**Take the Leptin Quiz!**

Top of Form

1. Are you normal weight?

|  |  |
| --- | --- |
|  | Normal, within a few pounds |
|  | 5 to 15 pounds overweight |
|  | More than 15 pounds overweight |
|  | 3 to 10 pounds underweight |
|  | More than 10 pounds underweight |

1. Which of the following most closely describes your current state of health:

|  |  |
| --- | --- |
|  | Generally healthy, a few points to work on |
|  | Healthy but stressed, notice a wear and tear trend that needs improvement |
|  | Feel like health is slipping, symptoms are becoming problematic and hard to change |
|  | Health is a struggle, multiple issues or a major problem |

1. Can you eat little and still not lose weight?

|  |  |
| --- | --- |
|  | I struggle to lose weight even when eating 1200 or fewer calories per day |
|  | I eat moderately and still can't lose weight |
|  | Not an issue |

1. Describe your snacking pattern:

|  |  |
| --- | --- |
|  | Seldom snack, mostly three meals a day. |
|  | Three to four snacks per week |
|  | Average one snack per day |
|  | Average two or more snacks per day |

1. Do you eat a large meal within three hours of bed?

|  |  |
| --- | --- |
|  | My largest meal of the day is always close to bed |
|  | I generally have a larger meal within three hours of bed |
|  | Not very often |

1. Do you overeat at night, continuing to eat or munch after dinner is over?

|  |  |
| --- | --- |
|  | I regularly eat too much food after dinner |
|  | I sometimes eat or snack after dinner |
|  | I must eat something before bed in order to fall asleep or stay asleep |
|  | Seldom eat after dinner |

1. Describe your appetite:

|  |  |
| --- | --- |
|  | Must eat a lot to feel satisfied, like to be really full |
|  | Prone to overeating if not careful |
|  | Normal appetite, moderate food intake |
|  | Smaller meals due to digestive problems |
|  | Poor appetite |

1. Do you spend too much time thinking about food?

|  |  |
| --- | --- |
|  | I am constantly thinking about food or my next meal |
|  | My life revolves around food too much |
|  | No |

1. Do you experience periods of binge eating, stuffing yourself full of food?

|  |  |
| --- | --- |
|  | I excessively consume food two or more times a week |
|  | I binge eat one to two times per month |
|  | Seldom or never |

1. Do you succumb to food cravings, eating what you know you shouldn't?

|  |  |
| --- | --- |
|  | My willpower is easily overcome by hunger or food cravings |
|  | I sometimes give in to eating the wrong things |
|  | No |

1. Do you develop a hyper-uncomfortable feeling, rapid heart beat, or trembling feeling when you get hungry?

|  |  |
| --- | --- |
|  | Yes |
|  | Sometimes |
|  | Not an issue |

1. Do you slur words, feel mentally sluggish, or have trouble connecting thoughts when you haven't eaten?

|  |  |
| --- | --- |
|  | Yes, this happens three or more times per week |
|  | Yes, this happens three to six times per month |
|  | Sometimes, but doesn't happen often |
|  | Not an issue |

1. Describe your use of sweeteners:

|  |  |
| --- | --- |
|  | Must add sugar or artificial sweetener to foods or beverages |
|  | Occasionally add sugar or artificial sweetener to foods or beverages |
|  | Seldom or never add any sweetener |

1. Do you eat in response to stress?

|  |  |
| --- | --- |
|  | Yes |
|  | Sometimes |
|  | I lose my appetite in response to stress |
|  | Not an issue |

1. Are you currently under considerable stress?

|  |  |
| --- | --- |
|  | I am currently experiencing an emotional trauma or severe strain  |
|  | General life stress is quite high and feels out of control |
|  | General life stress is quite high and is barely manageable |
|  | General life stress is high, but is managed well |
|  | Moderate stress |
|  | Low stress |

Bottom of Form