



For office use only

Participant ID: _____
 Cohort ID: _____
 Coach ID: _____
 Date: _____
 BMI: _____ DPP Eligible: _____

National Diabetes Prevention Program | Participant Registration Form

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Date of Birth (mm/dd/yyyy): _____ Age: _____

Sex (Assigned at Birth): Male Female Gender: Male Female Transgender

Height: _____ feet _____ inches Starting weight: _____ pounds

Ethnicity: (Check one)

Hispanic or Latino
 NOT Hispanic or Latino

Race: (Select all that apply):

American Indian/Alaska Native
 Asian/Asian American
 Black/African American
 Native Hawaiian or
 Other Pacific Islander
 White

Education: (Check one)

Less than grade 12
 Grade 12 or GED (H.S. graduate)
 Some college or technical school
 College or technical school
 graduate or higher

What was your main motivation for signing up for this program? Who or what convinced you that you should try it? (Select one)

Healthcare Professional
 Blood test result
 Prediabetes Risk test (short survey)
 Someone at a community-based organization (church, community center, fitness center, etc.)
 Family or friends
 Current or past participant in the National DPP Lifestyle Change Program
 Employer or employer's wellness plan
 Health insurance plan
 Media advertisements (social media, flyer, brochure, radio ad, billboard, etc.)
 Blood test result

Did a healthcare provider ask you to join this National DPP LCP? (Select one)

Yes, a doctor/doctor's office
 Yes, other healthcare professional
 Yes, a pharmacist
 No

Who is covering the cost for this program? (Select one)

Medicare
 Medicaid
 Private Insurer
 Self-pay
 Dual Eligible (Medicare and Medicaid)
 Grant funding
 Employer
 Free of charge
 Other

ELIGIBILITY CRITERIA

Note: CDC eligibility requirements include **A** (BMI Requirement) **AND B** (Prediabetes determined by Blood test) or **C** (Prediabetes determined by risk test)

A. The National Diabetes Prevention Program is designed to help people prevent or delay type 2 diabetes for people with prediabetes. If you have taken any of the following blood tests, please provide the most recent date and your results of your test below. A recent (within the past year) blood test meeting one of the following specifications:

Fasting glucose date _____ test result _____

Oral Glucose Tolerance date _____ test result _____

A1c date _____ test result _____

B. Have you been diagnosed with gestational diabetes in a past pregnancy?

Yes

No

Not Sure

Not Applicable

C. Prediabetes Determined by Risk Test

Please complete the Prediabetes Risk Test on the next page. Please write your score in the space below.

Total Risk Score _____



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Prediabetes Risk Test

NATIONAL
DIABETES
PREVENTION
PROGRAM

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)

Total score:

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)			

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.**

If you are African American, Hispanic/Latino American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American, you are at increased risk for type 2 diabetes at a lower weight (about 15 pounds lower than weights in the 1 Point column). Talk to your doctor to see if you should have your blood sugar tested.

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent or delay 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.



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Thank you for completing your registration form!