



THE FOOD PUZZLE • METABOLIC PROFILING

Taking the Metabolic Profile Survey Questionnaire

You are now ready to determine what your Metabolic Profile is. On the following pages you will find the Metabolic Profile Survey Questionnaire. Please abide by the following guidelines as you take this survey:

- Make a check mark 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: 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 trend.
- Consider letting 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. Do not make a check mark in blank areas.

CHARACTERISTIC	<input type="checkbox"/> COLUMN 1	<input type="checkbox"/> COLUMN 2	<input type="checkbox"/> COLUMN 3
Aging	<input type="checkbox"/> Look older than others my age	<input type="checkbox"/> Look younger than others my age	<input checked="" type="checkbox"/>
Alloofness	<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 checked="" type="checkbox"/>
Appetite	<input type="checkbox"/> Weak, lacking, diminished	<input type="checkbox"/> Strong, excessive, enhanced	<input type="checkbox"/> Average appetite
Chest Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to get	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> Tend to get	<input checked="" type="checkbox"/>
Coughing	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to cough most every day	<input checked="" type="checkbox"/>
Cracking Skin (any weather)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to get	<input checked="" type="checkbox"/>
Dandruff	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to get	<input checked="" type="checkbox"/>
Desserts	<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
Digestion	<input type="checkbox"/> Poor, weak, slow	<input type="checkbox"/> Good, strong, rapid	<input type="checkbox"/> Average digestion
Eating Before Bed	<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
Eating Habits	<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.
Emotional Expression	<input type="checkbox"/> Hard to express feelings, not naturally demonstrative	<input type="checkbox"/> Easily express feelings	<input checked="" type="checkbox"/>
Emotions	<input type="checkbox"/> Beneath surface, under control, non-emotional type, tend to hold feelings inside	<input type="checkbox"/> Wear heart on sleeve, others always know how I feel	<input checked="" type="checkbox"/>
Eye Moisture	<input type="checkbox"/> Tend toward dry eyes	<input type="checkbox"/> Tend toward moist or tearing eyes	<input checked="" type="checkbox"/>
Facial Coloring	<input type="checkbox"/> Tend toward pale, chalky	<input type="checkbox"/> Tend toward ruddy, rosy, flushed	<input checked="" type="checkbox"/>
Facial Complexion	<input type="checkbox"/> Tend toward dull, unclear	<input type="checkbox"/> Tend toward bright, clear	<input checked="" type="checkbox"/>
Fatty Food (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
Fatty Food Reaction	<input type="checkbox"/> Decreases energy and well-being	<input type="checkbox"/> Increases well-being	<input type="checkbox"/> Average reaction
Fingernails	<input type="checkbox"/> Tend to be thick, hard, strong	<input type="checkbox"/> Tend to be thin, soft, weak	<input checked="" type="checkbox"/>
4 Hours Without Eating	<input type="checkbox"/> Doesn't bother	<input type="checkbox"/> Makes irritable, jittery, weak, famished or depressed	<input type="checkbox"/> Feel normal hunger
Gooseflesh	<input type="checkbox"/> Tend to form easily	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gum Bleeding	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to get after brushing	<input checked="" type="checkbox"/>
Gum Color	<input type="checkbox"/> Light, pale	<input type="checkbox"/> Dark, pink, red	<input checked="" type="checkbox"/>
Hunger Feelings	<input type="checkbox"/> Rarely get, passes quickly, can go long periods w/o eating easily	<input type="checkbox"/> Often hungry, need to eat regularly and often	<input type="checkbox"/> When late for meals only, not between meals usually

CHARACTERISTIC	✓ COLUMN 1	✓ COLUMN 2	✓ COLUMN 3
Insect Bite/Sting	<input type="checkbox"/> Weak reaction, disappears fast	<input type="checkbox"/> Strong, lasting reaction	<input checked="" type="checkbox"/>
Itching Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to get	<input checked="" type="checkbox"/>
Itching Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to get	<input type="checkbox"/> Average reaction
Juice or Water Fasting	<input type="checkbox"/> Can handle very well, feels good	<input type="checkbox"/> Fasting makes me feel awful	<input type="checkbox"/> React O.K., can fast if necessary
Meal Portions	<input type="checkbox"/> Prefer small	<input type="checkbox"/> Prefer large, or if not large, need it often	<input type="checkbox"/> Average
Orange Juice Alone	<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
Potatoes	<input type="checkbox"/> Not real fond of them	<input type="checkbox"/> Could eat them almost everyday, love them	<input type="checkbox"/> Take them or leave them
Red Meat, like a steak or roast beef meal	<input type="checkbox"/> Decreases energy and well-being	<input type="checkbox"/> Increases well-being, energy	<input type="checkbox"/> Average reaction
Saliva Amount	<input type="checkbox"/> Tend toward dry mouth	<input type="checkbox"/> Excessive saliva	<input checked="" type="checkbox"/>
Saliva Texture	<input type="checkbox"/> Tends to be thick, ropy	<input type="checkbox"/> Tends to be thin, watery	<input checked="" type="checkbox"/>
Salty Foods	<input type="checkbox"/> Foods often taste too salty	<input type="checkbox"/> Really love or crave salt on foods	<input type="checkbox"/> Average like for
Skin Healing	<input type="checkbox"/> Cuts heal slowly	<input type="checkbox"/> Cuts heal quickly	<input type="checkbox"/> Average healing time
Skin Moisture	<input type="checkbox"/> Tend toward dry skin	<input type="checkbox"/> Tend toward oily/moist skin	<input type="checkbox"/> Average skin moisture
Skipping Meals	<input type="checkbox"/> Can skip with no ill effects	<input type="checkbox"/> Must eat regularly (or often)	<input type="checkbox"/> Can get by w/o eating but really feel best eating 3 meals per day
Snacking	<input type="checkbox"/> Rarely or never want snacks	<input type="checkbox"/> Want to eat between meals	<input checked="" type="checkbox"/>
Sneezing (any time)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to sneeze every day	<input checked="" type="checkbox"/>
Sour Foods (vinegar or pickles or lemons or sauerkraut or yogurt)	<input type="checkbox"/> Don't care for, want or crave	<input type="checkbox"/> Really like	<input type="checkbox"/> Sometimes like
Sweets	<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 effect
Vegetarian Meal	<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
Wheezing	<input checked="" type="checkbox"/>	<input type="checkbox"/> Tend to get	<input checked="" type="checkbox"/>
If I eat MEAT for BREAKFAST like ham, bacon, sausage, steak, or 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
If I eat MEAT for LUNCH 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
If I feel low on energy...	<input type="checkbox"/> Fruit, pastry, or candy restores and gives me lasting energy; meat or fatty food makes me more tired	<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
In a social setting I'm...	<input type="checkbox"/> Introverted, shy, quiet, non-talkative	<input type="checkbox"/> Extroverted, social, expressive, easily make conversation	<input checked="" type="checkbox"/>
TOTALS	<input type="checkbox"/> COLUMN 1	<input type="checkbox"/> COLUMN 2	<input type="checkbox"/> COLUMN 3

How to Score Your Survey

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.