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Training is essentially required before using Prakriti Assessment Scale through AYUR Prakriti Web Portal. The users must undergo training (by CCRAS) before putting the Prakriti Assessment Scale in use for Prakriti assessment. After Successful Completion of Training the hard copy of the Manual of Standard Operative Procedures for Prakriti Assessment may be purchased from Publication Section, CCRAS, 61-65, opp. D' Block, D Block, Janakpuri Institutional Area, Janakpuri, New Delhi, Delhi 110058.

MANUAL OF STANDARD OPERATIVE PROCEDURES FOR PRAKRITI ASSESSMENT

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MANUAL OF STANDARD OPERATIVE PROCEDURES FOR PRAKRITI ASSESSMENT

MANUAL OF SOPs FOR PRAKRITI ASSESSMENT



CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES

Ministry of AYUSH

Government of India





MANUAL

OF

STANDARD OPERATIVE PROCEDURES

FOR

PRAKRITI ASSESSMENT



DEVELOPED BY



© Central Council for Research in Ayurvedic Sciences
(Ministry of AYUSH, Government of India)
No. 61-65, Institutional Area, Opp. 'D' Block, Janakpuri
New Delhi - 110058



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FOREWORD

The Science of Ayurveda has evolved through rigorous experimentation by generating tangible and reproducible evidence on preventive, health promotive and therapeutic modalities. The evidences are later documented into formal classical texts such as Samhitas. The concept of personalized and holistic approach towards lifestyle advocacy and rationalizing the therapeutic modalities is pivotal on which the diagnostics and prescriptions are based.

Of several approaches such as *Vikriti*, *Agni* etc. the assessment of *Prakriti* (bio-identity or constitution of an individual) is determinant factor for a physician to realize the concept of personalized medicine in an effective manner.

The Modalities of assessment of *Prakriti* have been vividly documented in classical texts of Ayurveda while diverse approaches are being adopted by Ayurvedic physicians across the country and globe. The adoption of different approaches administering varied format may possibly lead to certain variations.

In view of the above, there has been a great demand for developing a uniform and validated approach for assessment of *Prakriti*. Central Council for Research in Ayurvedic Sciences (CCRAS) under Ministry of AYUSH being an apex body has taken this challenging task & realized the same through rigorous consultative process and multicenter clinical validation which is highly appreciated.

This validated approach could be well utilized for generating uniform results in determining *Prakriti* of an individual in clinical setups, academic institutions and research organizations as well.

It also gives me immense pleasure to learn that the Council has also developed a 'Web-based Digital Prakriti Assessment Tool' based on this validated approach which would be more user friendly and cater the contemporary needs of Ayurveda physicians and researchers.

I congratulate the Central Council for Research in Ayurvedic Sciences for their un-tired efforts in bringing out this comprehensive document.


(Rajesh Kotecha)

New Delhi, Dated 12th April, 2018





Gram : "AYUSH"



प्रो वैद्य के. एस. धीमान
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Director General

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्
आयुष मंत्रलय

CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
Ministry of AYUSH, Govt. of India

PREFACE

Ayurveda is the science & art of life; aims to maintain the health of the healthy person and provide management and /or treatment to the ailing humanity i.e. preventive, promotive and curative health knowledge treasure.

प्रयोजनं चास्य स्वस्थस्य स्वास्थ्यक्षणमातुरस्य
विकारप्रशमनं च ॥ च.सू. 30/26



Health is a state of constant positive interaction between the individual and the environment (पुरुषोऽयं लोकसम्मितः). It is conceived that the human body is composed of three functional energies/humours (Tri-doshas) i.e. Vata, Pitta and Kapha which are derivatives of pentavalent universe in our body. The relative proportions of Vata, Pitta and Kapha in an individual during fertilization of Sperm & Ovum and during intra-uterine life determine his/ her Prakriti / constitution/temperament of the individual. Prakriti is also the state of health or homeostasis which is the prime objective of the physician.

...प्रकृतिश्चारोग्यम् । च.वि. 6/13

Determination of Prakriti is an integral part of Ayurvedic diagnostics and treatment which is now a days interpreted in terms of P4 (Predictive, Preventive, Personalized and Participatory) medicine. The determination of Prakriti has significant importance in individual's physical, physiological, psychological and behavioural assessment, in both healthy and unhealthy states which can be applied clinically in diagnosis, treatment (drug, dose & duration) and prognosis of the disease. The choice of drug, its dose, diet prescription and do's and don't's in health and diseased condition also vary with Prakriti.

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In view of the above, it has been deemed important to develop a Standardized *Prakriti* Assessment Scale which can capture the *Prakriti* of an individual with rationality, reliability, reproducibility and maximum objectivity. Such type exercise was the need of the hour and essentially required in Ayurveda for the benefit of humanity across the globe. So *Prakriti* Assessment Questionnaire has been developed through various National Consultative Meets of experts on the basis of classical texts of Ayurveda during the last three years.

This Manual contains the details of the methodology for capturing *Prakriti* of an individual which consists of measurement of measurable items, making observations as per defined SOPs and using questionnaires wherever required.

I express my heartfelt indebtedness to Prof Ram Babu Dwivedi, Ex-Head, Basic Principles Deptt., IPGTR&A Jamnagar and Prof.R.M. Pandey, HoD Biostats, AIIMS, New Delhi for their untiring efforts and step wise guidance in accomplishing this work. I am highly thankful to Dr.N. Srikanth, DDG, CCRAS and Dr M.M. Padhi, former DDG, CCRAS for giving their expert inputs and support from time to time.

I heartily appreciate the efforts made by my team at CCRAS lead by Dr. Bharti consisting of Dr. Sarada Ota, Dr. Renu Singh & Dr. Lalita Sharma who worked day & night under my guidance to shape this document and make this long pending dream a reality. I acknowledge all the Investigators at 10 centres who helped in clinical validation of the questionnaire. I am also grateful to eminent experts from various reputed Institutions who rendered their valuable suggestions during various consultative meets for a fruitful outcome especially Dr. Shashi Kant Sathey, Pune; Prof.Baldev Dhiman, V.C. Kurukshetra AYUSH University; Prof.A.C. Kar, IMS, BHU; Prof.Mahesh Vyas, AIIA, New Delhi; Prof.Pawan Godatwar, NIA, Jaipur. Dr T. Saketh Ram needs a high appreciation for his consistent efforts in developing PAS (Prakriti Assessment Software). I also thank the other officers of CCRAS - Dr. Sunita, Dr. Shruti and Dr. V.K. Lavaniya for rendering their valuable inputs from time to time and Dr Rakesh Rana & Dr Richa Singhal for statistical support.

I believe this document will be useful for the Academicians, Researchers, Faculty, Clinicians and Scholars of Ayurveda and allied Sciences in understanding the methodology for *Prakriti* determination and its clinical application. The Council intends to keep this document dynamic; therefore, progressive constructive suggestions are always welcome.

(Prof.Vaidya Kartar Singh Dhiman)
Director General, CCRAS



INTRODUCTION

Basic and natural frame work of living universe is decided in very primitive stage of fertilization and this psycho-somatic frame work is coined as '*Prakriti*,' a Sanskrit definitive term literally meaning nature/constitution / temperament in medical terms. *Prakriti* is an important basic concept of Ayurveda which describes constitution of an individual in relation to one's physical, physiological, psychological and behavioural characters and is an integral constituent of Ayurvedic diagnosis, treatment and disease prognosis.

Since last one decade, modern scientists and doctors have generated their belief in P4 i.e. Predictive, Preventive, Personalized and Participatory medicine. In spite of all modern researches, person to person variation in manifestation of disease and response of medicines in different individuals has led the scientists to look forward to understand the individualized approach of Ayurveda in treating the patients. Thus, the concept of *Prakriti* i.e. '*Individual constitution*' has emerged as an interesting area for the researchers.

With the emerging epidemic of NCDs (Non-communicable diseases), role of preventive and promotive medicine has gained a prime attention of the medical fraternity across the globe. Both these aspects need an individual participative approach for which the concept of *Prakriti* has main role to play. For promotion of health and prevention of diseases, lifestyle and diet advocacies vary from person to person according to *Prakriti*. However, the other influencing factors viz region, profession, age etc. should also be considered.

Thus, it is very important to assess the *Prakriti* of a person carefully before any advice related to health and disease. Otherwise, it may lead a negative impact on the health status of a person. The characteristic features/ predictors mentioned in classical Ayurvedic texts are subjective in nature and the clinicians/Ayurvedic experts apply their own wisdom and experience to capture these predictors. At present, physicians, academic and research organizations researchers are using different questionnaires for assessment of *Prakriti* which are based on one or other classics. But the available questionnaires lack national consensus and standardization in content, format and methods to capture each predictor for assessment of *Prakriti*. This leads to variation in determination of *Prakriti* across time and space. Therefore, need emerged to develop a uniform method for capturing the attributes for *Prakriti* assessment for wider applicability based on scientific footings. Hence, a *Standardized Prakriti Assessment Tool* is the need of the hour.

Considering the above facts, Central Council for Research in Ayurvedic Sciences (CCRAS), being an apex organization under Ministry of AYUSH, Govt. of India, New Delhi has undertaken the initiative to develop the '*Prakriti Assessment Scale*' with rationality, reliability, validity & reproducibility.

Capturing of each predictor is clinically important to decide the *Prakriti*. The method of capturing the predictors have been discussed in great detail with learned physicians, researchers and academicians of



Ayurveda and various specialties of modern science in light of Classical texts of Ayurveda. After multiple national consultations, the methodology to capture each and every predictor clinically has been decided / developed by adopting necessary sequential steps on scientific lines in consultation with Biostatistician and a *Prakriti* Assessment Questionnaire/Scale has been prepared.

The predictors are broadly grouped into four traits viz. physical, physiological, psychological and behavioural traits, which are further sub-grouped into various domains e.g. built, appearance, skin texture etc. One of the following three methods (as applicable) has been adopted for capturing the *Prakriti* deciding predictors:

- (i) The Anthropometric predictors which could be quantified may be measured by appropriate scale.
- (ii) Some predictors can be easily captured by simple observation like skin colour, hair colour and other physical appearances etc.
- (iii) Specific questionnaires have been developed to capture various subjective *predictors* pertaining to Physiological (Sleep, Appetite, Sweating, etc.), Psychological (Indecisiveness, Memory, Friendship, etc.) and Behavioural traits (Brave, Egoist, Forgiving etc.).

Likert scale has been used for capturing the answers of most of the questionnaire.

Primary feasibility / inter-rater agreement study (double blind) for validation of the *Prakriti* Assessment Questionnaire/ Scale has been carried out through multi-centric studies. The Questionnaire/ Scale has been assessed on 50 participants by two Investigators separately at 10 participating centers which includes 06 CCRAS Institutes MSRARIED Jaipur; CARICD New Delhi; CARIHD Bhubaneswar; RRAPCARIC Mumbai; CARIDD Kolkata; RARISD, Vijayawada and 04 other reputed Institutes of Ayurveda viz. NIA Jaipur; AIIA, New Delhi; CBPACS, New Delhi and IPGT&RA, Jamnagar. The data generated on 500 healthy volunteers at 10 centers has been subjected for Kappa analysis to see inter rater agreement. The questions framed for *Prakriti* assessment which showed moderate, good or very good agreement (kappa > 0.41) were taken as valid questions and included in the scale. Accordingly, the results were discussed in consultative meet with the investigators and experts. During this meet few non-specific questions were dropped and few others were modified accordingly. The modified Questionnaire/Scale was again subjected to data generation for 10 healthy volunteers at each identified centre (10 in total). Thus the data generated on 100 volunteers in this phase was again analyzed statistically using Kappa and weighted Kappa. The modified questions showed statistically significant Inter rater agreement and thus were accepted in the scale. To make the questionnaire brief & apt, the *Prakriti* Assessment Questionnaire/ Scale was further subjected to Confirmatory Factor Analysis (a statistical method) using PCA (Principle Component Analysis) to refine it further as a process of Questionnaire development based on inputs of experts. In the final step, in addition to the Predictors selected on the basis PCA, the predictors which were very-very important clinically and which have reliable responses and definite outcomes were retained in the questionnaire. Reliability testing of the *Prakriti* Assessment Scale has also been carried out on 100 participants each for inter-rater reliability testing and intra-rater reliability testing. Thus the validated Standardised *Prakriti* Assessment Scale has been developed which can capture the *Prakriti* of



an individual with rationality, reliability, reproducibility and maximum objectivity.

This document embodies the Standard Operative Procedures (SoPs) for capturing each and every predictor for assessment of *Prakriti*. For the easy application of this questionnaire, a web based software “AYUR *Prakriti* Web Portal” has also been designed which is more user friendly.

The Standardized Questionnaire/ Scale may be used in future by Researchers, Clinicians and Academicians of Ayurveda. However, all the rights of its application are reserved with Director General, CCRAS, Ministry of AYUSH, Govt. of India. Some of the photographs have been used from various open sources just as an example for academic interest only, for which there is no claim or copyright of CCRAS. Training for assessors is required before putting this Questionnaire/ Scale in use for *Prakriti* assessment which in due course of time may be provided by CCRAS.



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**STANDARD OPERATIVE PROCEDURES
FOR
PRAKRITI ASSESSMENT**





1. PHYSICAL TRAITS

1.1. BUILT

❖ अपचित (Apachita)-Thin Built

(Ref: Charaka Samhita Vimana Sthana. 8/98, Sushruta Samhita Sharira Sthana 4/65, Ashtanga Hridaya Sharira Sthana 3/87)

❖ उपचित (Upachita)- Well Built

(Ref: Charak Samhita Vimana Sthana 8/96, Ashtanga Samgraha 8/12, Harita Samhita Pratham Sthana 5/22)

a) Body Mass Index (BMI)*

Sl. No.	Classification	BMI (kg / m ²)	
		Principal cut-off points	Additional cut-off points
1.	Underweight	<18.50	<18.50
	a. Severe thinness	<16.00	<16.00
	b. Moderate thinness	16.00 – 16.99	16.00 – 16.99
	c. Mild thinness	17.00 – 18.49	17.00 – 18.49
2.	Normal range	18.50 – 24.99	18.50 – 22.99
			23.00 – 24.99
3.	Overweight	≥ 25.00	≥ 25.00
	a. Pre-obese	25.00 29.99	25.00 27.49
			27.50 – 29.99
	b. Obese	≥ 30.00	≥ 30.00
	i. Obese class I	30.00 -34.99	30.00 – 32.49
			32.50 – 34.99
	ii. Obese class II	35.00 – 39.99	35.00 – 37.49
iii. Obese class III	≥ 40.00	37.50 – 39.99	
		≥ 40.00	

* Source: Adapted from WHO, 1995, WHO, 2000, 2004

From the table above, Point no. 1. (i.e. Underweight) = *Apachita*
Point no. 2. (i.e. Normal range) = *None*
Point no. 3. (overweight) = *Upachita*

Additionally, the waist hip ratio can also be seen. For normal male and female, the waist hip ratio in Males < 0.9 & Females < 0.85

Confounders: Hypothyroidism, Hyperthyroidism, Diabetes Mellitus, Tuberculosis, Long standing infections, Malnutrition and other endocrine disorders.

b) Question to exclude these disease conditions:

- Whether your physical appearance has been same since beginning or for last 10 years.
- If not, since when physical appearance has been changed? Any history of probable disease / cause that might have changed your appearance.



Note: In case if any confounder is present which is affecting the weight, then the present weight may be excluded and the previous weight of the participant (during healthy condition) may be enquired and recorded.

CONCLUSION: The participant is found to be–

- **Apachita (Vata=1mark) / Upachita (Kapha=1 mark) / None = 0 mark**
(To be filled in the Prakriti assessment questionnaire)

1.2. HEIGHT

a. ह्रस्वाकृति (Hrasvaakriti)- Short Height

(Ref: Charak Samhita vimana Sthana 8/98, Astang Samgraha Sharira Sthana 8/6, Bhel Samhita Vimana Sthana 4/16)

b. दीर्घाकृति (Deerghaakriti)- Tall Height

(Ref: Ashtanga Hridaya Sharira Sthana 3/87)

Objective parameters (Angulapramana):

As per Ayurveda, 84 *angulaparva* is the standard height of a person measured by his / her own finger. (Charak Samhita, Viman Sthana, Chapter- 8/117)

Methodology for measurement of height by Angulapramana:

- Spread palm with fingers touching each other without gap and measure the breadth of four fingers (except thumb) together. Measure the breadth of palm with the help of Vernier Caliper on dorsal surface of the palm. For this place the palm on the table in such a way that the ventral surface touches the table. Measure at proximal inter-phalangeal joint of the index finger at one end and distal inter-phalangeal joint of the little finger at the other end in centimeters. Divide the same by four to get the measure of “angulapraman”. Multiply the value by 84 which should be the standard height for that subject.

Note: Measurement may be taken of Right hand in right handed people & Left hand in left handed people. The Vernier Caliper should just touch the fingers without pressing. For more accuracy digital Vernier Caliper can also be used.

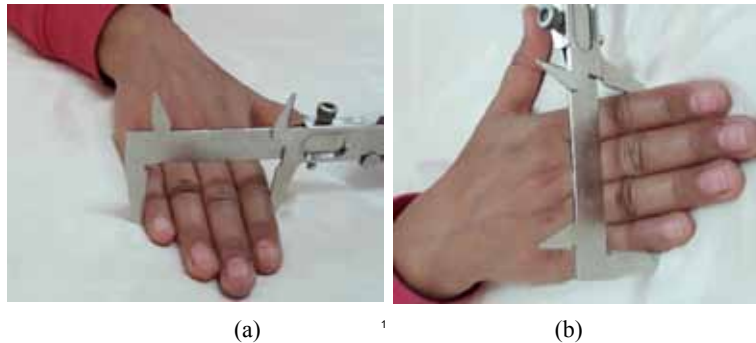


Figure 1. showing Angulipramana measurement with the help of Vernier Caliper

¹Courtesy: CCRAS, Hqrs. New Delhi.

- b) Measure the actual height of the subject in centimetre and see whether it is more than or less than the standard height calculated in point ‘a’ above.
- c) To assess the results -
- **Range for normal height is 80-88Angula**
 - **< 80angula - Short height**
 - **>88Angula - Tall height**

E.g. suppose breadth of the palm as per the methodology mentioned above of Mr. ‘X’ is 7.6 cm. Angulapramana = $7.6 \div 4 = 1.9$ cm. Multiplying this figure (1.9 cm) by 84, the **standard height** as per *Angula pramana* = $1.9 \times 84 = 159.6$ cm.

80angula = $1.9 \times 80 = 152.0$ cm

88angula = $1.9 \times 88 = 167.2$ cm

- So if the **actual height** of Mr. ‘X’ is less than 152.0 cm **Mr. ‘X’ is short.**
- If the **actual height** of Mr ‘X’ is more than 167.2 cm, **Mr. ‘X’ is tall.**

Note: The standard height will vary from person to person depending upon the breadth of the four metacarpo-phalangeal joint (excluding thumb).

CONCLUSION:

The participant is found to be -

- **Tall (Vata = 1 mark) / Short (Vata= 1 mark) / Medium = 0 mark (Not to be ticked in the format)**
(To be filled in the Prakriti assessment questionnaire)

1.3. APPEARANCE

- a. बहु कण्डरासिरा-प्रतान (*Bahu kandara-sira-pratana*)- **Prominent tendons and veins:**
(Ref: Charak Samhita vimana Sthana 8/98)
To be observed by the assessor on exposed parts as shown in images below.
(Confounder – ageing, varicose veins)



2



3



CONCLUSION: Yes (Vata = 1 mark) / None = 0 mark

² Image courtesy - www.thegreatfitnessexperiment.com

³ Image courtesy - www.vericoseveins.org



CONCLUSION:

- ❖ If (a), the subject is having fast eating habit (*Laghu Ahara / Chapala Ahara*),
Vata = 1 mark
- ❖ If (c), the subject is having slow eating habit (*Manda ahara*),
Kapha =1 mark

2.4 THIRST (PIPASA)

2.4.1 QUANTITY, FREQUENCY & INTENSITY

- ❖ प्रभूत पान (*Prabhuta pana*)-Drinks more water / तीक्ष्ण तृष्णा (*Teekshna trishna*)- Intense Thirst
(Ref: *Charak Samhita vimana Sthana 8/97, Ashtanga Hridaya ShariraSthana 3/90,93, Ashtang Samgraha Sharira Sthana 8/11*)
- ❖ शीघ्र पिपासा (*Shighra pipasa*) - Frequently thirsty
(Ref: *Ashtang Samgraha ShariraSthana 8/9, Charak Samhita vimana Sthana 8/97*)
- ❖ अल्प पान (*Alpa pana*) -Drinks less water / अल्पतृष्णा (*Alpa trishna*)- Less thirst
(Ref: *Ashtanga Hridaya ShariraSthana 3/101, Charak Samhita vimana Sthana 8/96*)

Note: While assessing the above attributes, the assessor must exclude following conditions e.g. Diabetes Mellitus, Diabetes Insipidus, Hot chilli food, Spicy & Salty food, Tobacco, climatic conditions (temperature & moisture) etc. The participants may also be enquired whether he/she is drinking water as per natural urge or as advised for health.

Methodology: The subject is to be asked the following questions to assess his / her thirst (*Pipasa*)

- (i) **When you feel thirsty and water is not instantly available, how you react?**
 - (a) Immediately search for water
 - (b) Wait for sometime
- (ii) **How much water / liquids do you take per day approximately?**
 - (a) < 1 litre per day
 - (b) 1 - 2 litre per day
 - (c) > 2 litre per day
- (iii) **How frequently you take water/fluids in a day?**
 - (a) ≤ 4 times – Less frequency
 - (b) 5 – 7 times – Normal frequency
 - (c) > 7 times – High frequency



3. PSYCHOLOGICAL TRAITS

3.1. INDECISIVENESS (ANAVASTHITA ATMA)

- ❖ अनवस्थित आत्मा (*Anavasthita atma*)/ अव्यवस्थित मति (*Avyavasthita mati*)- Indecisiveness
(Ref: *Sushruta Samhita ShariraSthana 4/65, Sharangdhar Samhita Purvakhand 6/63*)

Methodology: The assessor may ask the following questions to the subject to assess his / her decision ability -

- (i) After taking a decision, how often you feel the need to change your decisions?
 - (a) Often
 - (b) Sometimes
 - (c) Rarely

CONCLUSION:

If the answer to question (i) is (a), then the subject is having *indecisiveness (Anavasthita atma / Avyavasthita mati)*, Vata = 1 mark.

3.2. COMPREHENSION (Grahya Shakti)

- ❖ श्रुतग्राही (*Shrutagrahi*)- Quick Comprehension / Grasping
(Ref: *Charak Samhita vimana Sthana 8/98*)
- ❖ चिरग्राही (*Chiragrahi*)-Delayed Comprehension / Grasping
(Ref: *Sushruta Samhita ShariraSthana 4/72*)

If the participant is able to grasp new information quickly, he/ she may be considered as *Shrutagrahi*. Else, if his/her grasping is delayed he/she may be considered as *Chiragrahi*. To assess *Shrutagrahi / Chiragrahi* any small story may be narrated and story based questions may be asked to the participant. The informative questions should be preferred and analytical questions should be avoided. The participant who answers 60 % or above correctly may be taken as *Shrutagrahi*. Two examples with possible methodology are given below. However, the prose can be changed as per the region, language and educational status of the participant.

Methodology: A small prose as given below may be spoken to the subject (may be recited maximum two times). The subject should be advised to listen attentively. The questions below the prose may be asked from the subject to assess his / her comprehensive ability.

Note: Any one prose may be recited



CONCLUSION: *If answer to question (i) is Yes and (ii) is (c) or/and (d), then the subject keep strong enmity (Dridhavairam), Kapha = 1 mark, None = 0 mark.*

4.6. विनीत (Vineeta)-Polite/humble

(Ref:Ashtanga Hridaya ShariraSthana 3/99)

With the help of conversation made by the investigator with the subject while administering the questionnaire, he / she are to assess whether the subject is Polite / humble in his manners.

- (i) **Do you remain polite even in stressful / unwanted / anxiety conditions?**
- (a) Rarely
 - (b) Sometimes
 - (c) Often
- (ii) **The opinion of a friend / someone accompanying the participant may be taken on his nature as -**
- (a) Rude
 - (b) Soft & Submissive
 - (c) Aggressive

CONCLUSION: *If answer to question (i) is (c) and / or question (ii) is (b), then the subject is Polite and humble (Vineeta), Kapha = 1 mark, None = 0 mark.*



b. **Hot food items and drinks over Cold food items and drinks** (2)
(गर्म खाद्य एवं पेय पदार्थ शीतल खाद्य एवं पेय पदार्थ की अपेक्षा)

c. **None of the above** (उपरोक्त में से कोई नहीं) (3)

4.5. दृढवैरम् (Strong Enmity)

- i. Have you any friends / relatives / colleagues with whom you got a difference and could never patch up again. ?(क्या आपका कोई मित्र / रिश्तेदार / सहकर्मी है जिनके साथ आपका मतभेद हो गया हो और फिर कभी भी सुलह नहीं हो पाया हो)**Yes** हाँ (1) **No** नहीं (2)
- ii. If yes, what was the reason of no patch up यदि हां, तो सुलह न होने का क्या कारण था?)
- a. Your friend never tried to patch up. (1)
(आपके मित्र ने कभी सुलह करने की कोशिश नहीं की)
- b. You wanted to patch up but you were hesitant.(आप सुलह करना चाहते थे परन्तु आपको संकोच है (2)
- c. Your friend tried but you didn't accept. (3)
(आपके मित्र ने कोशिश की परन्तु आपने स्वीकार नहीं किया)
- d. You never wanted to patch up. (आप कभी सुलह करना नहीं चाहते थे) (4)

4.6. विनीत (Polite/humble)

- i. Do you remain polite even in stressful / unwanted / anxiety conditions?
क्या आप तनाव पूर्ण / अनैच्छिक/ चिंताजनक स्थिति में भी विनम्र रह पाते हैं?

Rarely (कदाचित्/शायद ही) (1) / **Sometimes** (कभी-कभी) (2) / **Often** (प्रायः/अक्सर) (3)

If sometimes, then the opinion of a friend / someone accompanying the participant may be taken on his nature as –प्रतिभागी के स्वभाव के बारे में एक मित्र या उसके साथ में आये किसी से राय ली जा सकती है?

Rude (अशिष्ट) (1) / **Soft & Submissive** (शांत एवं विनम्र) (2) / **Aggressive**(क्रोधी) (3)

4.7 स्मृति (Memory)

Methodology: The assessor may ask the subject to recall the single and paired words recited and asked previously but it should not be recited again to the subject at this stage of assessment. The same is given below to the assessor for his/her reference.



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