Excerpt from:

How to

Eat, Move *and* Be Healthy!

Your personalized 4-step guide to
looking and feeling great from the inside out

by

Paul Chek

NUTRITION & LIFESTYLE QUESTIONNAIRES

IMPORTANT DIRECTIONS (PLEASE READ)

1. Answer each question with the response that best fits you. It is recommended that you either photocopy the questionnaires or record your answers on a separate piece of paper. You will hopefully be using them again to test your progress, and it will be easier if you do not have your previous answers in front of you at that point. It is extrememly important to answer the questions as accurately and honestly as possible. There are no right or wrong answers. Supply the response that most accurately describes you, not what you think you should answer.

   When answering these questions, forget everything you've been told about what you should and shouldn't eat. Answer the questions based on your gut instinct to how you would prefer to eat if you could eat what you innately desire.

2. Total your scores for each questionnaire. There are numbers in parentheses after each answer. Add up the numbers corresponding to each of your responses to get your total score for the section.

3. Graph your scores on page 37.

4. Calculate your total score by adding up the scores for each section.

You Are What You Eat

1. Do you shop for food less frequently than every four days?

   ____ Yes (1)
   ____ No (0)

2. Do you eat more packaged (frozen or canned) fruits and vegetables than fresh?

   ____ Yes (3)
   ____ No (0)

3. Do you eat more cooked vegetables than raw?

   ____ Yes (3)
   ____ No (0)

4. Do you eat vegetables with fewer than two meals daily?

   ____ Yes (5)
   ____ No (0)

5. Do you buy more non-organic vegetables than organic vegetables?

   ____ Yes (5)
   ____ No (0)

6. How often do you use a microwave oven?

   ____ Never or very rarely (0)
   ____ 1-2 times per week (2)
   ____ 3-4 times per week (5)
   ____ 4+ times per week (10)

7. Do you eat white bread more often than whole grain breads?

   ____ Yes (5)
   ____ No (0)

8. Do you eat quick cook grains such as Rice-A- Roni, Quaker Oats or MINUTE rice more often than slow cooked organic whole grains?

   ____ Yes (5)
   ____ No (0)

9. How often do you consume pasteurized, homogenized milk or cheeses?

   ____ Never or very rarely (0)
   ____ 1-2 times per week (1)
   ____ 3 times per week (3)
   ____ 3+ times per week (5)

10. How often do you eat non-organic yogurts?

    ____ Never or very rarely (0)
    ____ 1-2 times per week (1)
    ____ 3 times per week (3)
    ____ 3+ times per week (5)

11. Do you eat typical store-bought eggs from cage-raised chickens (as opposed to free-range eggs)?

    ____ Yes (5)
    ____ No (0)

12. Do you eat red meat more than once every four days?

    ____ Yes (3)
    ____ No (0)

13. Do you commonly eat meats (beef, chicken, turkey) from sources other than a free-range and hormone-free source?

    ____ Yes (3)
    ____ No (0)

14. Do you eat canned fish more frequently than fresh fish?

    ____ Yes (3)
    ____ No (0)

15. How often do you use commercial salad dressings?

    ____ Never or very rarely (0)
    ____ once a week (1)
    ____ twice per week (2)
    ____ 2+ times per week (3)

16. How often do you use products containing hydrogenated oils?

    ____ Never or very rarely (0)
    ____ once a week (1)
    ____ twice per week (2)
    ____ 2+ times per week (5)

17. Do you eat nuts or seeds that are roasted or salted?

    ____ Yes (1)
    ____ No (0)

18. How often do you use white table sugar as a sweetener?

    ____ Never or very rarely (0)
    ____ once a week (1)
    ____ 2-3 times per week (3)
    ____ 3+ times per week (5)

19. How often do you use artificial sweeteners such as Sweet-n-Low, Equal or NutraSweet?

    ____ Never or very rarely (0)
    ____ once a week (1)
    ____ 2-3 times per week (5)
    ____ 3+ times per week (10)

20. Do you use standard white table salt?

    ____ Yes (5)
    ____ No (0)

21. Do you eat TV dinners or highly-processed foods more than three times a week?

    ____ Yes (5)
    ____ No (0)

22. How often do you eat from fast food restaurants like McDonald's, KFC, Wendy's, etc…?

    ____ Never or very rarely (0)
    ____ 1-2 times per week (2)
    ____ 3 times per week (5)
    ____ 3+ times per week (10)

23. How often do you eat snacks from vending machines?

    ____ Never or very rarely (0)
    ____ 1-2 times per week (2)
    ____ 3 times per week (5)
    ____ 3+ times per week (10)

24. Do you drink tap water?

    ____ Yes (10)
    ____ No (0)

25. How often do you eat some form of store-bought dessert such as ice cream, cookies, donuts, cakes or pies?

    ____ Never or very rarely (0)
    ____ once a week (1)
    ____ 2-3 times per week (3)
    ____ 3+ times per week (5)

Total Score: _____

Stress

1. Do you eat more or less when stressed than when not stressed?

   ___ More (10)
   ___ Same or less (0)

2. Do you worry over job, income or money problems?

   ___ Yes (10)
   ___ No (0)

3. Are any of your relationships causing you stress?

   ___ Yes (10)
   ___ No (0)

4. Do you often feel anxious?

   ___ Yes (5)
   ___ No (0)

5. Do you often get upset when things go wrong?

   ___ Yes (5)
   ___ No (0)

6. Do you lash out at others?

   ___ Yes (5)
   ___ No (0)

7. Do you feel your sex drive is lower than normal for you?

   ___ Yes (5)
   ___ No (0)

8. Do you feel isolated or lonely?

   ___ Yes (3)
   ___ No (0)

9. Do you feel stressed due to lack of intimacy in one or more relationships?

   ___ Yes (5)
   ___ No (0)

10. Have you had reduced contact with friends (feeling antisocial) or an increase in contact because you feel you need to vent your frustrations or stresses to others?

    ___ Yes (3)
    ___ No (0)

11. Do you take any form of medication prescribed by a physician directly or indirectly related to stress in your life or for a psychological disorder?

    ___ Yes (15)
    ___ No (0)

12. Do you commonly lose more than two days of work a year due to illness?

    ___ Yes (5)
    ___ No (0)

Total Score: _____

Sleep Wake Cycles

1. Do you live in the same time zone you were born in?

   ____ Yes (0)
   ____ No (5)

2. Do you travel across time zones more than once a month?

   ____ Yes (10)
   ____ No (0)

3. How often do you wake up feeling un-rested and in need of more sleep?

   ____ Never or very rarely (0)
   ____ once a week (1)
   ____ 3 times per week (5)
   ____ 3+ times per week (10)

4. Do you commonly go to bed after 10:30 p.m.?

   ____ Yes (10)
   ____ No (0)

5. Are the times you have bowel movements consistent and predictable on a daily basis?

   ____ Yes (0)
   ____ No (5)

6. Do you suffer from reduced memory since moving to a new time zone or since traveling across time zones?

   ____ Yes (10)
   ____ No (0)

7. Has your sense of hunger changed from being hungry at breakfast (upon rising), lunch (midday) and dinner times (sunset) since moving to a new time zones or traveling across time zones frequently (more than once a month)?

   ____ Yes (10)
   ____ No (0)

8. How often do you wake up at night between 1:00 a.m. and 4:00 a.m. and have a hard time falling back to sleep?

   ____ Never or very rarely (0)
   ____ once a week (1)
   ____ 3 times per week (5)
   ____ 3+ times per week (10)

9. How often do you tend to have a hard time staying awake in the afternoon after eating lunch?

   ____ Never or very rarely (0)
   ____ once a week (1)
   ____ 3 times per week (5)
   ____ 3+ times per week (10)

10. Do you do shift work that requires you to stay up late at night?

    ___Yes (10)
    ____ No (0)

    Total Score: _____

You Are When You Eat

1. Do you frequently skip meals?

   ___ Yes (3)
   ___ No (0)

2. How often do you typically go more than four hours without eating?

   ___ Never or very rarely (0)
   ___ 1-2 times per week (1)
   ___ 3 times per week (2)
   ___ 3+ times per week (3)

3. How often do you skip breakfast?

   ___ Never or very rarely (0)
   ___ 2 times per week (1)
   ___ 3 times per week (5)
   ___ 3+ times per week (10)

4. Do you avoid fats when eating?

   ___ Yes (5)
   ___ No (0)

5. Do you frequently eat carbohydrates (i.e. breads, bagels, cookies, pasta, fruit, cereals, muffins, crackers, chocolate, or candy) by themselves?

   ___ Yes (5)
   ___ No (0)

6. Do you often get hungry or crave sweets within two hours after eating a meal?

   ___ Yes (5)
   ___ No (0)

7. How often do you consume drinks containing caffeine or sugar (i.e. coffee, tea, sodas, fruit juices with sucrose, corn syrup or added sugar)?

   ___ Never or very rarely (0)
   ___ 1 cup a day (1)
   ___ 2 cups per day (3)
   ___ more than 2 cups per day (5)

8. Have you tried diets to lose weight?

   ___ No (0)
   ___ once (1)
   ___ twice (2)
   ___ 3-5 times (5)
   ___ more than five times (10)

9. Do you have difficulty burning fat around your belly, hips or thighs even with regular exercise?

   ___ Yes (3)
   ___ No (0)

10. Do you eat your largest meal in the evening?

    ___ Yes (1)
    ___ No (0)

    | Total Score: _____ |

Digestion

1. How often do you experience lower abdominal bloating?

   ____ Never or very rarely (0)
   ____ 1-2 times per week (3)
   ____ 3 times per week (5)
   ____ 3+ times per week (10)

2. Do you frequently have loose stools or diarrhea?

   ____ No (0)
   ____ once a week (1)
   ____ 3 or more times per week (5)

3. How often do you experience constipation or stools that are compact or hard to pass?

   ____ Never or very rarely (0)
   ____ 1-2 times per week (3)
   ____ 3 or more times per week (5)

4. Do you find that you often burp after meals?

   ____ Yes (3)
   ____ No (0)

5. Do you frequently have gas?

   ____ Yes (3)
   ____ No (0)

6. Do you crave certain foods such as bread, chocolate, certain fruit, and red meat if you have not eaten them in a day or two?

   ____ Yes (5)
   ____ No (0)

7. How often do you have a poor appetite or feel worse after eating?

   ____ Never or very rarely (0)
   ____ 1-2 times per week (3)
   ____ 3 times per week (5)
   ____ more 3 times per week (10)

8. Do you have an excessive appetite and/or sweet cravings?

   ____ Yes (5)
   ____ No (0)

9. Do you frequently (more than twice a week) experience abdominal pain, cramps or general abdominal discomfort?

   ____ Yes (20)
   ____ No (0)

10. How often do you have indigestion, heartburn or an upset stomach?

    ____ Never or very rarely (0)
    ____ 1-2 times per week (3)
    ____ 3 times per week (5)
    ____ more 3 times per week (10)

11. How often do you get a headache after eating?

    ____ Never or very rarely (0)
    ____ 1-2 times per week (3)
    ____ 3+ times per week (5)

    Total Score: _____

Fungus & Parasites

1. Have you ever been given general anesthesia?

   ____Yes (10)
   ____No (0)

2. Have you ever taken antibiotics?

   ____Yes (10)
   ____No (0)

3. Have you been or are you being treated for any condition requiring that you take medical drugs?

   ____Yes (10)
   ____No (0)

4. In general, are your bowel movements loose, hard or foul smelling?

   ____Yes (10)
   ____No (0)

5. Would you consider your life to be:

   ____Stress free (0)
   ____Mildly stressful (5)
   ____Very stressful (10)

6. Do you currently suffer from any digestive disorder or frequently have pain in the region above or below the navel?

   ____Yes (10)
   ____No (0)

7. Do you have mercury amalgam fillings in your mouth?

   ____Yes (10)
   ____No (0)

8. Do you have two different kinds of metal in your mouth; i.e., gold and silver or mercury amalgam and gold or silver?

   ____Yes (5)
   ____No (0)

9. Do you experience itching in the ears, nose or rectum area?

   ____Yes (10)
   ____No (0)

10. Do you have or have you had dandruff in the past year?

    ____Yes (10)
    ____No (0)

11. Do you regularly eat or drink products containing sugar, white flour, processed dairy products?

    ____Yes (5)
    ____No (0)

12. Do you crave sugar, fruit or milk if you don't have either of these items for more than three days?

    ____Yes (10)
    ____No (0)

13. Do you find that regardless of how much you eat you get hungry quickly?

    ____Yes (5)
    ____No (0)

14. In the past year, have you experienced athlete's foot (itching around the toes, soles or heel of the feet), jock itch or a fungal infection under a toenail (thickening of the toenail)?

    ___Yes (20)
    ___No (0)

15. Do you ever get a reddening around the mouth or nose area after eating or drinking?

    ___Yes (5)
    ___No (0)

16. Do you experience muscle or joint aches on a regular basis?

    ___Yes (5)
    ___No (0)

17. Do you experience mood swings?

    ___Yes (10)
    ___No (0)

18. Do you snack on sweets or drink coffee, soda pop or sports drinks most days to keep your energy up?

    ___Yes (10)
    ___No (0)

19. Do you suffer from any kind of skin condition?

    ___Yes (10)
    ___No (0)

20. Have you ever had sex or close physical contact with anyone who you know had a fungal infection (including athletes foot, jock itch, dandruff) or parasite infection?

    ___Yes (20)
    ___No (0)

    | Total Score: _____ |

If you score high on this questionnaire, refer to page 239 of the Appendix for more information regarding fungi, parasites and the approach that you should take.

Score Chart

	You are What You Eat (page 29) Zones 1, 2 and 3	Stress (page 31) Zone 4	Sleep/Wake Cycles (page 32)	You are When You Eat (page 33) Zone 3	Digestion (page 34) Zones 1, 2 and 3	Fungus & Parasites (page 35) Zones 3 and 4	Total Score
High Priority	130 — 60 — 50	81 — 60 — 40	90 — 70 — 50	50 — 35 — 20	81 — 90 — 40	195 — 120 — 60	627 — ☹ — 260
Moderate Priority	50 — 40 — 30	40 — 30 — 20	50 — 40 — 30	20 — 15 — 10	40 — 30 — 20	60 — 50 — 40	260 — 😐 — 150
Low Priority	30 — 15 —	20 — 10 —	30 — 15 —	10 — 5 —	20 — 15 —	40 — 20 —	150 — ☺ —
Score 1 Date:							
Score 2 Date:							

Name: _____

Metabolic Typing Questionnaire

This questionnaire is designed to help you determine the optimal macronutrient ratio (fats:proteins:carbohydrates) to begin the process of fine-tuning your body's feedback mechanisms. For those of you not sure what a fat, protein or carbohydrate is, let me simplify that for you. If the food comes from something that has a set of eyes, it is going to be higher in fats and proteins; fats and proteins most often come together in nature. For example, cows, sheep, birds and fish all have eyes and all provide higher protein/fat foods. Foods like vegetables, friuts and cereals do not come from a source that had a set of eyes and are generally much higher in carbohydrates and lower in fat and protein. There are a few exceptions to this rule such as nuts, seeds and avocados, which have no eyes, yet are high fat foods.

When answering the questions, circle the answer that best describes the way you feel, not the way you think you should eat! If none of the answers suit you with regard to a particular question, simply don't answer that question. If the answer A suits you some of the time (in the morning, but not the evening for example), and answer B suits you other times, you may circle both provided that the answers refer to how you may feel on any given day, not within a period of over 24 hours.

1. I sleep best:

    A. when I eat a snack high in protein and fat 1-2 hours before going to sleep.

    B. when I eat a snack higher in carbohydrates 3-4 hours before going to sleep.

2. I sleep best if:

    A. my dinner is composed of mainly meat with some vegetables or other carbohydrates.

    B. my dinner is composed mainly of vegetables or other carbohydrates and a comparatively small serving of meat.

3. I sleep best and wake up feeling rested:

    A. if I don't eat sweet deserts like cakes, candy or cookies. If I eat a rich desert that is not overly sweet, such as high-quality full-fat ice cream, I tend to sleep okay.

    B. if I occasionally eat a sweet desert before I go to bed.

4. After vigorous exercise, I feel best when I consume:

      A. foods or drinks with higher protein and/or fat content, such as a high-protein shake.

      B. foods or drinks higher in carbohydrates (sweeter), such as Gatorade.

5. I do best—maintain mental clarity and a sense of well-being for up to 4 hours after a meal—when I eat:

      A. a meat-based meal containing heavier meats such as chicken legs, roast beef and salmon, with a smaller portion of carbohydrate.

      B. a carbohydrate-based meal containing vegetables, bread or rice and a small portion of a lighter meat such as chicken breast or white fish.

6. If I am tired and consume sugar or sweet foods such as donuts, candy or sweetened drinks without significant amounts of fat or protein:

      A. I get a rush of energy, but then I am likely to crash and feel sluggish.

      B. I feel better and my energy levels are restored until my next meal.

7. Which statement best describes your disposition toward food in general:

      A. I love food and live to eat!

      B. I do not fuss over food and I eat to live.

8. I often:

      A. add salt to my foods.

      B. find that foods are too salty for my liking.

9. Instinctually, I prefer to eat:

      A. dark meat, such as the chicken or turkey legs and thighs over the white breast meat.

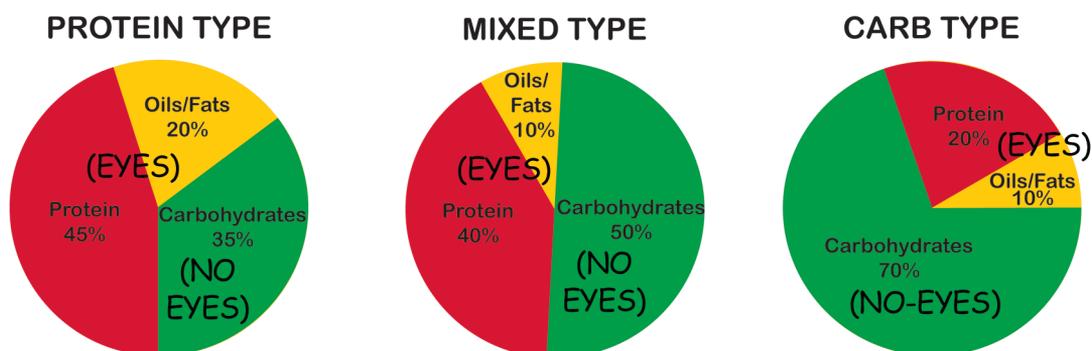   **B.** light meat such as the chicken or turkey breast over the dark leg and thigh meat.

10. Which list of fish most appeals to you?

    A. Anchovy, caviar, herring, mussels, sardines, abalone, clams, crab, crayfish, lobster, mackerel, octopus, oyster, salmon, scallops, shrimp, snail, squid, tuna (dark meat)

    B. White fish, catfish, cod, flounder, haddock, perch, scrod, sole, trout, tuna (white), turbot

11. When eating dairy products, I feel best after eating:

    A. Richer, full fat yogurts and cheeses or desserts.

    B. Lighter, low fat yogurts and cheeses or desserts.

12. With regard to snacking:

    A. I tend to do better when I snack between meals or eat more smaller meals throughout the day.

    B. I tend to last between meals without snacking.

13. Which describes the way you instinctually prefer to start your day in order to feel your best and to have the most energy?

    A. A large breakfast that includes protein and fat, such as eggs with sausage or bacon.

    B. A light breakfast such as cereal, fruit, yogurt, breads and possibly some eggs.

14. Which characteristics best describe you:

    A. In general, I digest food well, have an appetite for proteins, feel good when eating fats or fatty foods, am more muscular or inclined to gain muscle or strength easily.

    B. I am more lithe of build, prefer light meats and lower fat foods, am more inclined toward endurance athletics.

Total A answers: _____   **Total B answers: _____**

Determining Your Metabolic Type

To score your test, add the questions you circled **A** and the number you circled **B**.

➢ If your number of **A** answers is three or more than **B** answers, you are a Protein Type. (See pages 45-46).

➢ If your number of **A** and **B** answers are tied or within two of each other, you are a Mixed Type. (See pages 45-47).

➢ If your number of **B** answers is three or more than **A** answers, you are a Carb Type. (See pages 45-47).

PROTEIN TYPE

Oils/Fats 20%
(EYES)
Protein 45%
Carbohydrates 35%
(NO EYES)

MIXED TYPE

Oils/Fats 10%
(EYES)
Protein 40%
Carbohydrates 50%
(NO EYES)

CARB TYPE

Protein 20% (EYES)
Oils/Fats 10%
Carbohydrates 70%
(NO-EYES)

What is Metabolic Typing?

Metabolic Typing is a system that identifies an individual's genetically-based nutrition and diet requirements. There is not one diet that is right for everyone, therefore to achieve optimal health, you must determine what is right for you. You can find out what your Metabolic Type is through this questionnaire, which will categorize you as a protein type, a carb type or a mixed type. You may notice that the diet for a protein type is similar to the popular Zone Diet[1], while the diet for a carb type is closer to the Ornish Diet[2]. The great thing about Metabolic Typing is that it will direct you towards the diet plan that is right for your body.