Introduction
Overweight, obesity and related morbidities are important health issues in worldwide. Bodyweight reduction can reduce all cardiovascular risk factors. However not all overweight and obese patients are “prepared” to lose weight as many of them do not perceive themselves overweight or obese according to the WHO standard for Asian. Bodyweight perception is the degree of concordance between ones' perceived and measured weight. Overweight and obese patients with accurate bodyweight perception are more likely to successfully lose weight. Bodyweight misperception occurs when one perceives his/her weight in a different category (overweight, underweight, normal) as opposed to body mass index (BMI). Bodyweight misperception may cause individuals to overlook potential problems and reduce their motivation to adopt weight loss behaviours. It is important to assess the prevalence of bodyweight misperception. Identifying factors correlate to bodyweight misperception can facilitate identification of these patients during busy outpatient consultations in order to deliver effective weight loss management.

Objectives
This study assesses 1) The prevalence of bodyweight misperception among overweight/obese adult patients in a local primary care clinic; 2) Bodyweight satisfaction & socio-demographic factors associating with bodyweight misperception.

Methodology
Patients ≥18 year-old who attended a General Outpatient Clinic in Hong Kong in March 2012 had their BMI and waist circumference (“WC”) measured in clinic. Self-administered questionnaire survey is delivered to those with BMI ≥23.
Participants were asked “how would you describe your current weight: very underweight, slightly underweight, about right, slightly overweight or very overweight/obese?” Their answers were compared to their measured BMI categories. Social-demographical data and their bodyweight satisfaction status were collected.

**Result**

The response rate was 80%. Among 447 overweight/obese adults, 30% misperceived their bodyweight. 49% overweight and 18% obese patients underestimated their weight categories. Patients with bodyweight misperception have a significantly higher mean weight (68kg vs 63kg p=0.00), WC (92cm vs 88cm p=0.00) and BMI (27 vs 25 p=0.00) comparing to patients with accurate bodyweight perception. The group with body weight misperception were older, more likely to be male, with no formal schooling and without income. Multivariate logistic regression showed that being male (OR2.47), older age (OR1.07), being overweight (compare with obese) (OR4.27), being satisfied with their bodyweights (OR11.99), were associated with bodyweight misperception. Conclusions: Bodyweight misperception is not uncommon among Hong Kong primary care patients. Older male with a lower BMI and those satisfied with their bodyweight are more likely to have bodyweight misperception.