

Ayurvedic Constitution Chart

For each row, select the column that most accurately reflects you over your entire lifetime

When complete, tally up your totals for each column at the end of the sheet.

	Vata	Pitta	Kapha
Frame	<input type="checkbox"/> Thin, bony, good muscles	<input type="checkbox"/> Moderate, developed	<input type="checkbox"/> Large, well-formed
Weight	<input type="checkbox"/> Low, hard to hold weight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy, hard to lose weight
Skin Luster	<input type="checkbox"/> Dull or dusky	<input type="checkbox"/> Ruddy, lustrous	<input type="checkbox"/> Pale
Skin Texture	<input type="checkbox"/> Dry, rough thin	<input type="checkbox"/> Warm, oily	<input type="checkbox"/> Cold, Damp thick
Eyes	<input type="checkbox"/> Small, nervous	<input type="checkbox"/> Piercing, easily inflamed	<input type="checkbox"/> Large, white
Hair	<input type="checkbox"/> Dry, thin	<input type="checkbox"/> Thin, oily	<input type="checkbox"/> Thick, oily, wavy, lustrous
Teeth	<input type="checkbox"/> Crooked, poorly formed	<input type="checkbox"/> Moderate, bleeding gums	<input type="checkbox"/> Large, well formed
Sweating	<input type="checkbox"/> Scanty	<input type="checkbox"/> Profuse but not enduring	<input type="checkbox"/> Low to start but profuse
Stool	<input type="checkbox"/> Hard or dry	<input type="checkbox"/> Soft, loose	<input type="checkbox"/> Normal
Urination	<input type="checkbox"/> Scanty	<input type="checkbox"/> Profuse, yellow	<input type="checkbox"/> Moderate, clear
Sensitivities	<input type="checkbox"/> Cold, dryness, wind	<input type="checkbox"/> Heat, sunlight, fire	<input type="checkbox"/> Cold, Damp
Immune Function	<input type="checkbox"/> Low, variable	<input type="checkbox"/> Moderate, sensitive to heat	<input type="checkbox"/> High
Disease Tendency	<input type="checkbox"/> Pain	<input type="checkbox"/> Fever, inflammation	<input type="checkbox"/> Congestion
Disease Type	<input type="checkbox"/> Nervous	<input type="checkbox"/> Blood, Liver	<input type="checkbox"/> Mucus, Lungs
Activity	<input type="checkbox"/> High, restless	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low, moves slowly
Endurance	<input type="checkbox"/> Poor, easily exhausted	<input type="checkbox"/> Moderate but focused	<input type="checkbox"/> High
Sleep	<input type="checkbox"/> Poor, disturbed	<input type="checkbox"/> Variable	<input type="checkbox"/> Excess

	Vata	Pitta	Kapha
Dreams	<input type="checkbox"/> Frequent, disturbed	<input type="checkbox"/> Moderate, colorful	<input type="checkbox"/> Infrequent, romantic
Memory	<input type="checkbox"/> Quick but absent minded	<input type="checkbox"/> Sharp, clear	<input type="checkbox"/> Slow but steady
Speech	<input type="checkbox"/> Fast, frequent	<input type="checkbox"/> Sharp, cutting	<input type="checkbox"/> Slow, melodious
Temperament	<input type="checkbox"/> Nervous, changeable	<input type="checkbox"/> Motivated	<input type="checkbox"/> Content, conservative
High Vibrating Emotions	<input type="checkbox"/> Enthusiasm/Joy	<input type="checkbox"/> Courage	<input type="checkbox"/> Love
Low Vibrating	<input type="checkbox"/> Fear	<input type="checkbox"/> Anger	<input type="checkbox"/> Attachment
Faith	<input type="checkbox"/> Variable, erratic	<input type="checkbox"/> Strong, determined	<input type="checkbox"/> Steady, slow to change
Sensitivity	<input type="checkbox"/> Hypersensitive, easily hurt	<input type="checkbox"/> Insensitive, critical	<input type="checkbox"/> Sensitive
Emotional Tolerance	<input type="checkbox"/> Easily disturbed, reacts quickly	<input type="checkbox"/> Good resistance, holds grudges	<input type="checkbox"/> Slow to disturb, unwilling to change
Ability to handle stress	<input type="checkbox"/> Very little, breaks down easily	<input type="checkbox"/> Moderate, gets angry	<input type="checkbox"/> Handles well, ignores
Total			