



Intake Wellness Questionnaire

AYURVEDA

Name: _____

Age: _____

Address: _____

Best Contact Phone Number: _____

Emergency Contact Name and Phone Number: _____

Email: _____

Occupation: _____

Blood Type: _____ Height: _____ Weight: _____

Have you done Yoga before? YES / NO ---- If YES, which class style? _____

Please checkmark if any of the following applies to you:

- Heart Disease High Cholesterol Level High Blood Pressure Abnormal Resting EKG
 Back Pain Significant Bone/Joint/Muscle Pain Cigarette/Smoking Diabetes

By registering as a participant of ZaZen Studio, I agree to the following:

1. I will be participating in meditation and ayurveda sessions, yoga classes, health programs, workshops and other wellness, exercise and healing arts activities (collectively, the "Activities") offered by ZaZen Studio Inc. During the COVID-19 pandemic, the "Activities" may be offered online by videos, television, podcasts, apps or other digital media or platforms. All of such offerings, either physical or online, shall be considered "Activities".

2. I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which I might incur as a result of participating in the "Activities" offered by ZaZen Studio Inc. I agree to inform my instructor of any physical limitations, physical discomfort and/or injuries before or during classes, and I take full responsibility for nondisclosure.

3. In further consideration, I knowingly, voluntarily and expressly waive any claim I may have against ZaZen Studio Inc., its owners, its assistance or employees, for injury or damage that I may sustain as a result of participating in the "Activities".

4. I understand that the information and material provided is for educational purposes only. We, at ZaZen Studio Inc., encourage you to use all provided material at your own discretion. If you have any health issue, medical emergency, or a general health question, you should contact your family doctor or other qualified health care provider for consultation, diagnosis and/or treatment, before enrolling in any "Activities" offered by ZaZen Studio Inc.

By signing below I acknowledge that I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant's Signature: _____ Date: _____



PRAKRUTI DOSHA MIND BODY QUESTIONNAIRE

Name: _____ Date: _____ Age: _____ Gender: M F

This mind-body questionnaire gathers information about your basic nature - the way you were as a child or the basic patterns that have been true most of your life. If you developed an illness in childhood or as an adult, think of how things were for you before that illness.

SCORING: For each characteristic, enter either 5, 3, or 1 in each box below. Assign the numbers according to this scale:

5 = Most accurately represents me

3 = Secondarily or sometimes represents me

1= Rarely or doesn't represent me

EXAMPLE	<input type="text" value="3"/> Vata	<input type="text" value="5"/> Pitta	<input type="text" value="1"/> Kapha
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Note: Please don't repeat the answers in each row. The score of every row should add up to 9

CHARACTERISTICS	VATA	PITTA	KAPHA
FRAME	<input type="checkbox"/> I am thin, lanky and slender with prominent joints and thin muscles.	<input type="checkbox"/> I have a medium, symmetrical build with good muscle development	<input type="checkbox"/> I have a large, round or stocky build. My frame is broad, stout or thick.
WEIGHT	<input type="checkbox"/> LOW; I may forget to eat or have a tendency to lose weight.	<input type="checkbox"/> MODERATE; it is easy for me to gain or lose weight if I put my mind to it.	<input type="checkbox"/> HEAVY; I gain weight easily and have difficulty losing it.
EYES	<input type="checkbox"/> My eyes are small and active.	<input type="checkbox"/> I have a penetrating gaze.	<input type="checkbox"/> I have large pleasant eyes.
COMPLEXION	<input type="checkbox"/> My skin is dry, rough or thin.	<input type="checkbox"/> My skin is warm, reddish in color and prone to irritation.	<input type="checkbox"/> My skin is thick, moist and smooth.
HAIR	<input type="checkbox"/> My hair is dry, brittle or frizzy.	<input type="checkbox"/> My hair is fine with a tendency towards early thinning or graying.	<input type="checkbox"/> I have abundant, thick and oily hair.
JOINTS	<input type="checkbox"/> My joints are thin and prominent and have a tendency to crack.	<input type="checkbox"/> My joints are loose and flexible.	<input type="checkbox"/> My joints are large, well knit and padded.
SLEEP PATTERN	<input type="checkbox"/> I am a light sleeper with a tendency to awaken easily.	<input type="checkbox"/> I am a moderately sound sleeper, usually needing less than eight hours to feel rested.	<input type="checkbox"/> My sleep is deep and long. I tend to awaken slowly in the morning.
BODY TEMPERATURE	<input type="checkbox"/> My hands and feet are usually cold and I prefer warm environments.	<input type="checkbox"/> I am usually warm, regardless of the season, and prefer cooler environments.	<input type="checkbox"/> I am adaptable to most temperatures but do not like cold, wet days.
TEMPERAMENT	<input type="checkbox"/> I am lively and enthusiastic by nature. I like to change.	<input type="checkbox"/> I am purposeful and intense. I like to convince.	<input type="checkbox"/> I am easy going and accepting. I like to support.
UNDER STRESS...	<input type="checkbox"/> I become anxious and/or worried.	<input type="checkbox"/> I become irritable and/or aggressive.	<input type="checkbox"/> I become withdrawn and/or reclusive.
TOTAL FOR SECTION ONE	<input type="checkbox"/> VATA TOTAL	<input type="checkbox"/> PITTA TOTAL	<input type="checkbox"/> KAPHA TOTAL

VIKRUTI SUBDOSHA QUESTIONNAIRE

These questions are intended to assess your current life situation, including any recent stresses, illnesses, or life changes. It is most helpful if you answer these questions according to what has been true for you over the past few weeks and months.

VATA

NOT AT ALL	SOMEWHAT/ OCCASIONALLY	VERY OFTEN
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MIND			
1. I've been having difficulty with mental clarity or the ability to focus my attention.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
2. I've been feeling overwhelmed, worried, or anxious.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
3. My life has been turbulent and chaotic.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
4. I've been starting new projects, but have difficulty completing them.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
5. I've been having difficulty falling asleep or have been awakening easily.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
6. I've been having a hard time making decisions.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
7. I've been having trouble following through on commitments I've made.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
8. I've been feeling restless if I'm not constantly on the move.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
9. I've been acting impulsively or inconsistently.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
10. I've been more forgetful than usual.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
BODY			
11. I've been feeling the need to clear my throat, or have a persistent dry cough.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
12. I've been getting sore throats, laryngitis, or tonsillitis.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
13. I've been having difficulty expressing myself effectively.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
14. I've been experiencing gas, cramping, or bloating after meals.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
15. My appetite has been inconsistent.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
16. Food has been getting caught on its way down to my stomach, or I feel that food is not moving easily through my digestive tract.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
17. I've been bothered by constipation.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
18. Men: I've been having trouble getting sexually aroused, maintaining erections, or experiencing orgasms. Women: My menstrual cycle has been uncomfortable or irregular.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
19. I've been having trouble with my bladder function.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
20. I've been getting light-headed when I get up quickly.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
21. My hands and feet have been uncomfortably cold.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
22. I've been having heart palpitations.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>

VATA-MIND SCORE# 1-10: _____

VATA-BODY SCORE# 11-22: _____

PITTA

NOT AT ALL	SOMEWHAT/ OCCASIONALLY	VERY OFTEN
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MIND			
1. I've been feeling discontented with my life.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
2. I've been judgmental and critical of others.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
3. I've been feeling jealous of others.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
4. I've been expressing anger towards others easily.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
5. I've been feeling irritable or impatient.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
6. I've been compulsive, with difficulty stopping once I've started a project.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
7. I've been strongly opinionated, freely sharing my point of view without being asked.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
8. I've been frustrated by other people.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
9. I've been feeling the need to out-compete others.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
10. I've been ruminating over situations from the past.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
BODY			
11. My eyesight has been deteriorating.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
12. I've been having headaches accompanied by Light sensitivity or distorted vision.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
13. My eyes have been itchy, sensitive, or watery.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
14. I've been having more than two bowel movements per day.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
15. My appetite has been excessively strong.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
16. I've been getting reflux/heartburn or have an ulcer.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
17. I've been feeling that toxins (from food, air, water, alcohol, cigarettes, or drugs) have been building up in my system.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
18. I've been diagnosed with some form of liver malady.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
19. I've been having abdominal pain after eating fatty meals or have been diagnosed with a gallbladder problem.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
20. I've been diagnosed with psoriasis, rosacea, or another inflammatory skin disorder.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
21. My skin has been itchy or irritated.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
22. I've been diagnosed with skin cancer.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>

PITTA-MIND SCORE# 1-10: _____

PITTA-BODY SCORE# 11-22: _____

KAPHA

	NOT AT ALL	SOMEWHAT/ OCCASIONALLY	VERY OFTEN
MIND			
1. I've been dealing with conflict by withdrawing.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
2. I've been accumulating clutter in my life.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
3. I've been resistant to changing my routine.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
4. I've been having difficulty leaving a relationship, job, or situation even though it is no longer nourishing me.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
5. My short-term memory has been of concern to me.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
6. I've been intending to be more physically active, but have difficulty exercising regularly.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
7. I've been eating more out of my emotional rather than nutritional needs.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
8. I've been having difficulty getting going in the morning.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
9. I have not been confident in my ability to cope with challenges.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
10. I've been having a hard time moving beyond the past.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
BODY			
11. My sense of taste or smell has been suppressed.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
12. My mouth has been dry.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
13. I have had mouth (canker) sores.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
14. I've been feeling nauseated after eating.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
15. I've been feeling full for an extended time after a meal.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
16. After eating, I've been falling asleep or finding it difficult to stay awake.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
17. My breathing has been labored or I feel a sense of heaviness in my chest.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
18. I have been having episodes of asthma or wheezing.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
19. I have been having a lot of chest colds/bronchitis or a lingering deep, wet cough.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
20. My range of motion is limited more by stiffness in my neck or back than by pain.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
21. I've had swelling or stiffness in my knees.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>
22. My fingers have been swollen, making it difficult for me to grip or wear rings.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>

KAPHA-MIND SCORE# 1-10: _____

KAPHA-BODY SCORE# 11-22: _____

JOINTS		NOT AT ALL	SOMEWHAT/ OCCASIONALLY	VERY OFTEN
1. I've been having joint pain that waxes and wanes in intensity.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
2. My joints have been popping or cracking in the morning.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
3. I've been having chronic low back or neck pain.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
4. My joints have been inflamed and hot.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
5. My joints have been painful even at rest.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
6. I have joint pain that is relieved with cold.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
7. My joints have been stiff in the morning, but improve with activity.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
8. My joint pain is characterized by dull, heavy aching.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
9. My joints have been swollen.	1 <input type="radio"/>	3 <input type="radio"/>	5 <input type="radio"/>	
JOINT SCORE: _____				

WEIGHT	For each question, choose the answer that best describes your current weight/eating patterns.		
1. I am currently	<input type="radio"/> underweight.	<input type="radio"/> at my ideal weight.	<input type="radio"/> overweight.
2. Under stress	<input type="radio"/> my appetite diminishes.	<input type="radio"/> I become ravenous.	<input type="radio"/> I eat even when I don't feel hungry.
3. It is easy for me to	<input type="radio"/> lose weight	<input type="radio"/> maintain a stable weight.	<input type="radio"/> gain weight.

TOTALS

VATA-MIND SCORE# 1-10: _____ VATA-BODY SCORE# 11-22: _____

PITTA-MIND SCORE# 1-10: _____ PITTA-BODY SCORE# 11-22: _____

KAPHA-MIND SCORE# 1-10: _____ KAPHA-BODY SCORE# 11-22: _____

JOINT SCORE: _____

Submit

