

SUPPLEMENTARY FILE 2

Questionnaire for prakriti determination by ayurvedic physician

Personal information:

Name: _____
Gender : _____
Date of Birth : _____ Age: _____
Father's Full Name : _____
Mother's Full Name : _____
Place of Birth : _____
Address : _____
Present : _____
Permanent : _____
Marital Status : _____
Religion : _____
Cast : _____
Sub-caste : _____
Height : _____
Weight : _____
Blood Group : _____
Educational Qualification : _____
Socio-Economic Status : _____
Contact Number : _____
Email ID : _____
Personal History
Food Habits : _____
Micturition : _____
Bowel Habits : _____
Sleep : _____
Occupation : _____
Previous History of Illness: No/Yes
If Yes, What was the nature of Illness?
Age at which the Illness was suffered : _____
Duration of suffering : _____
Medical Consultation undertaken : _____
Aftermath of Illness : _____
Family History : _____
Number of persons in the family : _____
Family History of disease: _____
Consanguinity : _____

A: DARSANA (Visual Observation)

1. Build : _____
Body Frame-Small: _____
Medium : _____
Large : _____
Obese : _____
Head Circumference (inch): _____
Chest Circumference (inch): _____
Neck Circumference (inch): _____
Neck Length (inch) : _____
Upper Body Length (inch): _____

Lower Body Length (inch): _____
Waist (inch) : _____
Hip (inch) : _____
Waist: Hip ratio: _____
Forearm (inch): _____
B.M.I : _____
2. Joints : _____
Weakly Developed : _____
Moderately developed : _____
Well developed : _____
3. Eyes : _____
Size : _____
Small : _____
Medium: _____
Large : _____
Appearance- Dry : _____
Lustrous : _____
Moist : _____
Iris Color- Black : _____
Light Brown : _____
Dark Brown : _____
Greyish/Blue/Green: _____
Sclera- Muddy : _____
Reddish Tinge : _____
White : _____
Eye brows- Small : _____
Medium : _____
Large : _____
Eyes lashes- Small : _____
Medium : _____
Large : _____
4. Teeth : _____
Size- Small : _____
Medium : _____
Large : _____
Shape- Regular : _____
Irregular : _____
Colour- MilkyWhite : _____
Yellowish : _____
Dull : _____
5. Nails : _____
Dry, small, rough, blackish, cracked : _____
Soft smooth, pink luster : _____
Big,convex, pink white : _____
6. Skin : _____
Complexion- Brown or Blackish: _____
Pale, yellowish : _____
Fair and lustrous: _____
Hair- Scanty and hard : _____
Scanty and oily : _____
Thick and oily : _____
Scalp Hair- Colour : _____
Black, Dark Brown:

Blonde :
 Dusky :
 Tongue- Dry :
 Red :
 Wet and Shining :
 Voice- Hoarse and Rough :
 Crackle :
 Heavy :

Weather- Preferred- Cold :
 Warm :
 Humid :
 Dry :
 - Not Preferred- Cold :
 Warm :
 Humid :
 Dry :

B: SPARSHANA (Tactile Observation)

Pulse Diagnosis- Radial Pulse :
 Snake Pulse :
 Frog Pulse :
 Skin- Swan Pulse :
 Dry :
 Soft :
 Soft and Oily :

Temperament- Nervous :
 Angry and Irritable:
 Sleep- Easy going :
 Less and Disturbed :
 Moderate :
 Heavy :
 Memory- Good grasp but forget
 easily :
 Sharp :
 Slow but do not
 forget :

C: Prashana (Questions)

Food /Liquid Intake- Frequency :
 Regular/Irregular
 Amount : Less/Moderate/High
 Bowel Movements :
 Regular/Irregular/Variable
 Stool Consistency- Loose/Soft /Semi-solid :
 Medium:
 Hard :
 Food Inclinations- Sweet :
 Sour :
 Bitter :
 Astringent :
 Pungent :
 Salty :

Dosha	Number of characters present	Percentage of characters present
Vaata		
Pitta		
Kapha		

Prakriti Type

Signature of the Physician

With Date