

CSIR Ayurgenomics Unit-TRISUTRA
CSIR-IGIB, New Delhi

11. Weight(Kg)

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12. Height(cm)

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13. Body Frame

- Narrow.
- Medium.
- Wide

14. Body Build (Bulk)

- Weakly developed.
- Moderately developed.
- Well developed.

15. Body Build (Musculature)

- Thin Musculature.
- Soft and Loosely knitted Musculature.
- Smooth and Firmly knitted Musculature

16. Forehead length

- Small
- Medium.
- Large.

17. Nails Texture

- Smooth.
- Soft
- Rough

18. Nails Colour

- Reddish
- Pale
- Pink

19. Finger Nail size

- Small
- Medium
- Large

20. Skin Appearance

- Cracked
- Lustrous
- Rough
- Moles
- Marks
- Pimples
- Freckles
- Wrinkles
- None

21. Skin Colour/Complexion

- Fair with reddish tinge
- Fair with yellowish tinge
- Dark
- Dusky
- Wheatish
- Fair with pale tinge
- Fair with pink tinge

22. Skin Nature

- Dry
- Oily
- Normal
- Seasonal

23. Skin Texture

- Thick
- Thin

24. Hair Texture

- Thick
- Thin

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25. Is your scalp hair prone to (Nature)

- Graying
- Falling
- Breaking
- Split at ends
- Both
- None

26. Hair Nature

- Dry
- Oily
- Normal
- Seasonal

27. Do you observe you have

- | | | | |
|--------------|---|-------------------------------|-----------------------------------|
| Nails | - | <input type="radio"/> Brittle | <input type="radio"/> Non-Brittle |
| Palm | - | <input type="radio"/> Cracked | <input type="radio"/> Non-cracked |
| Sole | - | <input type="radio"/> Cracked | <input type="radio"/> Non-cracked |
| Lips | - | <input type="radio"/> Cracked | <input type="radio"/> Non-cracked |

28. How is your appetite (Regularity)

- Regular
- Irregular

29. How is your appetite (Frequency)

- Frequent
- Infrequent

30. Taste Preference

- Sweet
- Sour
- Salty
- Bitter
- Pungent
- Astringent

31. What type of food/beverages do you prefer

- Cold
- Warm
- Any
- None

32. How much quantity of food can you consume on feeling hungry?

- Low
- Medium
- High
- Variable

33. Are you able to digest the amount of food consumed by you?

- Always yes
- If excess is taken causes indigestion otherwise yes
- Always with difficulty
- Cannot say

34. Do you prefer to take food rich in fats like

- Butter
- Ghee
- Cheese
- Animal Fat
- Oil or oily articles
- None

35. Does your body temperature in general remains

- Higher compared to others
- Lower compared to others
- Average
- Variable

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36. How about your Perspiration?

- Profuse
- Moderate
- Less
- Variable

37. How about your sleep (amount)

- Less sleep (<6 hrs)
- Moderate sleep (6-8hrs)
- Heavy sleep (>8hrs)
- Variable

38. Do you get sleep immediately after going to bed?

- Yes
- After few minutes / doing reading etc.
- No it takes long time to fall asleep

39. Quality of Sleep?

- Deep
- Moderate/Sound
- Shallow

40. How about your bowel habits?

- Regular
- Irregular
- Occasionally Irregular

41. Do you tend to have

- Constipation
- Loose motions
- None

42. Stool consistency

- Hard
- Loose
- Soft
- Semisolid
- Medium

43. How about changes in your body weight

- Gain weight easily and loose easily
- Difficulty in gaining weight
- Gain weight easily but loose with difficulty
- Stable

44. Do you have body odor?

- Strong
- Mild
- Very Mild

45. Which weather do you prefer

- Cold
- Warm
- Both Cold & Warm
- Seasonal Transition
- All
- None

46. In which weather do you have health problems

- Cold
- Warm
- Both Cold & Warm
- Seasonal Transition
- All
- None

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47. How frequently do you fall ill?

- Frequently
- Rarely
- Moderately

48. If you fall ill do you get cured easily

- Yes, mostly on its own
- No, it takes long time & effort to get cured
- Moderate efforts needed like diet, rest & medicine

49. Amount of speaking

- Excessive
- Less
- Moderate

50. Quality of voice

- Low
- Feeble
- Weak
- Broken
- Rough
- Deep
- Good toned
- Sharp
- Clear
- High pitched
- Loud
- Soft, Pleasing

51. Speed/Style of speaking

- Slow
- Quick
- Medium
- Variably

52. Voluntary and Involuntary Movements

- | | | | | |
|--------------------------|---|--|----------------------------|--------------------------------|
| Hand Movement | - | <input type="radio"/> High /Excessive | <input type="radio"/> Less | <input type="radio"/> Moderate |
| Leg Movement | - | <input type="radio"/> High / Excessive | <input type="radio"/> Less | <input type="radio"/> Moderate |
| Eyebrow Movement | - | <input type="radio"/> High / Excessive | <input type="radio"/> Less | <input type="radio"/> Moderate |
| Shoulder Movement | | <input type="radio"/> High /Excessive | <input type="radio"/> Less | <input type="radio"/> Moderate |
| Overall Movement | | <input type="radio"/> High /Excessive | <input type="radio"/> Less | <input type="radio"/> Moderate |

53. Mental strength

- Get stressed / disturbed frequently and can be counselled by others
- Get stressed / disturbed easily and overcome it by own / with some time
- Get stressed with difficulty and can overcome on own
- Get stressed easily and cannot be counseled easily by others

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54. How frequently you feel tired?

- On During routine work
- After doing extra work/ heavy work
- Not even after heavy work

55. How quickly you can memorize things?

- Moderately
- Quickly
- Slowly
- variably

56. How forgetful you are?

- Quickly
- Moderately
- Slowly
- Variably

57. How is your memory retention power

- Good
- Medium
- Poor
- Variable

58. Are you a...

- Regular and routine observer
- Spontaneous and moderate routine observer
- Loving to experiment with routines and change them very readily

59. Do you like to

- Move around and interact with people and explore
- Be seated and keep confined to own work
- Move around moderately and not sit for very long hours

Remarks

Signature

MAIN QUESTIONNAIRE FOR PRAKRITI ANALYSIS

PERSONAL INFORMATION

First Name :					
Middle Name :					
Last Name :					
State you live :			State your family comes from :		
Mother tongue :			Language you speak at home :		
DOB(mm/dd/yyyy) :			Country of birth :		
Gender : Male <input type="radio"/> Female <input type="radio"/>					
Educational Status	Illiterate <input type="radio"/>	Literate <input type="radio"/>	High School <input type="radio"/>	Graduate <input type="radio"/>	Professional course <input type="radio"/>
Caste/Tribe:			Religion :		
Address :					
City :					
State:					
Zip :			Telephone 1 :		
Country :			Telephone 2 :		
Father's Name :			Gotra :		
Mother's Name :			Gotra :		
Spouse Name :			Gotra :		
Father's Age:			Mother's Age :		
Father's Prakriti :			Mother's Prakriti :		
Family code :			Code no :		
Subject's signature					

VITAL DATA

Weight		Kg	Height		cm	Age		year
Pulse			per min	Blood Pressure			mm of Hg	
Respiratory rate			per min	Temperature		F	BMI	
Ear lobes	Attached <input type="radio"/>		Type of diet	Veg <input type="radio"/>		Hair colour	Black <input type="radio"/>	
				Non veg <input type="radio"/>			Brown <input type="radio"/>	
	free <input type="radio"/>			Occasionally non veg <input type="radio"/>			Grey <input type="radio"/>	
						Hair greying age		
Eye colour		Black <input type="radio"/>		Drink Alcohol		Regular <input type="radio"/>		
		Brown <input type="radio"/>				Don't Drink <input type="radio"/>		
		Grey <input type="radio"/>				Occasionally <input type="radio"/>		
Smoked/chewed tobacco	Yes <input type="radio"/>		Starting age : ()yrs	Quitting Age : ()yrs	Amount/day : () Average			
	No <input type="radio"/>							
	Occasionally <input type="radio"/>							
Where you live	Rural <input type="radio"/>		Where you grew up	Rural <input type="radio"/>		Nature of work	Exposure to chemical /radiation <input type="radio"/>	
	Urban <input type="radio"/>			Urban <input type="radio"/>			Physical <input type="radio"/>	
	Slum <input type="radio"/>			Slum <input type="radio"/>			Professional <input type="radio"/>	
	Semi urban <input type="radio"/>			Semi urban <input type="radio"/>			Sedentary <input type="radio"/>	
Ethnic background			Mother			Father		
Indo Aryan			<input type="radio"/>			<input type="radio"/>		
Dravidian			<input type="radio"/>			<input type="radio"/>		
Austro asiatic			<input type="radio"/>			<input type="radio"/>		
Tibeto burman			<input type="radio"/>			<input type="radio"/>		
Marriage		Self		Parents		Mat GP		Pat GP
Different cast		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Different region		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Different religion		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
Related		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>
None of these		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>

Vaccination History

Vaccination	None <input type="radio"/>	BCG <input type="radio"/>	OPV <input type="radio"/>	DPT <input type="radio"/>	MMR <input type="radio"/>	HBV <input type="radio"/>	Not sure <input type="radio"/>
Adverse reaction to medication / food	Yes <input type="radio"/>						
	If yes please mention						
	No <input type="radio"/>						
Are you under any medication specify (Including probiotic, vitamins, iron tonic etc.)				If yes please mention			

OFFICIAL DATA					
Date of blood collection --- / --- / -----	Blood collected for	DNA <input type="radio"/>	RNA <input type="radio"/>	Serum <input type="radio"/>	Plasma <input type="radio"/>
Interviewers Name					
If any other information please specify:					

DISEASE HISTORY															
		Parents		Siblings				children		Grand Parents		Uncles / Aunts		First Cousins	
	You	Father	Mother	Sister	Brother	Spouse	Son	Daughter	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal	
Hypertension	<input type="checkbox"/>														
Heart Disease	<input type="checkbox"/>														
Neurological	<input type="checkbox"/>														
Respiratory	<input type="checkbox"/>														
Epilepsy	<input type="checkbox"/>														
DMT1	<input type="checkbox"/>														
DMT2	<input type="checkbox"/>														
Psychiatric	<input type="checkbox"/>														
Tuberculosis	<input type="checkbox"/>														
Liver	<input type="checkbox"/>														
Kidney	<input type="checkbox"/>														
Infectious Disease	<input type="checkbox"/>														
Bone Related	<input type="checkbox"/>														
Bronchial Asthma	<input type="checkbox"/>														
Eye Disease	<input type="checkbox"/>														
Other diseases *	<input type="checkbox"/>														
Age when affected															

*other diseases (**malaria, kala azar, filariasis, tremor, dementia, cancer etc.**) affected you or your family members with mentioning the **age** when affected.

A. ANATOMICAL FEATURES

A-1.	SYMMETRY		SHAPE		LENGTH/HEIGHT			BREADTH		
	Proportionate	Disproportionate	Regular	Irregular	Too Short/ Too Long	Medium	Long	Thin/ Narrow	Medium	Broad
Body Build	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Body Frame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Forehead	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Eyebrows			<input type="radio"/>	<input type="radio"/>						
Eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						
Lips			<input type="radio"/>	<input type="radio"/>						
Jaws			<input type="radio"/>	<input type="radio"/>						
Shoulder			<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hands	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Palms	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nails					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Legs	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Soles	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joints	<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A-2. SIZE/BULK/MUSCULATURE

	Small/Weakly developed/Thin	Medium/Moderately developed	Large/Big/Well developed
Body Build	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyebrows	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eyelashes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A-3. SKIN							
Nature 1		Texture 1		Appearance		Colour	
Dry	<input type="radio"/>	Smooth	<input type="radio"/>	Cracked	<input type="checkbox"/>	Fair	<input type="radio"/>
Oily	<input type="radio"/>	Rough	<input type="radio"/>	Lustrous	<input type="checkbox"/>	Dark	<input type="radio"/>
Normal	<input type="radio"/>	Coarse	<input type="radio"/>	Wrinkled	<input type="checkbox"/>	Reddish	<input type="radio"/>
Seasonal / Variable	<input type="radio"/>	Texture 2		Moles	<input type="checkbox"/>	Pale Yellow	<input type="radio"/>
Nature 2		Loose	<input type="radio"/>	Marks	<input type="checkbox"/>	Pink	<input type="radio"/>
Thick	<input type="radio"/>	Firm	<input type="radio"/>	Pimples	<input type="checkbox"/>	Wheatish	<input type="radio"/>
Thin	<input type="radio"/>	Texture 3		Freckles	<input type="checkbox"/>	Golden	<input type="radio"/>
		Hard	<input type="radio"/>	Clear	<input type="checkbox"/>	Dusky	<input type="radio"/>
		Soft	<input type="radio"/>	Prominently visible veins and tendons	<input type="checkbox"/>	Fresh colour	<input type="radio"/>

A-4. SCALP HAIR			A-5. HAIR COLOUR						
Texture 1	Nature 1	Growth/Bulk	Scalp Hair colour	Body Hair Colour					
Thin	<input type="radio"/>	Graying	<input type="checkbox"/>	Dense	<input type="radio"/>	Black	<input type="radio"/>	Black	<input type="radio"/>
Thick	<input type="radio"/>	Falling	<input type="checkbox"/>	Scanty	<input type="radio"/>	Dark Brown	<input type="radio"/>	Dark Brown	<input type="radio"/>
Texture 2		Breaking	<input type="checkbox"/>	Moderate	<input type="radio"/>	Light Brown	<input type="radio"/>	Light Brown	<input type="radio"/>
Coarse	<input type="radio"/>	None	<input type="radio"/>	Bald	<input type="checkbox"/>	Dusky	<input type="radio"/>	Dusky	<input type="radio"/>
Smooth	<input type="radio"/>	Nature 2				Blonde	<input type="radio"/>	Copper	<input type="radio"/>
Texture 3		Dry	<input type="radio"/>			Copper	<input type="radio"/>		
Hard	<input type="radio"/>	Oily	<input type="radio"/>						
Soft	<input type="radio"/>	Seasonal/Variable	<input type="radio"/>						
Texture 4		Normal	<input type="radio"/>						
Straight	<input type="radio"/>								
Wavy	<input type="radio"/>								
Fizzy/Curly	<input type="radio"/>								

A-6. EYE	
Colour	Appearance 1
Black <input type="radio"/>	Dry/Dull <input type="radio"/>
Dark Brown <input type="radio"/>	Dim in lustre <input type="radio"/>
Light Brown <input type="radio"/>	Shiny <input type="radio"/>
Greyish <input type="radio"/>	Appearance 2
Blue <input type="radio"/>	Milky white sclera <input type="radio"/>
Green <input type="radio"/>	Reddish tinge to sclera <input type="radio"/>
	Muddy sclera <input type="radio"/>

A-7. TEETH			
Size	Appearance	Shape/Alignment	Colour
Too Small <input type="radio"/>	Brittle/Cracked <input type="checkbox"/>	Regular <input type="radio"/>	Milky white <input type="radio"/>
Too Large <input type="radio"/>	Loose <input type="checkbox"/>	Irregular <input type="radio"/>	Yellowish <input type="radio"/>
Medium <input type="radio"/>	Lustrous <input type="checkbox"/>	Even <input type="radio"/>	Dull/Blackish <input type="radio"/>
Large <input type="radio"/>	None <input type="radio"/>	Uneven <input type="radio"/>	

A-8. COMPLEXION												
	Colour				Nature						Flat Convex	
	Dark	Reddish	Pale yellow	Pink	Smooth	Rough	Soft	Firm	Cracked	Wrinkled		
Palms	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Soles	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Lips	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Nails	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>						
Palate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>								

B. PHYSIOLOGICAL FUNCTIONS

B-1. METABOLISM										
	Frequency						Amount			
	Regular	Irregular	Frequent	Infrequent	Medium	Variable	Low	High	Medium	Variable
Appetite	<input type="radio"/>									
Thirst	<input type="radio"/>									
Bladder	<input type="radio"/>									

B-2. AMOUNT				
	Low	High	Medium	Variable
Digestive Power	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perspiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body Temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B-3. BOWEL HABITS					
Frequency		Stool consistency		Tendency towards	
Regular	<input type="radio"/>	Loose/Soft/Semi Solid	<input type="radio"/>	Constipation	<input type="radio"/>
Irregular	<input type="radio"/>	Formed	<input type="radio"/>	Loose motion	<input type="radio"/>
Variable	<input type="radio"/>	Hard	<input type="radio"/>	None	<input type="radio"/>

B-4. BODY ODOUR	
Strong	<input type="radio"/>
Mild	<input type="radio"/>
Very Less	<input type="radio"/>

B-5. QUALITY OF SLEEP	
Deep	<input type="radio"/>
Sound	<input type="radio"/>
Shallow	<input type="radio"/>

B-6. BODY WEIGHT CHANGES	
Gain And Lose easily	<input type="radio"/>
Difficulty in gaining	<input type="radio"/>
Gain easily and Lose with difficulty	<input type="radio"/>
Stable	<input type="radio"/>

B-7. FOOD										
	Sweet	Sour	Salty	Bitter	Pungent	Astringent	Cold	Warm	Dry	Oily
Like	<input type="radio"/>									
Does not like	<input type="radio"/>									
Suit	<input type="radio"/>									
Does not suit	<input type="radio"/>									

B-8. WEATHER					
Temperature Preference	Cold <input type="radio"/>	Warm <input type="radio"/>	Both <input type="radio"/>	None <input type="radio"/>	Stable <input type="checkbox"/>
Humidity Preference	Dry <input type="radio"/>	Moist <input type="radio"/>	Both <input type="radio"/>	None <input type="radio"/>	Moderate <input type="checkbox"/>
Health problems in Temperature	Cold <input type="radio"/>	Warm <input type="radio"/>	Both <input type="radio"/>	None <input type="radio"/>	Stable <input type="checkbox"/>
Health problems in Humidity	Dry <input type="radio"/>	Moist <input type="radio"/>	Both <input type="radio"/>	None <input type="radio"/>	Moderate <input type="checkbox"/>

B-9. SEASON		
	Prefer	Have health problems
Summer	<input type="checkbox"/>	<input type="checkbox"/>
Early Winter	<input type="checkbox"/>	<input type="checkbox"/>
Late Winter	<input type="checkbox"/>	<input type="checkbox"/>
Autumn	<input type="checkbox"/>	<input type="checkbox"/>
Spring	<input type="checkbox"/>	<input type="checkbox"/>
Rainy Season	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal transition	<input type="checkbox"/>	<input type="checkbox"/>
	None <input type="radio"/>	None <input type="radio"/>

C. PHYSICAL ACTIVITIES

C-1. WALKING			
Speed	Steps	Amount	Style
Quick/Fast/Brisk <input type="radio"/>	Small <input type="radio"/>	Less <input type="radio"/>	Firm/Steady <input type="radio"/>
Medium <input type="radio"/>	Medium <input type="radio"/>	High/Excessive <input type="radio"/>	Unsteady <input type="radio"/>
Slow <input type="radio"/>	Large <input type="radio"/>	Moderate <input type="radio"/>	Sharp/Accurate <input type="radio"/>
Variable <input type="radio"/>			

C-2. WORKING		
Speed	Quality	Style/Accuracy
Quick/Fast/Brisk <input type="radio"/>	Well thought of <input type="radio"/>	Firm/Steady <input type="radio"/>
Medium <input type="radio"/>	Wavering/Easily deviated <input type="radio"/>	Unsteady <input type="radio"/>
Slow <input type="radio"/>	Sharp/Accurate/Spontaneous <input type="radio"/>	Sharp/Accurate <input type="radio"/>
Variable <input type="radio"/>		

C-3. VOLUNTARY/INVOLUNTARY MOVEMENTS OF BODY PARTS									
	Eyes	Eyebrows	Jaw	Lips	Tongue	Head	Shoulder	Hands	Legs
Less	<input type="radio"/>								
Moderate	<input type="radio"/>								
High / Excessive	<input type="radio"/>								

C-4. QUALITY OF VOICE		CONTENT OF SPEECH	
Low <input type="checkbox"/>	Good Tone <input type="checkbox"/>	Consistent <input type="checkbox"/>	Convincing <input type="checkbox"/>
Feeble <input type="checkbox"/>	Sharp <input type="checkbox"/>	Inconsistent <input type="checkbox"/>	Argumentative <input type="checkbox"/>
Weak <input type="checkbox"/>	Clear <input type="checkbox"/>	Moderate <input type="checkbox"/>	Sweet and pleasing to ears <input type="checkbox"/>
Broken <input type="checkbox"/>	High Pitched <input type="checkbox"/>	Well guarded/ Well thought of <input type="checkbox"/>	Avoid Confrontations <input type="checkbox"/>
Rough <input type="checkbox"/>	Loud <input type="checkbox"/>	Wavering / Easily Deviated <input type="checkbox"/>	Deviated from topic <input type="checkbox"/>
Deep <input type="checkbox"/>	Soft, Pleasing <input type="checkbox"/>	Sharp/Accurate/ Spontaneous <input type="checkbox"/>	Irrelevant in between <input type="checkbox"/>

C-5. SPEAKING	
Speed	Amount
Quick/Fast/Brisk <input type="radio"/>	Less <input type="radio"/>
Medium <input type="radio"/>	Moderate <input type="radio"/>
Slow <input type="radio"/>	Excessive <input type="radio"/>
Variable <input type="radio"/>	

D. STRENGTH AT DIFFERENT LEVELS

PHYSICAL	MENTAL	RESISTANCE POWER	HEALING POWER
Grade 1 <input type="radio"/>			
Grade 2 <input type="radio"/>			
Grade 3 <input type="radio"/>			

E. PSYCHOLOGICAL FUNCTIONS

E-1. SPEED				
	Quickly	Moderately	Slowly	Variably
Memorizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recalling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E-2. QUALITY			
	Good/Firm/Stable/High	Medium	Poor/Wavering/Unstable
Retaining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Execution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieving ends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retaining friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith and Beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E-3. MEMORY TYPE		
	Good	Poor
Olfactory	<input type="radio"/>	<input type="radio"/>
Auditory	<input type="radio"/>	<input type="radio"/>
Tactile	<input type="radio"/>	<input type="radio"/>
Gustatory	<input type="radio"/>	<input type="radio"/>
Visual	<input type="radio"/>	<input type="radio"/>