

***Fat is Not Your Fate* Phenotype Assessment**

Please read each statement under every phenotype and answer "yes" or "no" as it relates to you. If you don't know your family history or don't know the answer to a question, circle "DK" for Don't Know.

Phenotype A

The genetic connection:

- Y N DK My mother has or had a substance abuse or addiction problem.
- Y N DK My father has or had a substance abuse or an addiction problem.
- Y N DK One of my grandparents on my mother's side has or had a substance abuse or an addiction problem.
- Y N DK One of my grandparents on my father's side has or had a substance abuse or an addiction problem.
- Y N DK One or more of my sibling(s) or half-siblings has or had a substance abuse or an addiction problem.
- Y N DK One or more of my blood-related aunts or uncles has or had a substance abuse or an addiction problem.

My own risk factors:

- Y N DK I have been told by a physician or mental health professional that I have an addiction (substance/alcohol) or binge eating disorder.
- Y N DK I would describe one of my own behaviors as addictive.
- Y N DK My eating has become more compulsive after stopping use of drugs or alcohol.
- Y N DK I gained significant weight after stopping use of drugs or alcohol.
- Y N DK I have frequent cravings for salty, sweet, or fatty foods.
- Y N DK There are times when I feel that I cannot control what or how much I am eating.
- Y N DK I often eat alone because of feelings of embarrassment about how much I am eating.
- Y N DK After eating, I often feel depressed, disgusted or guilty about overeating.
- Y N DK I binge eat on an average of 2 days a week.
- Y N DK I consider myself to be a compulsive overeater/binge eater.

Phenotype B

The genetic connection:

- Y N DK My mother has or had high blood pressure or a stroke.
- Y N DK My father has or had high blood pressure or a stroke.
- Y N DK One of my grandparents on my mother's side has or had high blood pressure or a stroke.
- Y N DK One of my grandparents on my father's side has or had high blood pressure or a stroke.
- Y N DK One or more of my sibling(s) or half-siblings has or had high blood pressure or a stroke.
- Y N DK One or more of my blood-related aunts or uncles has or had high blood pressure or a stroke.

My own risk factors:

- Y N DK I have been diagnosed with high blood pressure or hypertension.
- Y N DK My blood pressure typically runs **above** 120/80.
- Y N DK I am taking a blood pressure medication.
- Y N DK I drink more than 24 ounces of beer, 10 ounces of wine, or 2 ounces of liquor each day.
- Y N DK I am in a high-risk group for hypertension such as over age 60 or African American.
- Y N DK I would describe myself as physically inactive.
- Y N DK I eat fewer than 5 fruit and/or vegetable servings a day.
- Y N DK I eat a diet high in processed foods or added salt or sodium.
- Y N DK I would describe my dairy product intake as rare or none.
- Y N DK I drink soft water (low in most minerals but high in sodium) rather than hard (high in minerals except sodium). In municipalities with hard tap water, some homes and businesses have water softeners installed. Bottled water brands vary greatly and can be soft or hard. If you are uncertain about tap water in your area, you can call your local water supplier for data.

Phenotype C

The genetic connection:

- Y N DK My mother has or had a heart attack or been diagnosed with heart disease before age 65.
- Y N DK My father has or had a heart attack or been diagnosed with heart disease before age 55.
- Y N DK One of my grandparents on my mother's side has or had a heart attack or been diagnosed with heart disease.
- Y N DK One of my grandparents on my father's side has or had a heart attack or been diagnosed with heart disease.
- Y N DK One or more of my sibling(s) or half-siblings has or had a heart attack or been diagnosed with heart disease.
- Y N DK One or more of my blood-related aunts or uncles has or had a heart attack or been diagnosed with heart disease.

My own risk factors:

- Y N DK My bad LDL cholesterol is **above** 100 mg/dl.
- Y N DK My good HDL cholesterol is **below** 45 mg/dl for men and 55 mg/dl for women.
- Y N DK I am taking a physician recommended cholesterol-lowering drug or supplement.
- Y N DK I am a smoker or other user of tobacco products.
- Y N DK In addition to cholesterol concerns, I have high blood pressure.
- Y N DK I watch TV more than 3 hours a day or would describe my exercise level as inactive.
- Y N DK I would describe my intake of red wine and/or purple grape juice as rare or none.
- Y N DK I eat fast food more than twice a week.
- Y N DK In addition to cholesterol concerns, I have been diagnosed with diabetes.
- Y N DK I carry my excess weight predominantly around the waist versus the hips.

Phenotype D

The genetic connection:

- Y N DK My mother has or had diabetes or metabolic syndrome (3 of the following symptoms: high triglycerides (**above** 150 mg/dl), waist measurement of **more than** 35 inches, blood pressure of **at least** 135/80, fasting blood sugar of **above** 100 mg/dl, or low HDL **below** 50 mg/dl)
- Y N DK My father has or had diabetes or metabolic syndrome (3 of the following symptoms: high triglycerides (**above** 150 mg/dl), waist measurement of **more than** 40 inches, blood pressure of **at least** 135/80, fasting blood sugar of **above** 100 mg/dl, or low HDL (**below** 40 mg/dl).
- Y N DK One of my grandparents on my mother's side has or had diabetes or metabolic syndrome.
- Y N DK One of my grandparents on my father's side has or had diabetes or metabolic syndrome.
- Y N DK One or more of my sibling(s) or half-siblings has or had diabetes or metabolic syndrome.
- Y N DK One or more of my blood-related aunts or uncles has or had diabetes or metabolic syndrome.

My own risk factors:

- Y N DK My fasting blood sugar has been **too high**, above 100 mg/dl.
- Y N DK My bad blood LDL cholesterol is **above** 100 mg/dl.
- Y N DK My blood triglycerides have been **above** 150 mg/dl.
- Y N DK My good blood HDL cholesterol is **below** 45 mg/dl for men and 55 mg/dl for women.
- Y N DK I am taking a blood sugar lowering medication or using insulin.
- Y N DK I carry my excess weight predominantly around the waist versus the hips.
- Y N DK I would describe my exercise level as inactive.
- Y N DK I am a woman who has had a baby weighing more than nine pounds at birth.
- Y N DK I experience frequent thirst more so than others I know.
- Y N DK I had an **elevated** fasting blood glucose level >126 mg/dl while pregnant or was diagnosed with gestational diabetes.

Phenotype E

The genetic connection:

- Y N DK My mother has or had depression, manic-depression, seasonal affective disorder, or is or was an emotional eater (one who eats when sad, happy, lonely, upset, bored, stressed, etc.)
- Y N DK My father has or had depression, manic-depression, seasonal affective disorder, or is or was an emotional eater (one who eats when sad, happy, lonely, upset, bored, stressed, etc.)
- Y N DK One of my grandparents on my mother's side has or had depression, manic-depression, seasonal affective disorder, or is or was an emotional eater.
- Y N DK One of my grandparents on my father's side has or had depression, manic-depression, seasonal affective disorder, or is or was an emotional eater.
- Y N DK One or more of my sibling(s) or half-siblings has or had depression, manic-depression, seasonal affective disorder, or is or was an emotional eater.

- Y N DK One or more of my blood-related aunts or uncles has or had depression, manic-depression, seasonal affective disorder, or is or was an emotional eater.

My own risk factors:

- Y N DK I am taking an antidepressant medication.
- Y N DK I eat more when I'm sad, happy, lonely, upset, bored or stressed.
- Y N DK I tend to overeat when I am alone or in big groups such as parties.
- Y N DK There are times when I feel my eating is hard to control.
- Y N DK I rarely or never eat food early in the day and have trouble controlling what I eat at night.
- Y N DK I eat to calm my feelings.
- Y N DK Especially when stressed, I overeat even though my intention is to stop before I reach this point.
- Y N DK Extra time or personal time is nonexistent for me.
- Y N DK I sometimes feel ashamed of my eating.
- Y N DK My emotional eating does not seem to be related to hunger.

Phenotype H: (Women Only)

The genetic connection:

- Y N DK My mother experienced menopause before age 50 either naturally or through surgery.
- Y N DK My mother dealt with significant symptoms such as hot flashes, mood swings or sleep problems during pre-menopause or menopause.
- Y N DK My mother gained more than 20 pounds above the normal weight gain during pregnancy.
- Y N DK My mother had symptoms I would describe as premenstrual syndrome such as food cravings, mood swings or irritability.
- Y N DK My mother's mother experienced menopause before age 50, gained excess weight with pregnancy or had symptoms I would describe as premenstrual syndrome.
- Y N DK Other female blood relatives experienced menopause before age 50, gained excess weight with pregnancy or had symptoms I would describe as premenstrual syndrome.

My own risk factors:

- Y N DK I have gained more than the recommended weight gain for pregnancy and kept it on.
- Y N DK I experience symptoms I would describe as premenstrual syndrome.
- Y N DK My eating increases or changes significantly with my menstrual cycle.
- Y N DK I experience food cravings during the two weeks before my period.
- Y N DK My weight seems to increase the older I get.
- Y N DK I had a pear shaped body at one time but now have an apple shaped body.
- Y N DK I am female and approaching age 50.
- Y N DK I am currently taking female hormones such as estrogen and/or progesterone or testosterone for symptoms such as hot flashes, mood swings, or sleep problems.
- Y N DK I am experiencing hot flashes, mood swings, and night sweats.
- Y N DK I have gained 10 pounds or more excess weight with menopause.

Scoring

Go back through the quiz and count the number of YES statements for each phenotype. Enter the number for each phenotype separately.

Phenotype A _____

Phenotype B _____

Phenotype C _____

Phenotype D _____

Phenotype E _____

Phenotype H _____

The category with the highest number of points is your phenotype.

My personal phenotype is _____.

What if There Is a Tie?

1. If your scores are tied between two or more phenotypes, total your scores for **“the genetic connection”** questions **only**. See if there is a clear phenotype choice based on the family history answers alone. If there is, this phenotype is the diet plan you should follow.
2. If there is not a clear phenotype choice based on family history questions, total your scores for the **“my own risk factors”** questions. See if there is a clear phenotype choice based on your personal risk factors alone. If there is, this phenotype is the diet plan you should follow.
3. If a tie still exists, look at the diets, the food lists and the menus, and choose the one you are most comfortable with. Either diet will work for weight loss and reduce your health risks.