

National DPP

required

Eligibility Survey



Name _____

Phone _____

Email _____

Street Address _____

City _____

State _____

Zip _____

1. Have you ever been told by a health care professional that you have Type 1 or Type 2 Diabetes?
 Yes
 No
2. Have you had a blood test within the past year indicating prediabetes or has a doctor ever told you that you had prediabetes based on a blood test?
 Yes
 No
3. If YES to question 2, were your numbers within the following range(s):
 Fasting glucose of 100 to 125 mg/dl
 Plasma glucose measured 2 hours after a 75 gm glucose load of 140 to 199 mg/dl
 A1c of 5.7 to 6.4
4. Have you ever had gestational diabetes during a previous pregnancy?
 Yes
 No

5. Did you score >5 on the CDC Risk Test, score ≥ 9 on the ADA Risk Test or >5 on the Ad Council Risk Test?
 Yes
 No
6. What is your age at the start of class?

7. Are you Hispanic or Latino?
 Yes
 No
8. What is your race?
 American Indian or Alaska Native
 Asian or Asian-American
 Black or African-American
 Native Hawaiian or Pacific-Islander
 White or Caucasian
 Other
9. What is your sex?
 Male
 Female

10. How tall are you in inches? _____
11. What is your weight to the nearest pound? _____
12. What is the highest level of education/ school that you have completed?
- Less than grade 12 (No HS or GED)
 - Grade 12 or GED (High school graduate)
 - Some college (1 to 3 years or technical school)
 - College (4 years or more, college graduate)
13. What is your home zip code? _____
14. Who referred you to this program or where did you hear about the program?
- Non-primary care health professional (e.g. pharmacist, dietician)
 - Primary care provider/ office or specialist (e.g. MD, DO, PA, NP, or other staff at provider's office)
 - Community-based organization or Community Health Worker
 - Self (decided to come on your own)
 - Family/ friends
 - Employer or employer's wellness program
 - Insurance company
 - Media (radio, newspaper, billboard, poster/flyer, etc.), national media (TV, Internet ad), and social media (Facebook, Twitter, etc.)
 - Other
15. If answered "non-primary care health professional" or "primary care provider/ office or specialist," to question 14, what is the name of your healthcare professional?
- _____
16. What is your annual household income?
- _____

17. What is your household size? _____
18. Who is the primary payer for your participation in this lifestyle change program?
- Medicare
 - Medicaid
 - Private Insurer
 - Self-pay
 - Dual Eligible (Medicare or Medicaid)
 - Grant funding
 - Employer
 - Other
19. Did you receive an NDPP Scholarship?
- Yes
 - No
20. How did you qualify for the scholarship?
- _____
21. Have you EVER been told by a doctor, nurse or other healthcare professional that you have high blood pressure?
- Yes, borderline high or pre-hypertensive
 - Yes, only during pregnancy (females only)
 - No
 - Do not know
22. Do you currently use any tobacco or nicotine products?
- Yes
 - No
23. Do you plan to quit within the next 30 days?
- Yes, I want a referral to the Quit Line
 - Yes, but I do not want a referral to the Quit Line
 - Yes, but I just want the **Ready, Set, Quit** module
 - No, but I just want the **Ready, Set, Quit** module
 - No, I don't want anything now

DO YOU HAVE PREDIABETES?

Prediabetes Risk Test

- 1** How old are you?
 Less than 40 years (0 points)
 40—49 years (1 point)
 50—59 years (2 points)
 60 years or older (3 points)
- 2** Are you a man or a woman?
 Man (1 point) Woman (0 points)
- 3** If you are a woman, have you ever been diagnosed with gestational diabetes?
 Yes (1 point) No (0 points)
- 4** Do you have a mother, father, sister, or brother with diabetes?
 Yes (1 point) No (0 points)
- 5** Have you ever been diagnosed with high blood pressure?
 Yes (1 point) No (0 points)
- 6** Are you physically active?
 Yes (0 points) No (1 point)
- 7** What is your weight status?
 (see chart at right)

Write your score in the box.



Add up your score.



Height	Weight (lbs.)		
	(1 Point)	(2 Points)	(3 Points)
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)
You weigh less than the amount in the left column (0 points)			



Adapted from Bang et al., Ann Intern Med 151:775-783, 2009.
 Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher:

You're likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanic/Latinos, American Indians, Asian Americans and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

LOWER YOUR RISK

Here's the good news: it is possible with small steps to reverse prediabetes - and these measures can help you live a longer and healthier life.

If you are at high risk, the best thing to do is contact your doctor to see if additional testing is needed.

Visit DoIHavePrediabetes.org for more information on how to make small lifestyle changes to help lower your risk.

For more information, visit us at

DoIHavePrediabetes.org

