

The Magic of Healing with Life Balance Expert Phi Thuy Nguyen (Truong)
 500 Hour-ERYT Certified Yoga Teacher & Trainer, Yoga Nidra Teacher & Trainer, Meditation Teacher,
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DOSHA QUESTIONNAIRE – Section I

Place a check in the one or two statements that best describe your characteristic.
 Tally the total score for each Dosha at the bottom of this questionnaire.

YOUR NAME:

| CHARACTERISTIC: | VATA | PITTA | KAPHA |
|-----------------|---|---|---|
| BODY FRAME | <input type="checkbox"/> I am thin, lanky and slim with thin muscles. | <input type="checkbox"/> I have a medium, symmetrical build with good muscle development. | <input type="checkbox"/> I have a large, round, or stocky build. My frame is broad, stout or thick. |
| WEIGHT | <input type="checkbox"/> I lose weight easily. | <input type="checkbox"/> I maintain constant weight. | <input type="checkbox"/> I gain weight easily. |
| CHEST | <input type="checkbox"/> I have sunken chest with ribs showing. | <input type="checkbox"/> I have medium chest. | <input type="checkbox"/> I have broad, large chest. |
| HIPS | <input type="checkbox"/> I have slender, thin hips. | <input type="checkbox"/> I have medium hips. | I have wide, heavy Hips. |
| SCHEDULE | <input type="checkbox"/> I have an irregular schedule / eating times. | <input type="checkbox"/> I have a long workday. | <input type="checkbox"/> I am good at keeping a routine. |
| SLEEP PATTERN | <input type="checkbox"/> I am a light sleeper. | <input type="checkbox"/> I am a moderately sound sleeper, usually needing less than 8 hours to feel rested. | <input type="checkbox"/> I sleep deep & long and tend to awaken slowly in the morning. |
| APPETITE | <input type="checkbox"/> I have irregular/small appetite. | <input type="checkbox"/> I have strong hunger. | <input type="checkbox"/> I have a slow, steady, moderate appetite. |
| THIRST | <input type="checkbox"/> I have irregular thirst. | <input type="checkbox"/> I have a strong thirsty & is frequently thirsty. | <input type="checkbox"/> I am rarely thirsty. |
| DIGESTION | <input type="checkbox"/> I experience gas and irregular digestion. | <input type="checkbox"/> I have steady, strong digestion. | <input type="checkbox"/> I have slow, heavy digestion. |

| | | | |
|---------------------------------------|--|---|--|
| SKIN | <input type="checkbox"/> I have dry, rough, thin skin. | <input type="checkbox"/> I have warm, soft, oily & rosy skin. | <input type="checkbox"/> I have thick, oily, cool skin. |
| HAIR | <input type="checkbox"/> I have dry, brittle, frizzy hair. | <input type="checkbox"/> I have fine, straight hair that tends to gray. | <input type="checkbox"/> I have thick, oily, wavy hair. |
| EYES (color appropriate with culture) | <input type="checkbox"/> I have small, sunken, active, dry, dark eyes. | <input type="checkbox"/> I have sharp, gray, green, light brown eyes with penetrating gaze. | <input type="checkbox"/> I have large, calm, loving eyes with thick eyelashes. |
| LIPS | <input type="checkbox"/> I have thin lips. | <input type="checkbox"/> I have bright red lips, face or palms. | <input type="checkbox"/> I have large, smooth lips. |
| SPEECH | <input type="checkbox"/> I talk quickly. | <input type="checkbox"/> I use sharp and cutting language. | <input type="checkbox"/> I have slow, monotonous speech. |
| EMOTIONS | <input type="checkbox"/> I tend to feel anxious, fearful, and uncertain. | <input type="checkbox"/> I tend to feel angry and irritable, with strong ambition and analytical. | <input type="checkbox"/> I tend to feel calm, greedy, stagnant. |
| MOOD | <input type="checkbox"/> My mood changes quickly. | <input type="checkbox"/> I experience intense emotions. | <input type="checkbox"/> I have steady emotions. |
| PERSONALITY | <input type="checkbox"/> I am creative and imaginative. | <input type="checkbox"/> I am Intelligent, efficient with perfectionistic tendencies. | <input type="checkbox"/> I am caring, calm and patient. |
| CONFLICT MAKES ME | <input type="checkbox"/> Conflict makes me restless. | <input type="checkbox"/> Conflict makes me angry, irritable. | <input type="checkbox"/> Conflict makes me depressed, lazy. |
| WEALTH | <input type="checkbox"/> I tend to spend frivolously, and am usually poor. | <input type="checkbox"/> I tend to spend on luxuries and is usually with medium wealth. | <input type="checkbox"/> I tend to hold onto money, and is usually rich. |
| SOCIAL | <input type="checkbox"/> I make and change friends often. | <input type="checkbox"/> My friends are work related and change with my job. | <input type="checkbox"/> My friendships are long lasting and sincere. |
| STAMINA | <input type="checkbox"/> I have short bursts of energy. | <input type="checkbox"/> I have medium stamina. | <input type="checkbox"/> I have steady, high stamina. |
| CLIMATE | <input type="checkbox"/> I avoid cold. | <input type="checkbox"/> I avoid heat. | <input type="checkbox"/> I avoid humidity |

| | | | |
|--------------|--|--|---|
| ACTIVITY | <input type="checkbox"/> I am hyperactive and quick. | <input type="checkbox"/> I enjoy a moderate pace with goal-oriented activity. | <input type="checkbox"/> I prefer calm, slow and steady activity. |
| JOINTS | <input type="checkbox"/> I have thin and prominent joints with a tendency to crack. | <input type="checkbox"/> I have loose and flexible joints. | <input type="checkbox"/> I have large, well knit and padded joints. |
| COMPLEXION | <input type="checkbox"/> My complexion is dry, rough and thin. | <input type="checkbox"/> My complexion is warm, reddish in color and prone to irritation. | <input type="checkbox"/> My complexion is thick, moist and smooth. |
| TEMPERAMENT | <input type="checkbox"/> I am lively and enthusiastic by nature. I like change. I can also be fearful, insecure and unpredictable. | <input type="checkbox"/> I am purposeful and intense. I like to convince and can often be aggressive, irritable and jealous. | <input type="checkbox"/> I am easy going and accepting. I like to support but can be greedy and attached. |
| UNDER STRESS | <input type="checkbox"/> I become anxious and/or worried. | <input type="checkbox"/> I become irritable and/or aggressive. | <input type="checkbox"/> I become withdrawn and/or reclusive. |
| TEETH | <input type="checkbox"/> I have protruded, big and crooked teeth with emaciated gums. | <input type="checkbox"/> I have moderate size, yellowish teeth with soft gums. | <input type="checkbox"/> I have strong, white teeth. |
| ELIMINATION | <input type="checkbox"/> I am often constipated and produce dry, hard stool. | <input type="checkbox"/> My stool is soft, oily and loose. | <input type="checkbox"/> My elimination is thick, oily, heavy and slow. |
| MEMORY | <input type="checkbox"/> I have good short-term memory but poor long-term memory. | <input type="checkbox"/> I have sharp memory and can understand things quickly. | <input type="checkbox"/> I tend to understand things slowly but have a good, prolonged memory. |
| DREAMS | <input type="checkbox"/> My dreams tend to be fearful, flying, jumping, running. | <input type="checkbox"/> My dreams tend to be fiery, prone to anger, violence and war. | <input type="checkbox"/> My dreams tend to be watery, with the river, ocean, lake, swimming and romantic. |
| FAITH | <input type="checkbox"/> I tend to be changeable. | <input type="checkbox"/> I tend to be a fanatic. | <input type="checkbox"/> I tend to be steady in faith. |

Totals for Section I:

Air Total _____

Fire Total _____

Earth Total _____

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DOSHA QUESTIONNAIRE – Section II

Use the following scale to indicate how well each statement applies to your
life experiences over the past thirty to sixty days.

YOUR NAME:

| | Not at All | Slightly | Somewhat | Moderately | Very |
|--|------------|----------|----------|------------|------|
| 1. I have been feeling worried or anxious. | 1 | 2 | 3 | 4 | 5 |
| 2. I've been having difficulty falling asleep or have been awakening easily. | 1 | 2 | 3 | 4 | 5 |
| 3. I feel restless if I'm not constantly on the move. | 1 | 2 | 3 | 4 | 5 |
| 4. My digestion is irregular with frequent gas or bloating. | 1 | 2 | 3 | 4 | 5 |
| 5. My bowel movements are hard, dry or occur less than once per day. | 1 | 2 | 3 | 4 | 5 |
| 6. My daily schedule of eating meals, going to sleep, or awakening often varies from day to day. | 1 | 2 | 3 | 4 | 5 |
| 7. I tend to be impulsive. | 1 | 2 | 3 | 4 | 5 |
| 8. I often forget things after a short period of time. | 1 | 2 | 3 | 4 | 5 |
| 9. I have a lot of initiative but have trouble following through. | 1 | 2 | 3 | 4 | 5 |
| 10. I generally have a number of physical concerns. | 1 | 2 | 3 | 4 | 5 |

Add up the sum of all answers circled. Vata Score from this Page: _____

| | Not at All | Slightly | Somewhat | Moderately | Very |
|--|------------|----------|----------|------------|------|
| 1. I have been feeling irritable or impatient. | 1 | 2 | 3 | 4 | 5 |
| 2. I tend to be critical and am intolerant of errors. | 1 | 2 | 3 | 4 | 5 |
| 3. My skin feels hot and irritated, or breaks out easily. | 1 | 2 | 3 | 4 | 5 |
| 4. I have been having acid indigestion or heartburn. | 1 | 2 | 3 | 4 | 5 |
| 5. I tend to be compulsive and have difficulty stopping once I've started a project. | 1 | 2 | 3 | 4 | 5 |
| 6. I am easily frustrated by other people's incompetence. | 1 | 2 | 3 | 4 | 5 |
| 7. Spicy foods, while I might enjoy them, usually do not agree with me. | 1 | 2 | 3 | 4 | 5 |
| 8. I am strongly opinionated and tend to share my point of view without being asked. | 1 | 2 | 3 | 4 | 5 |
| 9. I often feel as if I am overwhelmed or have a low grade fever. | 1 | 2 | 3 | 4 | 5 |
| 10. When provoked, I can be sarcastic or biting. | 1 | 2 | 3 | 4 | 5 |

Add up the sum of all answers circled. Pitta Score from this Page: _____

| | Not at All | Slightly | Somewhat | Moderately | Very |
|--|------------|----------|----------|------------|------|
| 1. I am currently overweight and have difficulty losing the extra pounds. | 1 | 2 | 3 | 4 | 5 |
| 2. I have a slow digestion and feel heavy after eating. | 1 | 2 | 3 | 4 | 5 |
| 3. I commonly experience sinus congestion or excessive phlegm in my respiratory tract. | 1 | 2 | 3 | 4 | 5 |
| 4. I continue to remain in a relationship, even though it is no longer nourishing. | 1 | 2 | 3 | 4 | 5 |
| 5. I often deal with conflict by withdrawing. | 1 | 2 | 3 | 4 | 5 |
| 6. I easily accumulate clutter in my life. | 1 | 2 | 3 | 4 | 5 |
| 7. I have difficulty getting going in the morning. | 1 | 2 | 3 | 4 | 5 |
| 8. I like to maintain a routine and resist changing my pace. | 1 | 2 | 3 | 4 | 5 |
| 9. Given a choice, I prefer to watch rather than participate in an athletic activity. | 1 | 2 | 3 | 4 | 5 |
| 10. I regularly feel drowsy or sluggish after a meal. | 1 | 2 | 3 | 4 | 5 |

Add up the sum of all answers circled on this page. Kapha Score from this Page: _____

Count the number of Vata, Pitta, and Kapha responses in Sections I & II. The first section tells you about your Prakruti and the second about your Vikruti. Combine the two sections.

Totals for Section I: Air: _____ Fire: _____ Earth: _____

Totals for Section II: Air: _____ Fire: _____ Earth: _____

Grand Total: Air: _____ Fire: _____ Earth: _____