

EAT FAT, GET THIN

Carbohydrate intolerance/ Diabesity quiz

Now let's see if you have diabesity or are carbohydrate intolerant. If you answer yes to any of these questions, you may already have diabesity or are headed in that direction.

	RESPONSE	
QUESTION	YES	NO
Do you have a family history of diabetes, heart disease, or obesity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you of non-white ancestry (African, Asian, Native American, Pacific Islander, Hispanic, Indian, Middle Eastern)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you overweight (BMI or body mass index over 25)? See page 000 to calculate your BMI based on weight and height.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have extra belly fat? Is your waist circumference greater than 35 inches for women or greater than 40 inches for men?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have sugar and refined carbohydrate cravings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have trouble losing weight on a low fat diet?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor told you your blood sugar is a little high (greater than 100mg/dl) or have you actually been diagnosed with insulin resistance, pre-diabetes, or diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high levels of triglycerides (over 100 mg/dl) or low HDL (good) cholesterol (< 50 mg/dl)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Are you inactive (less than 30 minutes of exercise 4 times a week)?	<input type="checkbox"/>	<input type="checkbox"/>