

GETTING TO KNOW YOU

WHAT'S YOUR CONSTITUTIONAL MAKEUP?

This inventory of characteristics and imbalances contains the questions from Chapter 8, reorganized into broad categories. Scoring each question and tallying the three answer columns will give you a sense of the proportion of each biopsychotype in your constitutional makeup. The first column of scores represents the Vision/Action biopsychotype; the second column the Nurture/Duty biopsychotype; and the third column Will/Spirit.

Try to be honest with your answers, separating what you would like to be from what you really are. There are no “correct” answers. You might also invite your spouse or a close family member or friend to complete the questionnaire on your behalf, and talk about any differences between your perception of you and theirs. It’s all part of getting to know you.

Place a 2, 5, or 10 in the score column for each item that represents a quality or disturbance you recognize in yourself, even if it is only approximately accurate in its description. If the item does not seem to apply to you, leave the space blank or place a “0” in it. If one part of a two-part question applies to you, give the full score value for the question.

- “2” indicates that you are familiar with this quality in yourself but that it is not present at all times or a predominant part of your makeup.
- “5” indicates that this quality is present much of the time in your makeup and life activities.
- “10” indicates that the quality is strongly characteristic of who you really are, or that it is a predominant part of your makeup.

When you have tallied each column, I recommend that you read the “Lessons From” chapter for your predominant biopsychotype, then the second in line, and finally the third.

You may download additional copies of this inventory from the book’s web site at www.acupunctureprofessor.com.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	feel that taking care of your family is the most important thing you can do?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	get involved in community or religious activities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	get the job done, on time, with the details right?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tend to stick to your routines and habits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	have a tone of voice that sounds as if you know what you're talking about?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	generally feel happy to be alive?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	catch on and learn quickly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	often land in a leadership position?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enjoy playing sports because you like the competition?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	try not to let other people see your shortcomings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	play the role of life-of-the-party?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	like to wear brightly colored clothing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sometimes appear intense or speedy to other people?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	developed your natural visual skills in your professional or personal activities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	done a good job organizing your apartment or house; of arranging your work area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can you:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	concentrate and stay focused on what you have to do?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	memorize a lot of information?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	express exactly what you have in mind to other people?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	work hard and keep going for a long time?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	quickly sympathize with others or understand their situation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>page subtotal</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>cumulative subtotal</i>

DO YOU RECOGNIZE ANY EARLY EXAGGERATIONS?

Are your:

- muscles stiff, inflamed, painful, or in spasm?
- neck, jaw, or head muscles tense?
- palms or underarms frequently sweaty, even without activity?

Are you:

- anxious, frustrated, or agitated more often than you would like?
- constantly working to keep these feelings under control?
- aware that if you do not get exercise you will not be able to relax?
- locked up inside yourself and too anxious to say anything?
- driven to take care of everybody and everything?
- too introspective, self-absorbed, or brooding?
- feeling as though you haven't felt well since you gave birth to your child?
- easily able to slip into a black cloud or feel sad or melancholy?
- self-critical and annoyed with yourself when things don't go as well as you would like them to?

Do you feel:

- that you don't have the energy to get everything done?
- that you lack the confidence you once had?
- that you keep thinking things over but have trouble making up your mind?
- that your life is busy and successful, but often too stressful?
- that you can do outrageous things just because you feel like it?

Do you have worrisome, nervous, or unhealthy habits, such as:

- tapping your fingers, pacing, clicking a pen, biting your nails?

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

page subtotal

cumulative subtotal

<input type="checkbox"/>		drinking alcohol to calm yourself down?
<input type="checkbox"/>		needing coffee, tea, a caffeinated drink, or dark chocolate to keep going? Or just for the buzz?
<input type="checkbox"/>		drinking coffee (or a caffeinated drink) to make headaches go away?
	<input type="checkbox"/>	smoking cigarettes, even though you know it's not good for you?
	<input type="checkbox"/>	being too much of a caretaker, getting overly involved in the lives and problems of other people?
	<input type="checkbox"/>	going overboard with the good things in life, eating and drinking too much?
		Do other people see you as:
<input type="checkbox"/>		high-strung or nervous?
<input type="checkbox"/>		timid, reticent to express yourself?
<input type="checkbox"/>		hypochondriacal?
	<input type="checkbox"/>	taking a lot of their time telling them your problems?
	<input type="checkbox"/>	being too much of a perfectionist?
	<input type="checkbox"/>	inflexible in your ideas and decisions?
	<input type="checkbox"/>	moving and talking very quickly?
	<input type="checkbox"/>	passionate about what you're doing?
	<input type="checkbox"/>	arrogant or bossy, when you feel that you simply see how things can be done correctly sooner than others do?
	<input type="checkbox"/>	having a short fuse to your temper, but calming down quickly, and without grudges?
	<input type="checkbox"/>	a good team member, but usually quiet in meetings and planning sessions?
		Do you have:
<input type="checkbox"/>		outbursts of anger when you're irritated with someone, even though normally you get along well with people?
<input type="checkbox"/>	<input type="checkbox"/>	<i>page subtotal</i>
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GETTING TO KNOW YOU

<input type="checkbox"/>		frequent days when you are short-tempered and irritable?
<input type="checkbox"/>		frequent headaches?
<input type="checkbox"/>		irregular or painful menstrual periods?
<input type="checkbox"/>		soft nails that split or break easily?
<input type="checkbox"/>	<input type="checkbox"/>	the body type that takes on weight easily?
<input type="checkbox"/>	<input type="checkbox"/>	intermittent digestive problems, such as belching, heartburn, bloating, cramping, or diarrhea?
<input type="checkbox"/>	<input type="checkbox"/>	colds that quickly settle into your lungs or that take a long time to pass?
<input type="checkbox"/>	<input type="checkbox"/>	recurrent outbreaks on your skin, such as acne or eczema (as a child or as an adult)?
<input type="checkbox"/>	<input type="checkbox"/>	problems with your back, stiffness in your joints?
<input type="checkbox"/>	<input type="checkbox"/>	intermittent pains in your chest, pounding heart, or dizzy spells?
<input type="checkbox"/>	<input type="checkbox"/>	cold feet?
<input type="checkbox"/>	<input type="checkbox"/>	Did you:
<input type="checkbox"/>	<input type="checkbox"/>	have frequent bellyaches as a child?
<input type="checkbox"/>	<input type="checkbox"/>	have frequent colds and flus as a child?
<input type="checkbox"/>	<input type="checkbox"/>	start losing your hair or graying in your teens, twenties or thirties?
 ARE YOU LIVING WITH ANY OF THESE IMBALANCES?		
When trying to get along with the rest of the world,		
do you:		
<input type="checkbox"/>		try to avoid being noticed, because you really don't like to be seen or questioned?
<input type="checkbox"/>	<input type="checkbox"/>	<i>page subtotal</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>cumulative subtotal</i>

<input type="checkbox"/>		always notice what other people are doing wrong?
<input type="checkbox"/>		remember the people who have crossed you or irritated you?
		For a long time?
<input type="checkbox"/>		need to push your frustration and annoyance deep inside
		so no one sees it?
<input type="checkbox"/>		have trouble making quick decisions or getting things done?
<input type="checkbox"/>		have a hard time apologizing or forgiving?
<input type="checkbox"/>		get angry with other drivers on the road?
	<input type="checkbox"/>	neglect taking care of yourself while meeting your responsibilities?
	<input type="checkbox"/>	feel obligated to see every project through to the end?
	<input type="checkbox"/>	have a personality that frets or worries much the time, about your-
		self, your family, your friends, your colleagues, and the world?
	<input type="checkbox"/>	suffer depression to the point of not being able to work effectively?
	<input type="checkbox"/>	live with obsessive or compulsive behavior that interferes with your
		daily activities and interactions with your family and friends?
		Have you:
	<input type="checkbox"/>	had a prolonged period of severe illness or malnutrition in
		your life?
	<input type="checkbox"/>	gone through prolonged periods of working too hard and
		exhausting yourself?
	<input type="checkbox"/>	had frequent ear, throat, or respiratory infections, or asthma
		as a child?
		Are you:
	<input type="checkbox"/>	more cautious or fearful than others around you?
	<input type="checkbox"/>	becoming more sensitive to noise?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>page subtotal</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<i>cumulative subtotal</i>

			In terms of physical well-being, do you:
<input type="checkbox"/>			have trouble with your eyes or vision?
<input type="checkbox"/>			feel tight and tense somewhere in your muscles almost all the time?
<input type="checkbox"/>			suffer repeatedly from headaches or migraines?
<input type="checkbox"/>			have trouble falling asleep or staying asleep?
<input type="checkbox"/>			feel your heart pounding or beating fast?
<input type="checkbox"/>			have difficulty digesting rich or fatty meals?
<input type="checkbox"/>			experience fullness or pain in the liver area under the right ribcage?
<input type="checkbox"/>			drink too much caffeine for your nerves?
	<input type="checkbox"/>		feel heaviness in the chest, abdomen, or pelvis?
	<input type="checkbox"/>		suffer chronic phlegmy respiratory problems, such as bronchitis, asthma, or emphysema?
	<input type="checkbox"/>		experience pain in the esophagus or stomach, such as acid reflux or stomach ulcers?
	<input type="checkbox"/>		have chronic difficulty digesting your food, with bloating, discomfort, constipation, or diarrhea?
	<input type="checkbox"/>		experience very irregular periods, or times when your period has disappeared altogether?
	<input type="checkbox"/>		have a history of difficulty conceiving or carrying a pregnancy to term?
	<input type="checkbox"/>		have uterine fibroids?
	<input type="checkbox"/>		feel chronic heaviness or swelling in the legs?
	<input type="checkbox"/>		have hemorrhoids or varicose veins?
	<input type="checkbox"/>		suffer from prolapsed bladder, uterus, vagina, or rectum?
	<input type="checkbox"/>		have diabetes or anemia?
	<input type="checkbox"/>		have dark circles or puffiness under your eyes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>page subtotal</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>cumulative subtotal</i>

		<input type="checkbox"/>	often feel chilly inside your body?
		<input type="checkbox"/>	have little interest in sexual activity?
		<input type="checkbox"/>	suffer regularly from insomnia?
		<input type="checkbox"/>	have trouble with your hearing?
		<input type="checkbox"/>	have chronic neck or back pain, with or without radiation to arms or legs?
		<input type="checkbox"/>	have degenerative or osteoarthritic changes in your spine or joints?
		<input type="checkbox"/>	have any urinary tract symptoms, such as kidney stones, frequent bladder infections, prostate problems, difficulty with urination?
		<input type="checkbox"/>	have coronary artery or cardiac disease?

WHAT ARE YOUR COLOR AND FLAVOR PREFERENCES?

Do you:

<input type="checkbox"/>		<input type="checkbox"/>	especially like blue, green, or turquoise colors?
	<input type="checkbox"/>		especially like yellow, ochre, and earth tones?
		<input type="checkbox"/>	especially like red hues?
		<input type="checkbox"/>	especially like dark blue and black?
<input type="checkbox"/>			especially like sour, citrus, or acid flavors?
	<input type="checkbox"/>		especially like sweet flavors?
	<input type="checkbox"/>		like food that has a lot of flavor, even spicy, but not necessarily hot?
		<input type="checkbox"/>	want to put extra salt on your food or eat salty snacks?

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>total</i>
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VISION/ACTION	NURTURE/DUTY	WILL/SPIRIT
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YOUR SCORES		
Highest	Middle	Lowest
BIOPSYCHOTYPES IN SCORED ORDER		