



# Be Fab - Be You LLC

*Health & Well-Being Inside & Outside the Workplace!*

Health & Blood Sugar Coach | Fitness Trainer | Corporate Wellness Consultant

## Insulin Resistance Assessment Scorecard

Insulin Resistance Assessment				
<b>NAME:</b>				
Based upon your health profile for <b>the past 30 days</b> , please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Check the number you feel best applies, then add the number of checks in each column to create your score.				
<b>Point Scale:</b>				
0 = <b>Never</b> or almost never have the experience/effect.				
1 = <b>Mild</b> experiences/effects				
2 = <b>Moderate</b> experiences/effects				
3 = <b>Severe/chronic</b> experiences/effects				
For all <b>yes/no</b> questions, 0 = no and 3 = yes				
Insulin Resistance Symptom Questions	0	1	2	3
Crave sweets				
Binge or uncontrolled eating				
Excessive appetite				
Crave coffee or sugar in the afternoon				
Sleepy in afternoon				
Fatigue that is relieved by eating				
Fatigue after meals				
Headache or shaky if meals are skipped or delayed				
Irritable before meals				
Family members with diabetes: 0 = none 1 = 2 or less 2 = between 2 and 4 3 = more than 4				
Increased thirst and appetite				
Frequent urination				
Slow starter in the morning				
Eating sweets does not relieve cravings for sugar				
Must have sweets after meals				
Waist girth is equal to or larger than hip girth				



Insulin Resistance Symptom Questions	0	1	2	3
Difficulty losing weight				
Crave sweets during the day				
Irritable if meals are missed				
Depend on coffee to keep yourself going or to get started				
Get lightheaded if meals are missed				
Feel shaky, jittery, tremors				
Agitated, easily upset, nervous				
Poor memory, forgetful				
Blurred vision				
Difficult time losing weight despite exercising regularly				
Eat meals that emphasize bread, pasta, rice or potatoes: 0 = rarely or never 1 = once a week or less 2 = between 1 and 3 times per week 3 = 3 or more times per week				
<b>Total for Each Column (number of checkmarks x / * by value of 0,1,2,3)</b>				
<b>Grand Total /81</b>				

**0-10%** - Overall good blood sugar balance. Sound nutrition and healthy habits will maintain good balance.

**11-20%** - In need of a tune up to restore blood sugar balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.

**21-35%** - Your blood sugar is out of balance and needs attention.

**36-50%** - Your blood sugar balance is very compromised and this is likely to significantly affect your state of health, well-being, and energy level.

**51-100%** - Your blood sugar balance is severely compromised and require immediate attention.