

**Tree of Life Center US -
Fast/ Slow Oxidizer Profiles**
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Slow Oxidizer Profile

1.	Do you eat to live?	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	Can you go a long time without eating?	<input type="checkbox"/> Y <input type="checkbox"/> N
3.	If you skip meals, is it easy for you to maintain energy and a sense of well being?	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	Are you generally not concerned at all with eating?	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	Do you have a minimal appetite for lunch?	<input type="checkbox"/> Y <input type="checkbox"/> N
6.	Do you have a minimal appetite for dinner?	<input type="checkbox"/> Y <input type="checkbox"/> N
7.	Do you love sweets and need something sweet with a meal to feel satisfied?	<input type="checkbox"/> Y <input type="checkbox"/> N
8.	Does eating before bedtime worsen sleep?	<input type="checkbox"/> Y <input type="checkbox"/> N
9.	Does eating fatty foods like lots of seeds or nut butters make you feel lethargic?	<input type="checkbox"/> Y <input type="checkbox"/> N
10.	Does eating a high protein meal drop your energy afterwards?	<input type="checkbox"/> Y <input type="checkbox"/> N
11.	Does eating sweets or fruits restore lasting energy and give you a sense of well being?	<input type="checkbox"/> Y <input type="checkbox"/> N
12.	Does apple or orange juice alone energize and satisfy you for a long time?	<input type="checkbox"/> Y <input type="checkbox"/> N
13.	Do high carbohydrate, low protein, low fat vegetarian meals (salads, fruits) make you generally feel well satisfied and energized?	<input type="checkbox"/> Y <input type="checkbox"/> N
14.	If you could eat anything you wanted (what you like) at a buffet, would you sample all the salads and leave room for the desserts?	<input type="checkbox"/> Y <input type="checkbox"/> N
15.	Do you handle juice or water fasts well?	<input type="checkbox"/> Y <input type="checkbox"/> N
16.	If you feel low energy, does eating sweets or fruits restore lasting energy?	<input type="checkbox"/> Y <input type="checkbox"/> N
17.	Are you particularly fond of potatoes?	<input type="checkbox"/> Y <input type="checkbox"/> N
18.	Do you have a sense of sustained well being after eating sweet foods?	<input type="checkbox"/> Y <input type="checkbox"/> N
19.	Do foods taste too salty?	<input type="checkbox"/> Y <input type="checkbox"/> N
20.	Does eating red meat decrease energy and well being?	<input type="checkbox"/> Y <input type="checkbox"/> N
21.	If you are a vegetarian, can you remember what happened when you used to eat red meat?	<input type="checkbox"/> Y <input type="checkbox"/> N
22.	Do you get sleepy or lethargic eating a high protein, high fat meal such as one that is high in seeds, nuts, tofu, spirulina or chorella?	<input type="checkbox"/> Y <input type="checkbox"/> N
23.	Do you particularly care for sour foods such as lemons?	<input type="checkbox"/> Y <input type="checkbox"/> N
24.	Do you rarely want snacks?	<input type="checkbox"/> Y <input type="checkbox"/> N
25.	Is it easy for you to go more than 4 hours without food?	<input type="checkbox"/> Y <input type="checkbox"/> N
26.	Is the traditional low protein, high carbohydrate diet easy and natural for you?	<input type="checkbox"/> Y <input type="checkbox"/> N
27.	Do you feel good and energetically sustained after eating grains (those which you are not allergic)?	<input type="checkbox"/> Y <input type="checkbox"/> N
28.	Has your general health and well being improved since becoming vegetarian or avoiding high protein foods?	<input type="checkbox"/> Y <input type="checkbox"/> N
29.	Did you grow up having any aversions to flesh foods?	<input type="checkbox"/> Y <input type="checkbox"/> N
30.	Did you grow up having any aversions to fatty foods?	<input type="checkbox"/> Y <input type="checkbox"/> N
31.	Does eating primarily fruits and vegetables give you a sense of emotional and mental well being?	<input type="checkbox"/> Y <input type="checkbox"/> N
TOTAL:		<u>Y</u> <u>N</u>

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Fast Oxidizer Profile

1.	Do you have a strong appetite for breakfast?	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	Do you have a strong appetite for lunch?	<input type="checkbox"/> Y <input type="checkbox"/> N
3.	Do you have a strong appetite for dinner?	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	Do you need to snack frequently?	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	Does a high carbohydrate diet with fruits/veggies/sweets make you feel worse or not satisfy you?	<input type="checkbox"/> Y <input type="checkbox"/> N
6.	Do you feel satisfied after a high protein meal like tofu, beans, spirulina, nuts, seeds, or chlorella?	<input type="checkbox"/> Y <input type="checkbox"/> N
7.	Do you feel better after a high protein meal?	<input type="checkbox"/> Y <input type="checkbox"/> N
8.	Do you crave flesh foods?	<input type="checkbox"/> Y <input type="checkbox"/> N
9.	Does a high protein meal give you a sense of increased energy and well being?	<input type="checkbox"/> Y <input type="checkbox"/> N
10.	Does going 4 hours without food make you feel jittery or weak?	<input type="checkbox"/> Y <input type="checkbox"/> N
11.	Do you need to snack often to feel okay?	<input type="checkbox"/> Y <input type="checkbox"/> N
12.	Do you live to eat?	<input type="checkbox"/> Y <input type="checkbox"/> N
13.	Do you prefer fatty foods over sweets?	<input type="checkbox"/> Y <input type="checkbox"/> N
14.	Does eating sweets throw you out of balance?	<input type="checkbox"/> Y <input type="checkbox"/> N
15.	Does eating sweets deplete your energy within an hour?	<input type="checkbox"/> Y <input type="checkbox"/> N
16.	Does eating before sleep help you sleep?	<input type="checkbox"/> Y <input type="checkbox"/> N
17.	Does eating before sleep help you to sleep through the night?	<input type="checkbox"/> Y <input type="checkbox"/> N
18.	Does having orange or apple juice alone make you feel light headed or hungry?	<input type="checkbox"/> Y <input type="checkbox"/> N
19.	Does eating a high protein or fatty meal (seeds or nuts) restore lasting energy and a feeling of well being?	<input type="checkbox"/> Y <input type="checkbox"/> N
20.	Do you like to eat potatoes?	<input type="checkbox"/> Y <input type="checkbox"/> N
21.	If you are vegetarian, can you remember if eating red meats used to give you energy?	<input type="checkbox"/> Y <input type="checkbox"/> N
22.	Does eating fruit, pastries or candy make you feel worse?	<input type="checkbox"/> Y <input type="checkbox"/> N
23.	Is it hard for you to fast on juice or water?	<input type="checkbox"/> Y <input type="checkbox"/> N
24.	Do you really not care for sweet deserts, but may enjoy something fatty or salty?	<input type="checkbox"/> Y <input type="checkbox"/> N
25.	Do you feel worse after eating grains?	<input type="checkbox"/> Y <input type="checkbox"/> N
26.	Do you like sour foods?	<input type="checkbox"/> Y <input type="checkbox"/> N
27.	Do sweet foods seem too sweet?	<input type="checkbox"/> Y <input type="checkbox"/> N
28.	Do you get a quick lift, and then suddenly drop of energy from sweet foods?	<input type="checkbox"/> Y <input type="checkbox"/> N
29.	If you skip meals, does it cause you to be weak, jittery, low energy and unbalanced?	<input type="checkbox"/> Y <input type="checkbox"/> N
30.	Do you love or crave salty foods?	<input type="checkbox"/> Y <input type="checkbox"/> N
TOTAL:		<u>Y</u> <u>N</u>