

WEIGHT CONTROL:

Have you had any significant weight gain?	
Do you feel you put on weight easily?	
Do you have difficulty losing weight?	
Do you put on weight around your waist?	
Do you put on weight around your thighs and buttocks?	
Do you have a flabby abdomen or a 'spare tire'?	
Do you suffer from constipation?	
Is your upper abdomen distended?	
Is your lower abdomen distended?	
Do you have OSA? Do you Snore?	

Your Score :

If you score ≥ 5 ; the its time for you to consult your doctor