

Ayurveda Dosha Quiz



Name _____

Date: _____

	Vata (Air)	Pitta (Fire)	Kapha (Water)
Frame	<input type="checkbox"/> thin, lanky	<input type="checkbox"/> medium, balanced	<input type="checkbox"/> large, well developed
Height	<input type="checkbox"/> tall or short	<input type="checkbox"/> medium	<input type="checkbox"/> short or tall
Weight	<input type="checkbox"/> light	<input type="checkbox"/> moderate	<input type="checkbox"/> heavy
Skin	<input type="checkbox"/> dry, rough	<input type="checkbox"/> red, sensitive, lustrous	<input type="checkbox"/> plum, full of moisture
Eyes	<input type="checkbox"/> small	<input type="checkbox"/> piercing, inflamed	<input type="checkbox"/> large, white
Hair	<input type="checkbox"/> thin, dry	<input type="checkbox"/> oily, soft	<input type="checkbox"/> thick, wavy
Teeth	<input type="checkbox"/> crooked	<input type="checkbox"/> moderate	<input type="checkbox"/> large
Lips	<input type="checkbox"/> thin, small	<input type="checkbox"/> medium, red	<input type="checkbox"/> full, large
Nails	<input type="checkbox"/> brittle	<input type="checkbox"/> bendable	<input type="checkbox"/> strong
Sweat	<input type="checkbox"/> scanty	<input type="checkbox"/> profuse	<input type="checkbox"/> moderate
Stool	<input type="checkbox"/> hard, dry	<input type="checkbox"/> loose, soft	<input type="checkbox"/> normal
Urine	<input type="checkbox"/> scanty	<input type="checkbox"/> profuse, yellow	<input type="checkbox"/> moderate, clear
Sensitivity	<input type="checkbox"/> cold	<input type="checkbox"/> hot	<input type="checkbox"/> damp
Immune Function	<input type="checkbox"/> low	<input type="checkbox"/> moderate	<input type="checkbox"/> high
Activity	<input type="checkbox"/> restless	<input type="checkbox"/> active	<input type="checkbox"/> slow
Endurance	<input type="checkbox"/> exhausted	<input type="checkbox"/> moderate	<input type="checkbox"/> high
Sleep	<input type="checkbox"/> poor	<input type="checkbox"/> variable	<input type="checkbox"/> excess
Dreams	<input type="checkbox"/> restless, flying	<input type="checkbox"/> colorful, conflicts	<input type="checkbox"/> romantic, water
Memory	<input type="checkbox"/> absent-minded	<input type="checkbox"/> sharp	<input type="checkbox"/> slow
Speech	<input type="checkbox"/> fast, forgetful	<input type="checkbox"/> sharp, fluid	<input type="checkbox"/> slow, reserved
Temperament	<input type="checkbox"/> nervous	<input type="checkbox"/> motivated	<input type="checkbox"/> conservative
Emotions	<input type="checkbox"/> fear	<input type="checkbox"/> anger	<input type="checkbox"/> attachment
Faith	<input type="checkbox"/> erratic	<input type="checkbox"/> strong	<input type="checkbox"/> steady
Relationships	<input type="checkbox"/> unreliable	<input type="checkbox"/> domineering	<input type="checkbox"/> clinging
Routine	<input type="checkbox"/> unsustained	<input type="checkbox"/> determined	<input type="checkbox"/> slow

Vata

Pitta

Kapha

Total