

AMI Ayurveda Body-Type Test

The following quiz will help you determine your Ayurvedic body type. For each description listed—*Vata*, *Pitta* and *Kapha*—record a numeric value from zero to six that best applies to you.

0 or 1 = Doesn't apply to me

2, 3 or 4 = Applies to me somewhat (or some of the time)

5 or 6 = Applies to me very much (or nearly all of the time)

After you complete the entire *vata* column of descriptions, write down your total *vata* score. Then, proceed in the same manner to answer descriptions for the *pitta* and *kapha* sections. When you are finished, you will have three separate scores. Comparing these three totals will determine your primary and secondary body types. Your highest score indicates your leading *dosha*.

Our bodies and attitudes may change slightly over time. Answer according to how you have been, have felt and have acted most of your life, or at least for the last few years.

Once you've completed the *Ayurveda* Body-Type Test and are familiar with the characteristics and influences of your primary *dosha*, identify any physical, mental or emotional issues you are presently dealing with. If there are none, it probably means that your *doshas* are in balance and your food choices are serving you well. However, if you do note symptoms, begin to experiment with changes in your diet that can rebalance your *doshas* and ameliorate your discomforts. Learning to base your food choices on the *buddhi's* discrimination (conscience) will yield profound results.



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Self-Care for Healthy Living

**For all categories below,
record a numeric value from zero to six that best applies to you.**

	VATA	PITTA	KAPHA
Body	<input type="checkbox"/> Small Frame	<input type="checkbox"/> Medium Frame	<input type="checkbox"/> Large Frame
Weight	<input type="checkbox"/> Thin, Hard to Gain	<input type="checkbox"/> Medium Weight	<input type="checkbox"/> Heavy, Easy to Gain
Skin	<input type="checkbox"/> Dry, Rough	<input type="checkbox"/> Soft, Medium Oily	<input type="checkbox"/> Oily, Moist
Complexion	<input type="checkbox"/> Dark	<input type="checkbox"/> Pink to Red	<input type="checkbox"/> Pale, White
Amount of Hair	<input type="checkbox"/> Average	<input type="checkbox"/> Thinning	<input type="checkbox"/> Thick
Type of Hair	<input type="checkbox"/> Dry	<input type="checkbox"/> Medium	<input type="checkbox"/> Oily
Endurance	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Strength	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Size of Teeth	<input type="checkbox"/> Very Large or Small	<input type="checkbox"/> Small to Medium	<input type="checkbox"/> Medium to Large
Mental Activity	<input type="checkbox"/> Quick Mind, Restless	<input type="checkbox"/> Sharp Intellect, Aggressive	<input type="checkbox"/> Calm, Steady, Stable
Memory	<input type="checkbox"/> Short Term is Best	<input type="checkbox"/> Good Memory	<input type="checkbox"/> Long Term is Best
Dreams	<input type="checkbox"/> Fearful, Flying, Running	<input type="checkbox"/> Angry, Fiery, Violent	<input type="checkbox"/> Water, Clouds, Romance
Weather	<input type="checkbox"/> Aversion to Cold	<input type="checkbox"/> Aversion to Heat	<input type="checkbox"/> Aversion to Damp & Cold
Sleep	<input type="checkbox"/> Interrupted, Light	<input type="checkbox"/> Sound, Medium Length	<input type="checkbox"/> Sound, Heavy, Long
React to Stress	<input type="checkbox"/> Excites Quickly	<input type="checkbox"/> Angers Easily, Quick Temper	<input type="checkbox"/> Slow to Irritate
Resting Pulse Rate, (Beats/Minute)			
Women	<input type="checkbox"/> 80-100	<input type="checkbox"/> 70-80	<input type="checkbox"/> 60-70
Men	<input type="checkbox"/> 70-90	<input type="checkbox"/> 60-70	<input type="checkbox"/> 50-60
Hunger	<input type="checkbox"/> Irregular	<input type="checkbox"/> Sharp, Needs Food	<input type="checkbox"/> Easily Misses Meals
Food & Drink	<input type="checkbox"/> Prefers Warm	<input type="checkbox"/> Prefers Cold	<input type="checkbox"/> Prefers Dry & Warm
Eat	<input type="checkbox"/> Quickly	<input type="checkbox"/> Medium Speed	<input type="checkbox"/> Slowly
Financial	<input type="checkbox"/> Doesn't Save	<input type="checkbox"/> Saver & Big Spender	<input type="checkbox"/> Saver, Accumulates Wealth
Sex Drive	<input type="checkbox"/> Variable, Irregular	<input type="checkbox"/> Moderate	<input type="checkbox"/> Strong
Elimination	<input type="checkbox"/> Dry, Hard, Constipation	<input type="checkbox"/> Frequent, Soft to Normal	<input type="checkbox"/> Heavy, Slow, Thick, Regular
Walk	<input type="checkbox"/> Fast, Quick Steps	<input type="checkbox"/> Average	<input type="checkbox"/> Slow & Steady
Voice	<input type="checkbox"/> High Pitch, Fast Speech	<input type="checkbox"/> Medium Pitch, Clear	<input type="checkbox"/> Low Pitch, Resonating
Moods	<input type="checkbox"/> Change Quickly	<input type="checkbox"/> Change Slowly	<input type="checkbox"/> Steady, Slow to Change
Totals	<input type="checkbox"/> VATA	<input type="checkbox"/> PITTA	<input type="checkbox"/> KAPHA