Insulin Resistance Questionnaire

(Based on National Institute of Health's screening guidelines for Metabolic Syndrome)

Patient Name:
Date:

Part 1: Family History

Do any of the following apply to your immediate family (parents, siblings, children, grandparents):

10	☐	Type 2 diabetes mellitus or adult-onset diabetes
10	☐	History of heart attack
10	☐	History of stroke
10	☐	Atherosclerosis
10	☐	High blood pressure or history of high blood pressure
10	☐	Native American, Hispanic, East Indian, or African American
10	☐	Gout
8	☐	More than 50 pounds overweight
2	☐	Blood clots in legs or lungs
2	☐	Breast, uterine, or ovarian cancer

Total Score from Part 1:

Part 2: Lifestyle and Nutrition

Do you:

20	☐	Become shaky, irritable, or have problems thinking that go away when you eat?
20	☐	Feel better when you do not eat?
10	☐	Have to eat frequently, graze, or nibble throughout the day to keep your energy levels up?
10	☐	Notice that sugary and starchy foods make you tired or irritable?
10	☐	Get up in the middle of the night craving carbohydrates?
8	☐	Have sedentary lifestyle with little to no exercise?
8	☐	Find you cannot lose weight even when on a low-fat diet?
8	☐	Find that you INITALLY feel better after eating carbohydrates?

Total Score from Part 2:

Part 3: Your Health Profile

Do you:

190	☐	Have diabetes or borderline diabetes (pre-diabetes)
60	☐	Have BMI over 30?
20	☐	Have a cholesterol level > 230?
20	☐	Have a triglyceride lever > 150?
20	☐	Have multiple fleshy skin tags?
20	☐	Have a brownish darkening of the skin under your arms or in your groin?
20	☐	Have a history of gout

20 ☐ Have an abnormal glucose tolerance test or felt poorly during the test?
20 ☐ Have problems with low blood sugar (hypoglycemia)?
20 ☐ Have extreme fatigue after eating, especially in the afternoon or evening?
20 ☐ Have a diagnosis of gestational diabetes during pregnancy?
20 ☐ Have a history of delivering a baby more than 9lbs?
20 ☐ Have a diagnosis of Polycystic Ovarian Syndrome (PCOS) or gone more than 3 months without a menstrual cycle prior to menopause when not on the pill?
10 ☐ Have a waist circumference more than 35 inches or waist-to-hip ratio > 0.85?
10 ☐ Have high blood pressure or history of high blood pressure?
10 ☐ Have a history of stroke or heart attack?
10 ☐ Are you older than age 60?
10 ☐ Have toxemia or preeclampsia during pregnancy?
8 ☐ Have high blood pressure (short of preeclampsia) during pregnancy?
8 ☐ Have BMI between 28 and 30?
5 ☐ Have BMI between 25 and 27?
5 ☐ Have poor circulation in hands or feet?
5 ☐ Have blood clots in legs or lungs>
5 ☐ Are you between 45 and 60 years of age?
4 ☐ Smoke more than 10 cigarettes per day?

Total Score from Part 3:

Part 1: + Part 2: + Part 3: = FINAL SCORE

Final Score 102-149: Mild insulin resistance
Final Score 150-248: Moderate insulin resistance
Final Score > 250: Marked insulin resistance