

## Metabolic Profile Quiz

- Place a check in the square to the left of each choice that best applies to you.
- Make only one selection per category.
- If no choice applies to you, leave that category unchecked.
- **Important:** Choose the answer that best describes your tendencies. The answer doesn't need to describe you perfectly, but should indicate your trend.
- Consider having a close friend or family member check your answers for accuracy.
- Be as honest and accurate as you can.
- Some choices in some columns are purposefully left blank.

Characteristic	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
<b>Aging</b>	<input type="checkbox"/> Look older than others my age	<input type="checkbox"/> Look younger than others my age	
<b>Aloofness</b>	<input type="checkbox"/> Cool, distant, aloof. Loner, slow to make friends, hard to get to know	<input type="checkbox"/> Warm, open, expressive, easily make friends, approachable	
<b>Appetite</b>	<input type="checkbox"/> Weak, lacking, diminished	<input type="checkbox"/> Strong, excessive, enhanced	<input type="checkbox"/> Average appetite
<b>Chest Pressure</b>		<input type="checkbox"/> Tend to have it	
<b>Climate</b>	<input type="checkbox"/> Love warm, hot weather	<input type="checkbox"/> Do well in cold, poor in hot	<input type="checkbox"/> Doesn't matter
<b>Cold Sores and/or Fever Blisters</b>		<input type="checkbox"/> Tend to get	
<b>Coughing</b>		<input type="checkbox"/> Tend to cough most every day	
<b>Cracking Skin (any Weather)</b>		<input type="checkbox"/> Tend to get	
<b>Dandruff</b>		<input type="checkbox"/> Tend to get	
<b>Desserts</b>	<input type="checkbox"/> Love sweets, need something sweet with meal to feel satisfied	<input type="checkbox"/> Don't really care for sweet desserts, but like something fatty or salty (like cheese, chips or popcorn) for snacks after meals	<input type="checkbox"/> Can take them or leave them
<b>Digestion</b>	<input type="checkbox"/> Poor, weak, slow	<input type="checkbox"/> Good, strong, rapid	<input type="checkbox"/> Average digestion
<b>Eating Before Bed</b>	<input type="checkbox"/> Usually worsens sleep, especially if heavy food	<input type="checkbox"/> Usually improves sleep	<input type="checkbox"/> Doesn't matter, but heavy snacks are not the best
<b>Eating habits</b>	<input type="checkbox"/> Eat to live – unconcerned with food and eating	<input type="checkbox"/> Live to eat – need to eat often to feel good, be at best	<input type="checkbox"/> Average eating habits and need for food, meal times, etc.
<b>Emotional Expression</b>	<input type="checkbox"/> Hard to express feelings, not naturally demonstrative	<input type="checkbox"/> Easily express feelings	
<b>Emotions</b>	<input type="checkbox"/> Beneath surface, under control, non-emotional type, tend to	<input type="checkbox"/> Wear heart on sleeve, others always know how I feel	

	hold feelings inside		
<b>Eye Moisture</b>	<input type="checkbox"/> Tend toward dry eyes	<input type="checkbox"/> Tend toward moist or tearing eyes	
<b>Facial Coloring</b>	<input type="checkbox"/> Tend toward pale, chalky	<input type="checkbox"/> Tend toward ruddy, rosy, flushed	
<b>Facial Complexion</b>	<input type="checkbox"/> Tend toward dull, unclear	<input type="checkbox"/> Tend toward bright, clear	
<b>Fatty Food</b> (if you like or dislike, not what you think is good for you)	<input type="checkbox"/> Don't care for it	<input type="checkbox"/> Love it, crave it, would like it often	<input type="checkbox"/> Take it or leave it
<b>Fatty Food Reaction</b>	<input type="checkbox"/> Decreases energy and well-being	<input type="checkbox"/> Increases well-being	<input type="checkbox"/> Average reaction
<b>Fingernails</b>	<input type="checkbox"/> Tend to be thick, hard, strong	<input type="checkbox"/> Tend to be thin, soft, weak	
<b>4 hours Without Eating</b>	<input type="checkbox"/> Doesn't bother	<input type="checkbox"/> Makes irritable, jittery, weak, famished or depressed	<input type="checkbox"/> Feel normal hunger
<b>Gooseflesh</b>	<input type="checkbox"/> Tend to form easily	<input type="checkbox"/>	
<b>Gum Bleeding</b>		<input type="checkbox"/> Tend to get after brushing	
<b>Gum Color</b>	<input type="checkbox"/> Light, pale	<input type="checkbox"/> Dark pink, red	
<b>Hunger Feelings</b>	<input type="checkbox"/> Rarely get, passes quickly, can easily go long periods w/o eating	<input type="checkbox"/> Often hungry, need to eat regularly and often	<input type="checkbox"/> When late for meals only, not between meals
<b>Insect bite/Sting</b>	<input type="checkbox"/> Weak reaction, disappears fast	<input type="checkbox"/> Strong, lasting reaction	
<b>Itching Eyes</b>		<input type="checkbox"/> Tend to get	
<b>Itching Skin</b>		<input type="checkbox"/> Tend to get	
<b>Juice or Water Fasting</b>	<input type="checkbox"/> Can handle very well, feels good	<input type="checkbox"/> Fasting makes me feel awful	<input type="checkbox"/> Reach O.K., can fast if necessary
<b>Meal Portions</b>	<input type="checkbox"/> Prefer small	<input type="checkbox"/> Prefer large, or if not large, need meals often	<input type="checkbox"/> Average
<b>Orange Juice Alone</b>	<input type="checkbox"/> Energizes, satisfies me	<input type="checkbox"/> Can make me light-headed, hungry, jittery, shaky or nauseated	<input type="checkbox"/> No ill effects
<b>Potatoes</b>	<input type="checkbox"/> Not real fond of them	<input type="checkbox"/> Could eat them almost every day, love them	<input type="checkbox"/> Take them or leave them
<b>Red Meat</b> , like a steak or roast beef meal	<input type="checkbox"/> Decrease energy and well-being	<input type="checkbox"/> Increases energy and well-being	<input type="checkbox"/> Average reaction
<b>Saliva Amount</b>	<input type="checkbox"/> Tend toward dry mouth	<input type="checkbox"/> Excessive saliva	
<b>Saliva Texture</b>	<input type="checkbox"/> Tends to be thick, ropy	<input type="checkbox"/> Tends to be thin, watery	
<b>Salty Foods</b>	<input type="checkbox"/> Food often tastes too salty	<input type="checkbox"/> Really love or crave salt on food	<input type="checkbox"/> Average like for salt
<b>Skin Healing</b>	<input type="checkbox"/> Cuts heal slowly	<input type="checkbox"/> Cuts heal quickly	<input type="checkbox"/> Average healing time
<b>Skin Moisture</b>	<input type="checkbox"/> Tend toward dry skin	<input type="checkbox"/> Tend toward oily/moist skin	<input type="checkbox"/> Average skin moisture
<b>Skipping Meals</b>	<input type="checkbox"/> Can skip with no ill effects	<input type="checkbox"/> Must eat regularly or often	<input type="checkbox"/> Can get by without eating, but really feel

			best eating 3 meals per day
<b>Snacking</b>	<input type="checkbox"/> Rarely or never want snacks	<input type="checkbox"/> Want to eat between meals	
<b>Sneezing</b> (any time)		<input type="checkbox"/> Tend to sneeze every day	
<b>Sour Foods</b> (vinegar, pickles, lemons, sauerkraut, yogurt)	<input type="checkbox"/> Don't care for, want or crave	<input type="checkbox"/> Really like	<input type="checkbox"/> Sometimes like
<b>Sweets</b>	<input type="checkbox"/> Can do fairly well on	<input type="checkbox"/> Don't do well on, sweet foods can seem too sweet	<input type="checkbox"/> No noticeable bad effects
<b>Vegetarian Meal</b>	<input type="checkbox"/> Is satisfying	<input type="checkbox"/> Not satisfying, or bad result, become hungry soon after or feel unsatisfied	<input type="checkbox"/> O.K. but not really satisfying
<b>Wheezing</b>		<input type="checkbox"/> Tend to get	
<b>If I eat MEAT for BREAKFAST</b> like ham, bacon, sausage, steak, salmon...	<input type="checkbox"/> I get tired, sleepy, lethargic and/or very thirsty by midmorning	<input type="checkbox"/> I feel great, energetic, have good stamina, keeps me going without getting hungry before lunch	<input type="checkbox"/> It's o.k. but not in large proportions
<b>If I eat MEAT for LUNCH</b> like hamburger, steak roast beef or salmon...	<input type="checkbox"/> I get tired, sleepy, lethargic and/or lose my energy in the afternoon	<input type="checkbox"/> I feel great, energetic, have good stamina, keeps me going without getting hungry before dinner	<input type="checkbox"/> It's o.k. but not in large proportions
<b>If I feel low on energy...</b>	<input type="checkbox"/> Fruit, pastry, or candy restores and give me lasting energy	<input type="checkbox"/> Meat or fatty food restores my energy. Fruit, pastry or candy makes me worse – quick lift followed by a crash	<input type="checkbox"/> Pretty much any food restores my energy
<b>In a Social Setting I'm...</b>	<input type="checkbox"/> Introverted, shy, quiet, non-talkative	<input type="checkbox"/> Extroverted, social, expressive, easily make conversation	
	<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<b>TOTALS</b>			

### Now Determine Your Metabolic Profile

1. Add up the total choices made in each column and enter your total score in the space provided at the end of each column.
2. If your highest score in one column is 5 points or more higher than both of the other two columns, and...
  - a. If you made the most choices in column 1, then your profile is #1
  - b. If you made the most choices in column 2, then your profile is #2
  - c. If you made the most choices in column 3, then your profile is #3
3. If the column with your highest score is not 5 points higher than both of the other two columns, find your results below:
  - a. If column 1 and column 2 are tied or have less than 5 points difference, then your profile is #3.

- b. If column 1 and column 3 are tied or have less than 5 points difference, then your profile is #1.
- c. If column 2 and column 3 are tied or have less than 5 points difference, then your profile is #2.
- d. If all three columns are tied or have scores with 5 points or less difference (e.g. 13,18,16), then your profile is #3.

Your metabolic profile may change due to factors such as age, time, stress and activity level. So take the quiz again periodically to see if you need to follow the guidelines of a different profile.