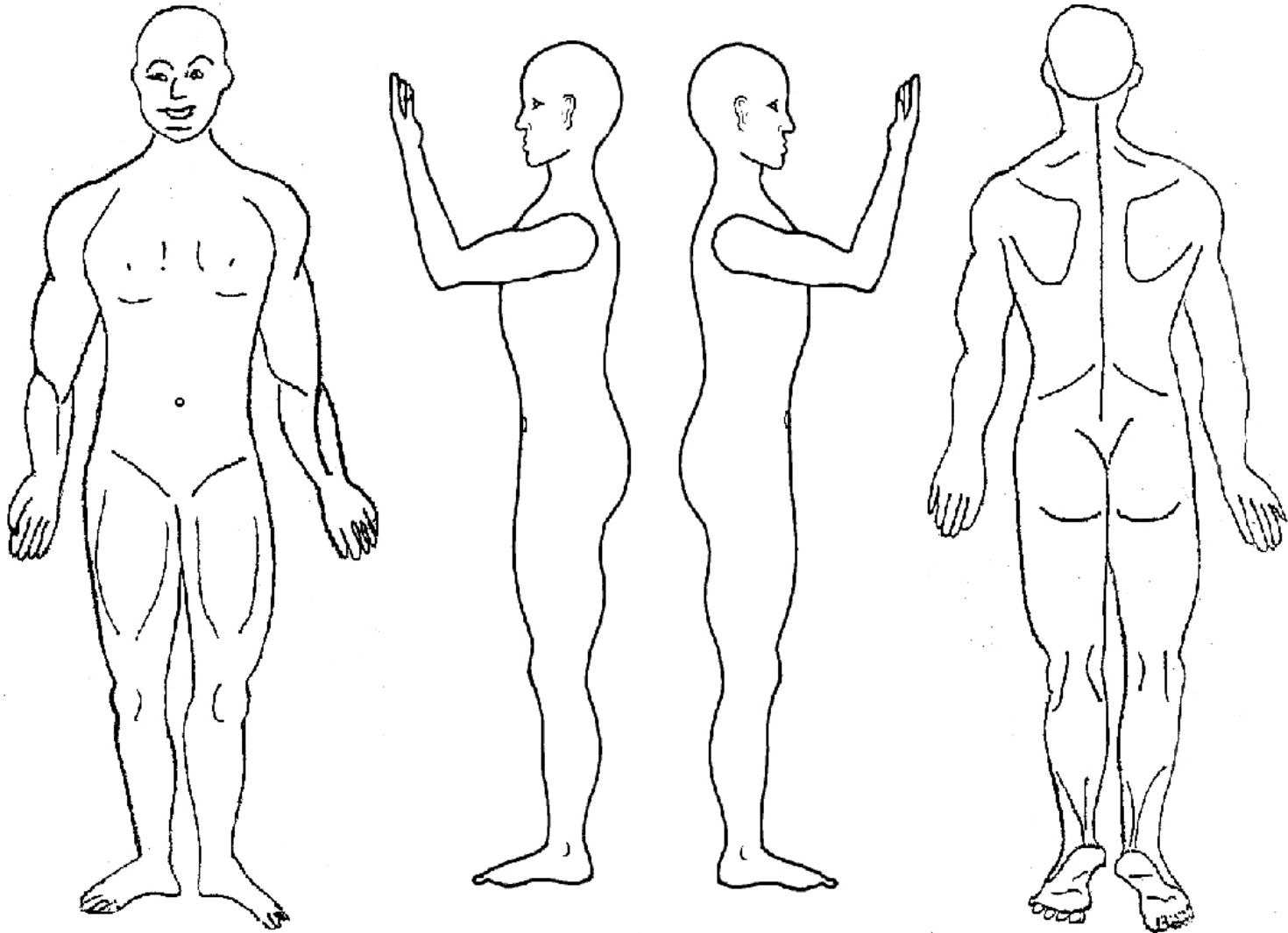


Scar/Trauma Chart

Name: _____

Date: _____



Directions

All Scars. Please draw a red line on the drawing where you have scars, even if they are very old. Don't forget C-sections, vaccination scars, episiotomies, surgeries, earring puncture holes, tattoos, facelift scars, vasectomies, all injection sites (no matter how long ago), old burn areas, etc.

All Trauma Areas. Please put a red X where you have had trauma even if it is very old. Don't forget previous sprains, burns, falls, whiplash (from auto accidents), radiation, etc.

Internal Metal: Please draw a circle on the drawing if you have any type of internal metal objects, such as a surgical steel pin, metal plate, hip replacement, surgical wire mesh, etc.

Date of injury and type of injury. Draw a line from each of the above injury areas and print the type of injury and approximate date of injury. (For example, draw a line from a shoulder trauma area and print "car accident, 1988.")

The Three Body Types

Identifying Your Constitution

To learn your basic Ayurvedic constitution type (called a “dosha”), please rate the following traits as they have pertained to you in the last 2 to 3 years.

Answer each number and be sure to put a number in all 3 blanks per line, even if it is “0”.

- | |
|-----------------------------------|
| 0 = Doesn't describe me at all |
| 1 = Describes me a little |
| 2 = Describes me quite well |
| 3 = Describes me almost perfectly |

	VATA	PITTA	KAPHA
8. Regarding temperature, I:	<input type="checkbox"/> Dislike cold; am comfortable in heat	<input type="checkbox"/> Dislike heat, perspire easily, like cool temperatures	<input type="checkbox"/> Dislike damp and cold, can tolerate extremes well
9. My typical hunger level:	<input type="checkbox"/> Can vary from excessive to no interest in food	<input type="checkbox"/> Is intense; I need regular meals	<input type="checkbox"/> Is usually low but can be emotionally driven
10. I prefer my food/drinks:	<input type="checkbox"/> Warm or moist or oily	<input type="checkbox"/> Cold	<input type="checkbox"/> Warm or dry
11. I generally eat:	<input type="checkbox"/> Quickly	<input type="checkbox"/> Moderately fast	<input type="checkbox"/> Slowly
12. My sleep is most often:	<input type="checkbox"/> Interrupted, light	<input type="checkbox"/> Sound, moderate	<input type="checkbox"/> Deep, long
13. My sexual interest is:	<input type="checkbox"/> Strong when romantically involved; low to moderate otherwise	<input type="checkbox"/> Moderate to strong	<input type="checkbox"/> Slow to awaken but then is sustained
14. My emotional moods:	<input type="checkbox"/> Change easily; I'm very responsive	<input type="checkbox"/> Are intense; I'm quick-tempered	<input type="checkbox"/> Are even; I'm slow to anger
15. My general reaction to stress is:	<input type="checkbox"/> Anxious, fearful	<input type="checkbox"/> Irritated	<input type="checkbox"/> Mostly calm
16. With regard to money, I:	<input type="checkbox"/> Am easy and impulsive	<input type="checkbox"/> Am careful, but I spend	<input type="checkbox"/> Tend to save, accumulate
SUBTOTALS:	VATA = _____	PITTA = _____	KAPHA = _____
	VATA = _____	PITTA = _____	KAPHA = _____
	SUBTOTALS:	VATA = _____	PITTA = _____