checkbox"/>
10.	Body strength	Weak <input type="checkbox"/>	Moderate <input type="checkbox"/>	Strong <input type="checkbox"/>
11.	Tolerance to heat	Maximum <input type="checkbox"/>	Minimum <input type="checkbox"/>	Moderate <input type="checkbox"/>
12.	Tolerance to cold	Minimum <input type="checkbox"/>	Maximum <input type="checkbox"/>	Moderate <input type="checkbox"/>

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PSYCHOLOGICAL APPEARANCE

<u>S.No</u>	<u>Particularsof Examination</u>	<u>Prakriti Type – A</u>	<u>Prakriti Type - B</u>	<u>Prakriti Type – C</u>
1.	Temperament	Nervous & Fearful <input type="checkbox"/>	Irritable & Impatient <input type="checkbox"/>	Easy going Patience <input type="checkbox"/>
2.	Attitude towards Problems / Difficulties	a. Lot of worrying <input type="checkbox"/> b. Instability <input type="checkbox"/>	a. Angry <input type="checkbox"/> b. Easily provoked <input type="checkbox"/> c. Highly irritable <input type="checkbox"/>	a. Peaceful <input type="checkbox"/> b. Slow <input type="checkbox"/> c. Steady <input type="checkbox"/>
3.	Performance of Activities	Quickly with a lot of initiative <input type="checkbox"/>	Moderate <input type="checkbox"/>	Very slowly <input type="checkbox"/>
4.	Grasping power	Quick <input type="checkbox"/>	Medium <input type="checkbox"/>	Slow <input type="checkbox"/>
5.	Memory	Poor very short <input type="checkbox"/>	Medium <input type="checkbox"/>	Good Long <input type="checkbox"/>
6.	Sleep	Less / Interrupted <input type="checkbox"/>	Moderate <input type="checkbox"/>	Excessive Deep sleep <input type="checkbox"/>
7.	Dream	a. Flying <input type="checkbox"/> b. jumping <input type="checkbox"/> c. Climbing like other activities <input type="checkbox"/>	a. Violence <input type="checkbox"/> b. Fire <input type="checkbox"/> c. seeing of burning objects <input type="checkbox"/>	a. Water bodies <input type="checkbox"/> b. Clouds <input type="checkbox"/> c. Romantic <input type="checkbox"/>
8.	Courage and Boldness	Minimum <input type="checkbox"/>	Maximum <input type="checkbox"/>	Moderate <input type="checkbox"/>
9.	Belief in God	Less <input type="checkbox"/>	Moderate <input type="checkbox"/>	Profound <input type="checkbox"/>
10.	Talking habit & Voice	a. Very fast <input type="checkbox"/> b. Excessive talking <input type="checkbox"/> c. Stammering, weak voice <input type="checkbox"/>	a. Moderate <input type="checkbox"/> b. Sharp & hard voice <input type="checkbox"/> c. Argues <input type="checkbox"/>	a. Slow, resonant <input type="checkbox"/> b. Clear, soft voice <input type="checkbox"/> c. Balanced spoken <input type="checkbox"/>
11.	Will power	Least <input type="checkbox"/>	Medium <input type="checkbox"/>	Maximum <input type="checkbox"/>
12.	Tolerance	Least <input type="checkbox"/>	Medium <input type="checkbox"/>	Maximum <input type="checkbox"/>



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Score of Vatika Type (in percentage) -----

Score of Paittika Type (in percentage) -----

Score of Kaphaja Type (in percentage) -----

Type of BODY (Deha) Prakrti (NATURE) -----

With Regards

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NAME:- AGE:- SEX:-.....

ADDRESS:-.....

CITY / STATE:- DATE:-

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