

## (14) AYURVEDIC HISTORY

For each category please identify your tendency over time by placing an "X" in the box that is most appropriate for you. If you are unsure or would like to speak to your practitioner about this please check (✓) in the column to the right.

CATEGORY			✓	PRACTITIONER USE ONLY	
Appetite	My hunger level is variable, and I often forget to eat. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I have a strong appetite and don't like to miss meals. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I like to eat, but I can go without eating with no discomfort. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	
Appetite	If I miss a meal, I often get light-headed, anxious or cranky. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	If I miss a meal, I often get irritable or angry. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	If I miss a meal, it doesn't really bother me. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	
Appetite	I prefer to eat frequently with no set schedule, but I often forget to eat. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I prefer to eat 3 meals a day at about the same time. I rarely skip meals. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I prefer to eat 2 to 3 times daily, but can go without eating. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	
Digestion	After eating, I often experience gas or bloating <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	After eating, I often experience heartburn or acidity. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	After eating, I often feel heavy or sleepy. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	
Elimination	I tend to have irregular bowel movements one time per day or less. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I tend to have 1 to 2 bowel movements daily, usually with regularity and ease. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I tend to have one bowel movement per day with no straining or difficulty. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	
Elimination	My bowel movements are often dry and hard. At times I may strain or push. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	My bowel movements are usually well-formed, but sometimes they are loose and may burn. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	My bowel movements are usually well-formed, slow and easy. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	
Weight	I usually don't gain weight very easily. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	When I gain weight, it is easy to lose it. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I gain weight easily and lose it slowly. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	
Body Temperature	My hands and feet often feel cold, and I prefer warmer climates. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I am warm most of the time no matter what the climate is. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I adapt easily to most conditions, but tend to feel cool. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	
Skin	My skin tends to be dry. When very dry it tends to feel rough. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	My skin flushes easily and has a reddish or yellowish shade. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	My skin is thick, smooth and often feels damp or oily. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	<input type="checkbox"/>	

### PRACTITIONER USE

ONLY:

V PRAKRUTI:	P PRAKRUTI:	K PRAKRUTI:
V VIKRUTI:	P VIKRUTI:	K VIKRUTI:

PATIENT NAME: \_\_\_\_\_

Version: 2/21/07

Skin	When I have rashes, they tend to be dry and itchy. Blemishes are usually blackheads. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	When I have rashes, they tend to be red and burning. Blemishes are usually acne. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	When I have rashes, they tend to be wet and oozing. Blemishes are usually white pimples. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	
Sleep	I tend to sleep lightly and awaken very easily. It can be difficult for me to go to sleep. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I tend to sleep soundly and awaken with ease. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	My sleep tends to be deep and long. It can be difficult for me to awaken in the morning. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	

**MENTAL & EMOTIONAL PATTERNS**

Stress	Under stress I often become worried or overwhelmed. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	Under stress I often become irritable, but usually rise to the challenge. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	Under stress, I often withdraw to observe or become reclusive. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	
Decision Making	I am changeable and often have difficulty making decisions. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I make decisions easily, but can change my mind with new information. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I am careful but easy-going about decisions. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	
Projects	I like to start projects, but at times have difficulty finishing them. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I like to start and finish projects. Completion is important to me. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I like working on a project, but prefer to let others start them. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	

**FOR WOMEN ONLY**

Is there a possibility you are pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possible Are you menopausal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of last period _____ If menopausal, please answer below according to your past menstrual patterns. <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>		I experience PMS: <input type="checkbox"/> often <input type="checkbox"/> sometimes <input type="checkbox"/> not at all  <input type="checkbox"/> cramps <input type="checkbox"/> bloating <input type="checkbox"/> headache <input type="checkbox"/> weight gain <input type="checkbox"/> irritable <input type="checkbox"/> breast tenderness  <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	
My menstrual cycle is irregular. It comes every ___ to ___ days and lasts ___ days. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	My menstrual cycle is regular. It comes every ___ days, and lasts ___ days. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>		
My menstrual flow is often light, but may vary. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	My menstrual flow is medium heavy, and is usually consistent. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	My menstrual flow is heavy and is very consistent. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	
I often have severe, cramping pain during menses. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	At times, I have mild pain during menses. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	I rarely have pain during menses. <input type="checkbox"/> <i>Practitioner use only</i> V <input type="checkbox"/> P <input type="checkbox"/>	

**PRACTITIONER USE**

**ONLY:**

V PRAKRUTI:	P PRAKRUTI:	K PRAKRUTI:
V VIKRUTI:	P VIKRUTI:	K VIKRUTI:

PATIENT NAME: \_\_\_\_\_