

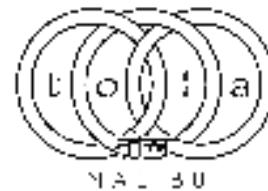
Client: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Work Phone: _____ Date of Birth: _____



Elemental Questionnaire

To determine your Element, please mark **one** condition from each row that most accurately describes what has been true for you. Total the columns to determine your unique Element.

Face					
Challenges	Dryness & Lack of Moisture	Flaky/Rough	Breakouts & Irritation	Excess oil, Blackheads Whiteheads	Oily in T-zone/Blemishes
Complexion	Sometimes burns, Dull	Burns easily/Yellow undertones	Always burns/Red undertones	Rarely burns/Shininess	Burns after long exposure/Shiny occasionally
Eyes	Small		Piercing	Wide	
Skin type	Normal to Dry	Dry	Sensitive	Oily/Acne	Normal to Oily
Appearance	Small pores/thin skin /some dryness	Invisible pores/Thin skin/Dry	Early wrinkles/Soft skin/ Delicate	Large pores/Soft skin/ Puffy	Medium pores/Thick skin/ Smooth
Mind					
Beliefs	Changing		Leader	Loyal/ Constant	
Energy Level	High	Sporadic	Consistent	Slow	Moderate
Sleep Pattern	Light and Awaken easily	Frequent Insomnia	Solid, Less than 6 hours	Deep	Heavy, More than 8 hours
Stress Response	Nervous	Anxious/Worry	Anger/Irritable	Emotional	Withdrawal
Thought Process	Quickly and often	Quickly but forget	Sharp and focus	Slow	Long term memory
Body					
Activity Routine	Occasionally dislike	Strongly dislike	Like Routines	Need Routines	Always follow Routines
Appetite	Fluctuate	Irregular	Cannot skip Meals	Mild	Constant
Digestion	Irregular		Strong	Slow/ Steady	
Hair	Thin/Dull/Split ends	Fine/Dandruff	Fine/Premature grey	Lustrous	Thick
Scalp	Normal to Dry	Dry	Sensitive	Oily	Somewhat oily
Temperature	Comfortable	Cold	Warm/Hot	Cool	Moderate
Physique	Petite	Thin	Athletic	Heavy	Broad Shouldered
TOTAL					
Here's Your Element:					
Element	Infinity	Air	Fire	Water	Earth
Dosha	Vata		Pitta	Kapha	