ENERGY LEVEL:

Do you feel low in energy?	
Do you feel you should have more energy?	
Do you feel a constant tiredness or fatigue?	
Do you wake up tired?	
Do you have energy swings?	
Are you run down around 4:00 p.m?	
Do you eat something sweet when you feel this way?	
Are you easily exhausted with the physical activity?	
Do you have difficulty in handling Stress?	
Do you get very tired in the evening or early night?	

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