

Prediabetes Risk Test

1. How old are you?

- Younger than 40 years (0 points)
- 40–49 years (1 point)
- 50–59 years (2 points)
- 60 years or older (3 points)

Write your score in the boxes below

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 category?

(See chart at right)

Height	Weight (lbs.)		
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 1 Point column (0 points)		

Total score:

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 are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

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

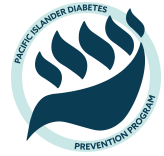
Higher body weight increases diabetes risk for everyone. Asian Americans are at increased risk for type 2 diabetes at lower weights (about 15 pounds lower than weights in the 1 Point column).

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent type 2 diabetes through a **CDC-recognized lifestyle change program** at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

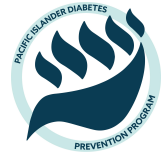




PI-DPP Enrollment Form

* is required

Name of organization hosting the Lifestyle Change program: *		
What motivated you to join the Lifestyle Change program? * MARK <u>ONE</u> ANSWER		
<input type="checkbox"/> Health professional <input type="checkbox"/> Blood test results <input type="checkbox"/> Prediabetes risk test <input type="checkbox"/> Community-based organization (church, community center, fitness center, etc.) <input type="checkbox"/> Family or friends <input type="checkbox"/> Someone who graduated or is in the program <input type="checkbox"/> Employer or Employer Wellness Program <input type="checkbox"/> Health Insurance Company <input type="checkbox"/> Media advertisement (social media, flyer, newspaper, billboard, radio, etc.) <input type="checkbox"/> Self - I decided to come on my own <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Other: _____		
Were you referred to the program by a healthcare professional? * MARK <u>ONE</u> ANSWER		
<input type="checkbox"/> Yes, a doctor/doctor's office <input type="checkbox"/> Yes, a pharmacist <input type="checkbox"/> Yes, other healthcare professional <input type="checkbox"/> No		
First name: *	Last name: *	Phone number: *
City: *	State or region: *	Zip code: *
Birth date: *	Weight: *	Height: *
Health Insurance Status: * MARK <u>ONE</u> ANSWER		
<input type="checkbox"/> I HAVE health insurance. Type of health insurance: _____ <input type="checkbox"/> I do NOT HAVE health insurance		
What is your ethnicity? * MARK <u>ALL</u> THAT APPLY		
<input type="checkbox"/> Carolinian <input type="checkbox"/> Chamorro <input type="checkbox"/> Chuukese <input type="checkbox"/> Filipino <input type="checkbox"/> Kosraean <input type="checkbox"/> Yapese <input type="checkbox"/> Guamanian <input type="checkbox"/> Marshallese <input type="checkbox"/> Melanesian <input type="checkbox"/> Nauruan		
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Niuean <input type="checkbox"/> Palauan <input type="checkbox"/> Papua New Guinean <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Rotuman <input type="checkbox"/> Samoan <input type="checkbox"/> Tongan <input type="checkbox"/> Tokelauan		
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other: _____		



PI-DPP Enrollment Form

What is the highest level of education you have completed? * MARK <u>ONE</u> ANSWER				
<input type="checkbox"/> Less than grade 12 (no high school diploma or GED)				
<input type="checkbox"/> Grade 12 or GED (high school graduate)				
<input type="checkbox"/> 1-3 years of college or technical school				
<input type="checkbox"/> 4 years of college (college graduate)				
Sex *	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say	
Gender *	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Prefer not to say
Do you have a: * MARK <u>ALL</u> THAT APPLY				
<input type="checkbox"/> Physical Disability				
<input type="checkbox"/> Visual Disability				
<input type="checkbox"/> None				
Speak with your Lifestyle Coach if you have a disability that may prevent you from participating in physical activity.				
Have you ever been diagnosed with Type 1 or Type 2 diabetes? *			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever taken a blood test which indicated prediabetes? *			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(female only) Are you currently pregnant? *			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(female only) Have you ever been diagnosed with gestational diabetes mellitus (GDM)? *			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you score a 5 or more on the prediabetes risk test? *			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know your HbA1c? * MARK <u>ONE</u> ANSWER				
<input type="checkbox"/> Yes, it is: _____				
<input type="checkbox"/> No				

* Please confirm that all questions were answered and the information is correct, then sign below.

Participant Signature * : _____ Staff Signature * : _____

Date * : _____ Date * : _____