SELF DETERMINATION OF CONSTITUTIONAND HUMORS DISORDERS

1	**How is your mother's character ?**	☐	Nervous	☐	Aggressive	☐	Calm and quiet
2	**How is your father's character ?**	☐	Nervous	☐	Aggressive	☐	Calm and quiet
3	**How is your digestion ?**	☐	Unstable	☐	Fast	☐	Slow
4	**When does discomfort manifest?**	☐	During the empty stomach	☐	During the digestion	☐	Just after the meal
5	**What kind of stomach complains do you have ?**	☐	Excess gas	☐	Acidity	☐	Indigestion
6	**What taste do you like ?**	☐	Hot, strong	☐	Bitter, sweet	☐	Sweet, salty
7	**What food are you allergic to, have intolerance or is difficult to digest ?**	☐	Coffee, Green Capsicum, Beans	☐	Milk, garlic, alcohol, fatty food	☐	Carbohydrate, cucumber, raw vegetables
8	**Which organs and body parts are weak or sensitive ?**	☐	Heart, colon, skin, chest and left shoulder	☐	Liver, eyes, gall bladder, small intestine, right shoulder, headache	☐	Kidney, urinay bladder, spleen, stomach, lower back, legs
9	**Which sensory organs are weak ?**	☐	Ear, tongue, skin	☐	Eyes, skin, throat	☐	Nose, lips, excessmucus
10	**How is your body temperature ?**	☐	Cold	☐	Hot	☐	Cold and humid
11	**How is your body structure ?**	☐	Thin, short or tall with thin	☐	Medium sizewith broad shoulders	☐	Obesity and big heap
12	**What is your color of hair and skin ?**	☐	Dark or grey, fragile, dry and rough skin	☐	Greasy hair, red, curly, dry and red skin	☐	Strong and black hair, straight, moist and smooth skin
13	**What climate gives you trouble ?**	☐	Cold wind	☐	Hot	☐	Humid and dumbness
14	**How many times do you need to take a bath in a week ?**	☐	Rarely	☐	Often	☐	Some times
15	**How is your sleeping ?**	☐	Short, Nightmare, insomnia	☐	Sleepy in the day and less in the night	☐	Profound sleeping
16	**What are your dreams about?**	☐	Flying, blue, black colors,	☐	Violence, red or yellow color	☐	Falling or going down, green or water
17	**How is your mental attitude ?**	☐	Emotional, sentimental	☐	Aggressive, fearful	☐	Depressed, melancholic
18	**What kind of psychological or physical problems do you have ?**	☐	Hyper sensitivity, emotional anxiety and nervousness	☐	Headache, diarrhea, infection, fever inflammation	☐	Indigestion, water retention, non–inflammatory chronic disorders
19	**How is your tongue?**	☐	Red and dry	☐	Yellowish and thick cover	☐	Pale, whitish with thick saliva
20	**How is your bowel movement ?**	☐	Constipation	☐	Tendencyto diarrhea	☐	Normal
	Results	__	**Wind**	__	**Bile**	__	**Phlegm**