



Sacred Health, LLC

Full Ayurveda Assessment

To be completed following the long form.

Personal Information

First name

Last name

Street

Unit

City

State/Province

Postal code

Home phone

Mobile phone

Email address

Date of birth

Gender

Relationship status

Occupation

Hours per week

Referred by

Digestion

Is your digestion...

- Good
- Fair
- Poor
- Other

If "Other", please specify

Is your appetite...

- Strong
- Moderate
- Mild
- Variable

In general, how is your energy throughout the day?

- Strong
- Medium
- Low
- Variable

Do you feel heavy after eating?

- Yes
- No

Do you feel sleepy after eating?

- Yes
- No

Do you have problems with (select all that apply):

- | | |
|-----------------------|--------------|
| Gas Pains | Flatulence |
| Belching | Bloating |
| Heartburn/Acid Reflux | Constipation |
| Diarrhea | Other |

Other:

[Grey rectangular input field]

Are there any foods that cause you discomfort?

[Large grey rectangular input field]

Elimination

Do your bowel movements tend to be:

- Regular
- Irregular
- Other

If "Other", please specify

[Grey rectangular input field]

How often do you tend to have bowel movements?

- More than 3 times per day
- 2-3 times per day
- Once Daily
- Not more often than every 2-3 days
- Other

If "Other", please specify

[Grey rectangular input field]

When do you tend to have your bowel movements?

- First thing in the morning
- In the afternoon
- At night after dinner
- Later in the morning
- Immediately after meals

Stools are usually...

- Soft
- Medium
- Hard
- Variable Consistency

Do you use enemas or laxatives? If yes, how often?

- Yes
- No

How often?

Do you have hemorrhoids?

- Yes
- No

If yes, do they bleed?

Diet and Eating Behaviors

Is your diet...

- Non Vegetarian
- Plant Based
- Vegetarian
- Vegan
- Other

If "Other", please specify

Which is your main meal?

- Breakfast
- Lunch
- Dinner

Do you eat between meals?

- Yes
- No

How much time do you take to eat your meals? Breakfast, lunch, and dinner?

Do you sit for 5-10 minutes after finishing your meal?

- Yes
- No
- Sometimes

Do you now or in the past have a history of anything you would classify as an eating disorder?

- Yes - Diagnosed
- Yes - Undiagnosed
- No

If yes, please explain.

[Empty text box for explanation]

How Often do you eat the following?

	Often	Sometimes	Rarely	Almost Never
Leftovers?				
Frozen Foods?				
Processed Foods?				
Cold Foods/Drinks?				
Raw Vegetables (salads)?				
Red Meat?				
Spicy Foods?				

How many times per week do you eat out at a restaurant?

[Empty text box for restaurant frequency]

How often do you microwave your foods or drinks?

- Often
- Sometimes
- Rarely
- Almost Never

What percentage of your food is organic?

- 75-100%
- 50-75%
- 25-50%
- 0-25%

How many sodas or diet sodas do you drink each week?

[Empty text box for soda frequency]

Sleep

Is your sleep disturbed?

- Not at All
- Somewhat
- Moderately
- Severely
- Very Severely

Do you take sleep aids?

Yes No

What time do you usually go to bed?

What time do you usually wake up?

Are your bed times and wake up times consistent every day?

- Very regular
- Mostly regular
- Somewhat regular
- Very irregular
- Other

If "Other", please specify

If yes, please explain.

Psychology

How would you describe your mood?

Do you suffer from, or have been diagnosed with, any of the following?

- Anxiety
- Depression
- Anger
- Mood Swings
- Insomnia
- Other

If other, please explain.

Are you currently in counseling or treatment for your mood? Yes No

Daily Routine

How regular is your daily routine (ie waking up, morning routine, meal times, etc?)

- Very regular
- Somewhat regular
- Not very regular
- Very irregular
- Work Day is one way, Days off are another way

What time do you go to sleep?

What time do you get up?

Do you eat your meals at regular intervals?	Yes	No
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How often do you exercise?

- Regularly
- Occasionally
- Never

What type of exercise do you do?

Is your exercise

- Vigorous
- Moderate
- Light
- None

Do you meditate?	Yes	No
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Do you take day time naps?	Yes	No
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Do you travel often?	Yes	No
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How often do you....

Drink alcohol?		
Smoke Cigarettes?		
Drink Caffeine?		
Use street drugs?		

Do you feel you take enough time for self care? Yes No

How many hours per day are you engaged in a screen?

Are you having work or interpersonal dynamics that are impacting your health?

Do you perform 'cleansings'? (ie Juice cleanse...)

Do you live near a power plant or high tension wires? Yes No

Are you exposed to chemicals, pesticides, or other toxins on a regular basis? Yes No

Have you recently renovated or painted your home or office? Yes No

Menstrual/Reproductive History

Menstrual History

Age of Onset:	
Date of last period:	
Date of last Gyn Exam?	

Was your Gynecological exam normal? Yes No

Do you take birth control pills or any other type of hormonal birth control? Yes No

1. Which of the following best describes your menstruation? (select all that apply)

- | | |
|------------|---------------------------|
| Regular | Absent |
| Irregular | Too Frequent |
| Infrequent | Pre-Menopausal/Menopausal |

(If you are post menopausal, skip to question 5.)

2. How many days does your menstrual period last?

- Zero to four days
- Five to seven days
- More than seven days
- Spotty/Irregular

3. Is your menstrual flow....

- Heavy
- Normal
- Light
- Other

If "Other", please specify

4. Do you have any of the following symptoms surrounding your period (select all that apply):

- None
- Acne
- Other
- Fluid Retention
- Pain/Cramping

If other, please explain.

5. Do you have any discharge outside of your normal cycle? Yes No

6. Do you have any itching in your vaginal area? Yes No

7. Pregnancies:

Are you pregnant now? Yes No

Number of Children

Number of Pregnancies

Describe any complications during pregnancies.

What is your dosha type?

Select a field for each item, as it applies to you GENERALLY.

Vata Type

	0 - Not at all	1 - Very Rarely	2 - Rarely	3 - Sometimes	4 - Often	5 - Very Often	6 - All the time
Quick about doing things/walks quickly.							
Poor Memory							
Enthusiastic and Vivacious							
Thin Physique, doesn't gain weight easily							
Learn new things very quickly							
Veins quite visible							
Have difficulty making decisions							
Digestion not too strong, tendency to have gas or constipation							
Cold Hands and Feet							
Tendency towards anxiety and worry							
Sensitivity to Cold Weather							
Easily influenced by the environment							
Talkative, Rapid in Speech							
Joints make cracking or popping noises							
Not much tolerance for work of physical activity							

Teeth are very large, or very small, and irregularly space or somewhat crooked							
Emotional							
Difficulty in falling asleep or light/interrupted sleep							
Dry Skin							
Dreams involving flight, falling, fear, anxiety, being chased							
Easily became afraid							
Like to travel							
Lean body type							

Pitta Type

	0 - Not at all	1 - Very Rarely	2 - Rarely	3 - Sometimes	4 - Often	5 - Very Often	6 - All the time
Very sharp intellect							
Strong digestion; can easily eat anything you like							
Aversion to hot weather - prefers too cold instead of too hot							
Becomes uncomfortable or irritable if a meal is missed							
Become irritable or angry easily							
Very orderly or precise in your activities							
Presence of any of these: early graying hair, balding, sandy blond or red hair color, early wrinkling							
Large Capacity of Food							

Stubborn, stick to your own ideas							
Outspoken in your ideas							
Bold and Adventerous							
Chivalrous and courteous							
Complexion which is red or yellowish in color							
Two or more bowel movements per day that tend to be looser in nature							
Prefer cold drinks and foods							
Sharp or abrupt in speech							
Anger comes easily but is short lived							
Sharp, intelligent or penetrating eyes							
Impatient							
Sensitive to Sun - prefers the shade							
Perfectionist							
Medium body build and weight							

Kapha Type

	0 - Not at all	1 - Very Rarely	2 - Rarely	3 - Sometimes	4 - Often	5 - Very Often	6 - All the time
Tend to be slow and easy about doing things							
Larger body build, strong muscles							
Tend to gain weight easily							

Easily able to miss a meal without discomfort							
Peaceful mind, not easily disturbed							
Tendency toward excess mucous, phlegm, respiratory problems, allergies, or sinus problems							
Thick, dark, healthy, wavy hair							
Happy Appearance							
Sleep deeply - need 8 hours or more to feel rested							
Soft, smooth skin							
Strong, white regular teeth							
High tolerance for physical activity							
Slow Eater							
Soft, pleasing, attractive appearance							
Slow, steady, stable gait when walking							
Speech tends to be sweet or soft in nature							
Slow to get irritated							
Excellent Memory							
Tendency towards plumpness							
Athletic Physique							
Long Thick Eyelashes							
Large soft eyes							

Digestion by Dosha

If you experience it at least 50% of the time, select the column, so you might have two columns that you select.

Is your hunger:	Irregular, Varies from meal to meal	Generally strong, cannot skip meals	Mild, can skip meals
After eating, speed of digestion (time it takes to feel hungry again):	Irregular, varies from meal to meal	Quick, I feel hungry again after a couple hours	Slow, not hungry for 5-6 hours
Food Capacity:	Varies from meal to meal	Large as compared to most people	Small as compared to most people
Fluctuations of body weight:	Easy to lose, difficult to gain, tends underweight	Normal weight with large food intake	Gain weight easily, difficult to lose weight
Energy Level	Variable or low compared to others	Abundant compared to others	Good, may tend towards laziness
Regularity of Bowel movements	Irregularity, tends towards constipation	Frequent, often more than 1-2/day	Regular, once or twice daily
Quality of Stool	Hard, dry	Loose	Well formed

Select all that apply (Vata)

Gas or Bloating
Constipation

Frequent Belching
Intestinal Cramping or Discomfort

Select all that apply (Pitta)

Acid Stomach
Diarrhea

Reflux/Heartburn

Select all that apply (Kapha)

Sluggish Digestion
Stool sticky with mucous

Heaviness or sleepy after eating

Vikriti Assessment

Think about the last 1-2 months only, not what your 'normal' is.

	Vata	Pitta	Kapha
Face/Complexion (5)	Oval or thin, pale or grayish complexion	Reddish/Ruddish complexion, early wrinkling	Fair, clear, 'glowing' complexion
Psychomotor/Gait/Speech (5)	Quick/Always Moving	Purposeful, sharp, precise, stable	Methodical, relaxed, slow, stable
Body Weight (7.5)	Light, maybe losing weight	Medium, stable weight	Heavy, gaining weight
Body Frame (7.5)	Small boned, bony, angular, less muscular	Medium build and musculature	Large frame, sturdy, plump, good musculature
Joints (5)	Prominent bony protuberances	Medium	Rounded, well covered
Eyes, size and shape (2.5)	Small, deep set	Medium size, sharp or penetrating	Large
Tendons and Veins (5)	Prominent, very visible	Medium prominence and visibility	Well covered, hidden
Abdominal wall thickness (5)	Thin	Medium	Thick (increased adipose tissue)
Skin Quality (5)	Tends towards dryness	Fair, burns easily	Tends towards oiliness
Temperature Intolerance (2.5)	Cold Temp	Hot temp	Cold and Damp, or comfortable at most temperatures

Typical Emotional Reaction to Challenges (2.5)	Worry/Anxiety	Anger, Irritability	Sadness, or Generally remains stable or calm
Physical Strength/Stamina (2.5)	Variable or Low compared to others	Medium to Strong	High compared to others

Ama Questionnaire

Please mark to what percent this Ama imbalance applies to your body.

	0%	25%	50%	75%	100%
I tend to feel obstruction/blockages (constipation, congestion or heaviness in the head area, blocked nose, feeling a lack of clarity)					
When I wakeup in the morning, I donot feel clear; it takes me quite some times to feel really awake.					
I tend to feel tired or exhausted physically or mentally.					
I get common colds or similar ailments several times a year.					
I tend to feel heaviness in the body.					
I tend to feel like something is not functioning in the body. (Breathing, digestion, elimination or others)					
I tend to be lazy, eg the capacity to work is there but no inclination.					
I often suffer from indigestion.					
I tend to have to spit repeatedly.					
I often have no taste for food, and no real appetite.					
My tongue is often coated, especially in the morning.					

Any other final thoughts?