

Lifestyle For Health - Metabolic Profile Questionnaire

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Name _____ Date _____ Profile _____

You are now ready to determine your Metabolic Profile. Fill out the Questionnaire below using the following guidelines:

- 1) For each characteristic, make a check mark in the square to the left of each column selected that best applies to you.
- 2) Make only one selection per characteristic.
- 3) If no choice applies to you, leave that category unchecked.

Important Note: The choices as written may not describe you exactly. So, it is very important that you choose the answer that best describes your tendencies. The answer doesn't need to be a perfect description, just an indication of your current trend.

- 4) Consider letting a close friend or family member check your answers for accuracy.
- 5) Be as honest and accurate as you can.
- 6) Some choices in some columns are purposely left blank. Do not make a check mark in blank areas.

Characteristic	<input checked="" type="checkbox"/>	Column 1	<input checked="" type="checkbox"/>	Column 2	<input checked="" type="checkbox"/>	Column 3
Aging	<input type="checkbox"/>	Look older than others my age	<input type="checkbox"/>	Look younger than others my age	<input type="checkbox"/>	
Aloofness	<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	<input type="checkbox"/>	
Appetite	<input type="checkbox"/>	Weak, lacking, diminished	<input type="checkbox"/>	Strong, excessive, enhanced	<input type="checkbox"/>	Average appetite
Chest Pressure	<input type="checkbox"/>		<input type="checkbox"/>	Tend to get	<input type="checkbox"/>	
Climate	<input type="checkbox"/>	Love warm, hot weather	<input type="checkbox"/>	Do well in cold, poor in hot.	<input type="checkbox"/>	Doesn't matter
Cold Sores and/or Fever Blisters	<input type="checkbox"/>		<input type="checkbox"/>	Tend to get	<input type="checkbox"/>	
Coughing	<input type="checkbox"/>		<input type="checkbox"/>	Tend to cough most every day	<input type="checkbox"/>	
Crackling Skin (any weather)	<input type="checkbox"/>		<input type="checkbox"/>	Tend to get	<input type="checkbox"/>	
Dandruff	<input type="checkbox"/>		<input type="checkbox"/>	Tend to get	<input type="checkbox"/>	
Desserts	<input type="checkbox"/>	Love sweets, need something sweet with meal to feel satisfied	<input type="checkbox"/>	Doesn't really care for sweet desserts, but like something fatty or salty (like cheese, chips or popcorn) for snacks after meals	<input type="checkbox"/>	
Digestion	<input type="checkbox"/>	Poor, weak, slow	<input type="checkbox"/>	Good, strong, rapid	<input type="checkbox"/>	Average digestion

Eating Before Bed		Usually worsens sleep, especially if heavy food		Usually improves sleep		Doesn't matter, but heavy snacks are not the best
Eating Habits		Eat to live - unconcerned with food and eating		Live to eat - need to eat often to feel good, be at best		Average eating habits and need for food, meal times, etc.
Emotional Expression		Hard to express feelings, not naturally demonstrative		Easily expresses feelings		
Emotions		Beneath surface, under control, non-emotional type, tend to hold feelings inside		Wear heart on sleeve, others always know how I feel		
Eye Moisture		Tend toward dry eyes		Tend toward moist or tearing eyes		
Facial Coloring		Tend toward pale, chalky		Tend toward ruddy, rosy, flushed		
Facial Complexion		Tend toward dull, unclear		Tend toward bright, clear		
Fatty Food (If you like or dislike, not what you think is good for you)		Don't care for it		Love it, crave it, would like it often		Take it or leave it
Fatty Food Reaction		Decreases energy and well-being		Increases well-being		Average reaction
Fingernails		Tend to be thick, hard, strong		Tend to be thin, soft, weak		
4 Hours without Eating		Doesn't bother		Makes irritable, jittery, weak, famished or depressed		Feel normal hunger
Gooseflesh		Tend to form easily				
Gum Bleeding				Tend to get after brushing		
Gum Color		Light, pale		Dark, pink, red		
Hunger Feelings		Rarely get, passes quickly, can go long periods w/o eating easily		Often hungry, need to eat regularly and often		When late for meals only, not between meals usually
Insect Bite/Sting		Weak reaction, disappears fast		Strong, lasting reaction		
Itching Eyes				Tend to get		
Itching Skin				Tend to get		Average reaction
Juice or Water Fasting		Can handle very well, feels good		Fasting makes me feel awful		React OK, can fast if necessary
Meal Portions		Prefer small		Prefer large, or if not large, need it often		Average reaction
Orange Juice Alone		Energies, satisfies me		Can make me light-headed, hungry, jittery, shaky or nauseated		No ill effects
Potatoes		Not real fond of them		Could eat them almost everyday, love them		Take them or leave them

Red Meat, like a steak or roast beef meal		Decreases energy and well-being		Increases well-being, energy		Average reaction
Saliva Amount		Tend toward dry mough		Excessive saliva		
Saliva Texture		Tends to be thick, ropy		Tends to be thin, watery		
Salty Foods		Foods often taste too salty		Really love or crave salt on foods		Average like for
Skin Healing		Cuts heal slowly		Cuts heal quickly		Average healing time
Skin Moisture		Tend toward dry skin		Tend toward oily/ moist skin		Average skin moisture
Skipping Meals		Can skip with no ill effects		Must eat regularly (or often)		Can get by w/o eating but really feel best eating 3 meals per day
Snacking		Rarely or never want snacks		Want to eat between meals		
Sneezing (any time)				Tend to sneeze every day		
Sour Foods (vinegar or pickles or lemons or sauerkraut or yogurt)		Don't care for, want or crave		Really like		Sometimes like
Sweets		Can do fairly well on		Don't do well on, sweet food can seem too sweet		No noticeable bad effect
Vegetarian Meal		Is satisfying		Not satisfying, or bad result, become hungry soon after or feel unsatisfied		OK, but not really satisfying
Wheezing				Tend to get		
If I eat MEAT for BREAKFAST like ham, bacon, sausage, steak or salmon...		I get tired, sleep, lethargic and/or very thirsty by midmorning		I feel great, energetic, have good stamina, keeps me going without getting hungry before lunch		It's OK, but not in large portions
If I eat MEAT for LUNCH like hamburger, steak, roast beef or salmon...		I get tired, sleepy, lethargic and/or lose my energy in the afternoon		I feel great, energetic, have good stamina, keeps me going without getting hungry before dinner		It's OK, but not in large portions
If I feel low on energy...		Fruit, pasty or candy restores and gives me lasting energy; meat or fatty food makes me more tired		Meat or fatty food restores my energy, fruit, pastry or candy makes me worse... quick lift followed by a crash		Pretty much any food restores my energy
In a social setting I'm...		Introverted, shy, quiet, non-talkative		Extroverted, social, expressive, easily make conversation		
TOTALS		Column 1		Column 2		Column 3

How to Score Your Questionnaire

- 1) *Add up the total choices 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 five points or more higher than both of the other two columns, and*
 - ... if you made the most choices in column one, you are a **Profile 1**.*
 - ... if you made the most choices in column two, you are a **Profile 2**.*
 - ... if you made the most choices in column three, you are a **Profile 3**.*

- 3) *If the column with your highest score is not six points higher than both of the other two columns, find your results below:*
 - ... if column one and column two are tied or have less than five points difference, you are a **Profile 3**.*
 - ... if column one and column three are tied or have less than five points difference, you are a **Profile 1**.*
 - ... if column two and column three are tied or have less than five points difference, you are a **Profile 2**.*
 - ... if all three columns are tied or have scores with five points or less difference, you are a **Profile 3**.*

It is very possible that due to factors such as time, age, stress, activity levels or changes in your weight or general health (either positively or negatively), nutritional needs could change. Whenever you feel that change may have taken place, answer the questionnaire again to establish if a change in your Profile has occurred.