

# Overall Digestion Assessment

To assess where you are check any box that applies for you the past 5 days

<input type="checkbox"/> Variable appetite	<input type="checkbox"/> Strong, unbearable appetite	<input type="checkbox"/> Little appetite	<input type="checkbox"/> Regular, balanced appetite
<input type="checkbox"/> Irregular digestion	<input type="checkbox"/> Quick digestion	<input type="checkbox"/> Slow, sluggish digestion	<input type="checkbox"/> Regular digestion
<input type="checkbox"/> Abdominal discomfort with distention, bloating, gas	<input type="checkbox"/> Acid reflux or acid indigestion, burning sensations	<input type="checkbox"/> Sense of heaviness and mind becomes dull	<input type="checkbox"/> Subjective feeling of lightness after food
<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Mucooid stool	<input type="checkbox"/> Proper bowel movements
<input type="checkbox"/> Darkish, brownish coating backside of tongue	<input type="checkbox"/> Centrally yellowish coating on the tongue, but tip is red	<input type="checkbox"/> Whole tongue is heavily coated	<input type="checkbox"/> Clean tongue, pink without coating
<input type="checkbox"/> Vague chest or abdominal pain after food	<input type="checkbox"/> Hot, itchy, burning sensation during digestion	<input type="checkbox"/> Can't digest normal diet, need stimulants	<input type="checkbox"/> Digests a reasonable quantity and quality of food without stimulants
<input type="checkbox"/> Bowel movement loud noisy, flatus, strain to pass gas, foul smell if toxins	<input type="checkbox"/> Bowel movement is soft and breaks in toilet	<input type="checkbox"/> Bowel movement less gas, more mucus, silent flatus, foul sweet smell if toxins	<input type="checkbox"/> Bowel movement is brown banana shaped. No flatus
<input type="checkbox"/> Anxiety, fear, insecurity	<input type="checkbox"/> Anger, hate, irritability	<input type="checkbox"/> Attachment, greed, possessiveness, depression	<input type="checkbox"/> Enthusiasm, love for life, contentment
<input type="checkbox"/> Arthritis, low back pain, or sciatica	<input type="checkbox"/> Hives, rash, urticarial, or eczema	<input type="checkbox"/> Cold, congestion, or cough	<input type="checkbox"/> No particular symptoms, good immunity
<input type="checkbox"/> Craves hot, spicy, dry, salty foods	<input type="checkbox"/> Craves sweets, bitter, astringent	<input type="checkbox"/> Craves sweet, hot spicy stimulating foods	<input type="checkbox"/> No cravings
<input type="checkbox"/> Difficult to digest protein	<input type="checkbox"/> Difficult to digest fat	<input type="checkbox"/> Difficult to digest milk and carbohydrates	<input type="checkbox"/> Good digestion of all foods
<input type="checkbox"/> Hyperperistalsis, gurgling	<input type="checkbox"/> Antiperistalsis (nausea, acid reflex)	<input type="checkbox"/> Sluggish peristalsis	<input type="checkbox"/> Regular Peristalsis
	<input type="checkbox"/> Acidic burping		<input type="checkbox"/> No burping

<input type="checkbox"/> Clear belching or burping <input type="checkbox"/> Dry mouth, breath smells of prior ingested food <input type="checkbox"/> Can skip meals, frequent snacks <input type="checkbox"/> Eats variable quantities of food <input type="checkbox"/> Sensitive nightshades and certain dried fruit <input type="checkbox"/> Tires easily <input type="checkbox"/> Irregular thirst <input type="checkbox"/> Underweight, weight loss	<input type="checkbox"/> Sour metallic taste in the mouth, sour smell <input type="checkbox"/> Cannot skip meals, 3 meals + snacks <input type="checkbox"/> Can eat large quantities of food <input type="checkbox"/> Sensitive to citrus and other acidic foods <input type="checkbox"/> Tires when hungry <input type="checkbox"/> Very thirsty <input type="checkbox"/> Moderate weight	<input type="checkbox"/> Burps of undigested food <input type="checkbox"/> Excessive salivation, smell taste, breath <input type="checkbox"/> Does not want to skip meal, but could, emotional snacking <input type="checkbox"/> Eats little quantities of food <input type="checkbox"/> Sensitive to dairy, gluten <input type="checkbox"/> Tires after eating <input type="checkbox"/> Not too thirsty <input type="checkbox"/> Overweight, weight gain	<input type="checkbox"/> Pleasant taste in mouth, no bad breath <input type="checkbox"/> 2 to 3 meals a day, no snacks <input type="checkbox"/> Right amount <input type="checkbox"/> No food allergy or sensitivity <input type="checkbox"/> Good energy levels <input type="checkbox"/> Average thirst <input type="checkbox"/> optimum stable health
<b>Total:</b>	<b>Total:</b>	<b>Total:</b>	<b>Total:</b>
<b>VATA</b> Irregular Metabolism	<b>PITTA</b> Hypermetabolism	<b>KAPHA</b> Hypometabolism	<b>Sama</b> Balanced Metabolism

Results will vary and some of you may have mixed digestion. Here are digestive products for each dosha's digestive reset:

**VATA:** hingvastak (before meals), vata digest (before meals)

**PITTA:** avipatkar (during meal), pitta digest

**KAPHA:** trikatu (post meal), kapha digest