

Ama and Amavisha

Ama						
Item	Please indicate the degree to which the following statements apply to you	Rarely 1	Occasio nally 2	Most of the times 3	Always 4	Almost Always 5
1	I feel a sense of blockage or obstruction in the body (constipation, head congestion, lack of mental clarity, etc.)					
2	In the morning, I do not feel clear - it takes me quite some time to feel really awake					
3	I feel tired or exhausted mentally and physically					
4	I easily catch colds, sinus infections, bronchitis, etc.					
5	I feel heaviness in the body					
6	I feel that something is not working right in my body (e.g., my breathing, digestion, or bowel movements)					
7	I feel lazy, without inclination to work, even though I am capable					
8	I suffer from indigestion					
9	I have a need to spit					
10	I have no real appetite or taste for food					
11	My tongue is coated, especially in the morning					
Amavisha						
Item	Please indicate the degree to which the following statements apply to you	Rarely 1	2	3	4	Almost Always 5
1	I feel nauseated for no particular reason					
2	I have hyper-acidity or a burning sensation in my stomach					
3	My skin suffers from breakouts					
4	I feel pain or weakness in my legs or calves					
5	I have acquired sensitivity and intolerance to foods, flowers, pets or other new things in my environment					
6	I lack mental and emotional energy					
7	I feel feverish or physically fatigued in the evening					