A FREE SELF-CHECK FROM SONYA, RN

The Insulin Resistance Self-Check

8 signs to look for.
6 labs to ask about.
And what to do with the answers.

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START HERE

Read this first

Most people don't find out about insulin resistance. They find out about type 2 diabetes.

That isn't because anyone did anything wrong. Standard labs are built to catch disease, and they do that job well. Insulin resistance is a pattern that can build quietly for years before it shows up on the tests most of us get once a year.

So if you have been told your labs look fine and you are still dealing with belly weight that will not move, cravings you cannot reason with, and an afternoon crash you plan your day around, you are not imagining it. It is worth a closer look.

> This is a self-check, not a diagnosis.
> Nothing in here tells you what you have. Nobody can tell you that from a PDF. What this does is show you what to notice, what to ask for, and what to do with the answer once you have it.

How to use it

1. Read the next three pages. Check the boxes that sound like you.
2. Take the lab page to your next appointment. Ask for what is listed.
3. Write your numbers down when they come back. Run the HOMA-IR.
4. Bring all of it back to your clinician and ask the three questions at the end.

This part takes about ten minutes. The appointment does the rest.

THE ONE THING TO UNDERSTAND

Why an A1C can look normal while this is already happening

Insulin is the hormone that moves sugar out of your blood and into your cells. That's its job.

When cells stop responding to insulin as well, your body does the logical thing. It makes more of it. And more insulin gets the job done. Your blood sugar stays in range. Your A1C comes back fine.

> A normal A1C does not mean insulin is not working overtime.
>
> It can mean insulin is working overtime, and succeeding.

This can run for years. Blood sugar only starts drifting up when the pancreas cannot keep up with the demand anymore. By the time an A1C actually moves, the pattern underneath it has usually been going a long time.

That is why fasting glucose and A1C on their own may not show the full picture. They measure the result.

They do not measure the effort it took to get that result.

Fasting insulin measures the effort.

That is the entire reason this guide exists, and the entire reason it asks you to request one specific lab by name.

One honest caveat. Insulin resistance is a pattern, not a switch. It exists on a spectrum, it is influenced by sleep, stress, medications, muscle mass, menopause, and genetics, and no single lab value defines it. Anyone who tells you one number gives you the whole answer is selling something.

SECTION 1

8 signs you can notice yourself

Things you can observe without a lab. Check what sounds like you.

- [ ] Belly weight that stays put even when you are eating less
- [ ] Sugar or carb cravings that feel louder than actual hunger
- [ ] Tired within an hour of eating, especially after a carb-heavy meal
- [ ] Brain fog that lifts and comes back rather than staying constant
- [ ] Skin tags on the neck, underarms, or eyelids
- [ ] Darker, velvety-looking skin at the back of the neck or in the underarms (this one has a name: acanthosis nigricans)
- [ ] Hungry again soon after a meal you thought was plenty
- [ ] An afternoon energy dip hard enough that you plan around it

> The number you checked is not a score.
>
> None of these prove anything alone. Every one of them has other possible explanations, and some are common in people with perfectly normal insulin. But they can be clues, and when several of them show up together in the same person, that is worth a conversation rather than another year of wondering.

Take the count with you. Not because it diagnoses anything, but because "I have six of these eight things" is a more useful sentence in an appointment than "I just feel off."

SECTION 2

Conditions associated with insulin resistance

These are not symptoms. These are things a clinician tells you.

The list on the last page was what you can notice. This list is different. These are diagnoses. If you have already been given any of them, insulin resistance is often part of the picture.

- PCOS (polycystic ovary syndrome)
- Fatty liver disease (you may see it written as NAFLD or, more recently, MASLD)
- Prediabetes
- High triglycerides
- Low HDL
- A history of gestational diabetes
- High blood pressure

Not always. Association is not causation, and each of these has its own workup. But often enough that it is reasonable to ask about it directly rather than wait for someone to bring it up.

If you checked something on this page, the labs on the next page are an especially fair thing to ask for.

SECTION 3

6 labs to ask about

Take this page with you. You do not have to memorize it.

LAB	WHAT IT SHOWS	WHY IT IS ON THIS LIST
Fasting insulin	How much insulin your body is making at rest.	The one that can move first. It is not part of most routine panels, so it usually has to be asked for by name.
Fasting glucose	Your blood sugar after not eating.	Standard, and useful. But it is the result, not the effort.
Hemoglobin A1C	Your average blood sugar over roughly three months.	Standard. Can sit in range while insulin is elevated.
Triglycerides	A blood fat that tends to track with insulin.	Probably already on your last lipid panel. Go look at the number.
HDL	The other half of that same pattern.	Also on your lipid panel. Triglycerides and HDL are read together, not separately.
Waist circumference	Measured at the belly button, standing, at the end of a normal breath.	Free. No order needed. You can do this today with a tape measure.

What to actually say

> "I'd like a fasting insulin drawn along with my fasting glucose. I want to look at my HOMA-IR."
>
> That's the whole thing. You do not need a speech.

SECTION 4

Before your appointment

Four things worth knowing, and one number you can get today.

A few honest notes about asking

— Fasting insulin is not on most routine panels. Expect to ask for it by name.

— Some plans do not cover it. It is often inexpensive to self-pay, so ask what it costs before you assume it is out of reach.

— Fasting means fasting. Water only, 8 to 12 hours. No coffee with cream, no gum.

— If your clinician does not think it is needed, ask what they would look at instead and why. That is a real answer and it is worth hearing. This is a conversation, not a fight.

The one you do not need permission for

Five of the six need a blood draw. Waist circumference needs a tape measure and thirty seconds. Do it today, so you have a baseline and a date already on the board.

1. Stand up. Thin layer of clothing or bare skin. Do not do this sitting.
2. Wrap the tape midway between the top of your hip bone and the bottom of your ribs, roughly level with your belly button.
3. Snug, not digging in. Level all the way around, including the back.
4. Breathe out normally and measure at the end of the breath. Do not suck in. The tape does not care.
5. Write the number and the date down. That is your baseline.

> Waist matters because where weight sits carries different metabolic information than how much of it there is. You will see 35 inches for women quoted as a screening threshold, but those cutoffs shift by population and ethnicity, and a screening flag is not a diagnosis. Measure it, write it down, and let your clinician put it in context.

SECTION 5

Record your numbers

Write them here as they come in. Bring this page back.

MARKER	YOUR RESULT	DATE DRAWN
Fasting insulin µIU/mL		
Fasting glucose mg/dL		
Hemoglobin A1C %		
Triglycerides mg/dL		
HDL mg/dL		
Waist circumference inches		

HOMA-IR

HOMA-IR is a simple calculation that uses fasting insulin and fasting glucose together. You can run it yourself with the two numbers above.

$$\text{HOMA-IR} = (\text{fasting insulin} \times \text{fasting glucose}) \div 405$$

US units: insulin in µIU/mL, glucose in mg/dL

My HOMA-IR: _____ Date: _____

Got your number? Turn the page. Do not go googling it first.

SECTION 6

What your number means

And the part where I refuse to do your clinician's job.

> I am not going to give you a cutoff number, and here is why.
>
> There is no single agreed-on HOMA-IR threshold. Different labs, populations, and researchers use different ranges. Generally, lower reflects better insulin sensitivity. But what your number means depends on your medications, your history, your other labs, and the rest of your picture. That read belongs to your clinician. Not to a PDF, and not to a comment section.

What I will tell you is this. If you went and asked for a fasting insulin, you did something most people never do. You stopped waiting for a number to get bad enough to be taken seriously. Whatever the result says, you now have a baseline and a date, which means you have something to compare against later. That is not nothing. That is how you find out whether anything you change is actually working.

Three questions to ask when you bring it back

- Given this number and the signs I checked, is insulin resistance something we should be watching?
- Would you re-check this, and if so, when?
- Is there anything in my history or my medications that changes how you read this?

SECTION 7

Your metabolic snapshot

Print this page. This is the one you hand across the desk.

Fill this in before you go, so you are not trying to remember it in a ten-minute appointment.

1 · WHAT I AM NOTICING

I have _____ of the 8 signs listed on page 4.

The ones that bother me most:

2 · CONDITIONS I HAVE ALREADY BEEN DIAGNOSED WITH

- PCOS
- Fatty liver (NAFLD / MASLD)
- Prediabetes
- High triglycerides
- Low HDL
- History of gestational diabetes
- High blood pressure
- None of these

3 · MY NUMBERS

Fasting insulin		Fasting glucose	
HOMA-IR		Date drawn	

4 · WHAT I WANT TO ASK

Stuck? Start with: Is this something we should be watching? Would you re-check it, and when? Does my history or medication change how you read it?

Bring this page and your lab results to every follow-up appointment. This is not a one-time exercise. One number is a snapshot. Two numbers, six months apart, is information.

YOUR NEXT STEP

Knowing your number does not change your number

You now know what to notice and what to ask for. Here is the part nobody hands you along with the lab slip.

> The labs tell you where you are starting.
> They do not tell you what to do on Tuesday.

Nothing that improves insulin sensitivity is exciting. That is the good news. It means you have not been failing at something hard. It means nobody handed you the unglamorous version.

> What you eat.
>
> The order you eat it in.
>
> Whether you move after meals.
>
> Whether you are building muscle or quietly losing it.
>
> Whether you keep going after the motivation runs out.

That last one is where most plans fall apart, and it is the one nobody sells you. That is what Reverse Course is.

THE NEXT STEP

Reverse Course

The 90-Day Insulin Resistance Reset

What to eat, in what order, when to walk, what to track, and what to do when it stalls. Built for women whose labs came back normal and whose bodies clearly did not get the memo.

Four modules. Daily check-ins. Weekly reset worksheets. A 90-day roadmap.
$147 · sonyarn.com

Individual results vary. Reverse Course is education, not treatment, and it does not replace care from your clinician.

WHO WROTE THIS

Sonya, RN

I'm a Registered Nurse and a Director of Nursing with close to 20 years in healthcare, 15 of them spent with older adults. I have watched what metabolic disease actually does to people over decades, not over a 12-week challenge.

I also lost a significant amount of weight on a GLP-1 starting in December 2022, then lost coverage, and had to figure out the metabolic side of this without the medication holding the line for me.

That is why I teach what I teach. Not because I read about it.

FIND ME

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