



DIABETES PREVENTION PROGRAM ENROLLMENT FORM

Registration Date*: _____

*Required information to complete enrollment in REDCap

PARTICIPANT DETAILS

First Name*		Home Phone <i>(include area code)</i>	
Middle Name		Mobile Phone <i>(include area code)</i>	
Last Name*		Work Phone <i>(include area code)</i>	
Nickname/Preferred Name		Email	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer		Contact Preference <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile – call <input type="checkbox"/> Mobile – text <input type="checkbox"/> Email <input type="checkbox"/> Mail	Current YMCA Member? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth* (MM/DD/YYYY)			
Address Street 1*		Meets federal poverty guidelines for income status? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Street 2			
City			
State*	ZIP Code*		

Note: For program participation, age must be 18 years or greater (see date of birth)

Level of Education*

- Less than grade 12
- Grade 12 or GED
- Some college/technical school
- College or technical school graduate or higher

Language

- Chinese
- English
- Spanish
- Other
- Declined

Ethnicity and Race*

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Prefer not to answer
- Other

Ethnicity and Race Additional Details

(optional – see appendix)

Did a Health Care Professional ask you to enroll?* <input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, which type? <input type="checkbox"/> Doctor/Doctor's Office <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other Health Care Professional		Disability Screener* 1. Are you deaf or have serious difficulty hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Are you blind or have serious difficulty seeing, even with glasses? <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Do you have serious difficulty walking or climbing stairs? <input type="checkbox"/> No <input type="checkbox"/> Yes 5. Do you have difficulty dressing or bathing? <input type="checkbox"/> No <input type="checkbox"/> Yes 6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <input type="checkbox"/> No <input type="checkbox"/> Yes
Motivation to Join the Program* <input type="checkbox"/> Current or Past Program Participant <input type="checkbox"/> Media/Marketing <input type="checkbox"/> Family/Friends/Word of Mouth <input type="checkbox"/> Blood Test Results <input type="checkbox"/> Prediabetes Risk Test Results <input type="checkbox"/> Employer/Wellness Plan <input type="checkbox"/> Health Insurance Plan <input type="checkbox"/> Program Champion <input type="checkbox"/> Doctor/other Health Care Professional <input type="checkbox"/> Community-based Organization		

COMPLETED BY YMCA:

CONFIRM PAYER TYPE* <input type="checkbox"/> Self-pay <input type="checkbox"/> Grant Funded <input type="checkbox"/> Financial Aid <input type="checkbox"/> Direct Payer/Employer <input type="checkbox"/> Medicare		
<input type="checkbox"/> Medicaid <input type="checkbox"/> Dual eligible (Medicare/Medicaid) <input type="checkbox"/> Private/commercial insurer <input type="checkbox"/> Military/Government		
Payer or Funder Name	Employer Name	
Class/Cohort Name <i>(use the same exact name across participants in same class to be able to filter in Reports)</i>	Cohort Delivery Mode <input type="checkbox"/> In-Person <input type="checkbox"/> Distance Learning (live) <input type="checkbox"/> In-person w/a Distance Learning Component	
Participant Status <input type="checkbox"/> Enrolled <input type="checkbox"/> Wait list <input type="checkbox"/> Dropout	Authorization Form Collected? <input type="checkbox"/> No <input type="checkbox"/> Yes	

PARTICIPANT QUALIFICATION

Height (ft) * [^]	Height (in) * [^]	Weight * [^]	BMI
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[^]self-reported

Note: For program participation, BMI ≥ 25 kg/m² is **required**; Asian individual(s) BMI ≥ 23 kg/m²

MEETS BLOOD VALUE/DIAGNOSIS QUALIFICATIONS

Check for the criteria below first. If this information is unavailable, proceed to "Meets CDC At-Risk Qualifications" section below.

A1c (must be 5.7%–6.4%)

Fasting Plasma Glucose (must be 100–125 mg/dL)

2-Hour (75 gm glucose load) Plasma Glucose (must be 140–199 mg/dL)

Prediabetes determined by clinical diagnoses of gestational diabetes during previous pregnancy: No Yes N/A

Blood values must be within the last year.

Note: An individual with a blood value in the normal range cannot be enrolled in the program, even if they meet at-risk qualifications (based on risk test below). Blood values are more accurate than risk scores for diabetes risk determination.

ADA / CDC PREDIABETES RISK QUIZ

Write score in the column to the right	Score
1. Candidate's age: <input type="checkbox"/> Younger than 40 (0 pts.) <input type="checkbox"/> 40-49 (1 pt.) <input type="checkbox"/> 50-59 (2 pts.) <input type="checkbox"/> 60+ (3 pts.)	
2. Candidate's sex at birth: <input type="checkbox"/> Male (1 pt.) <input type="checkbox"/> Female (0 pts.)	
3. Candidate has been diagnosed with gestational diabetes: <input type="checkbox"/> Yes (1 pt.) <input type="checkbox"/> No (0 pts.)	
4. Candidate has a family member (parent or sibling) with diabetes: <input type="checkbox"/> Yes (1 pt.) <input type="checkbox"/> No (0 pts.)	
5. Candidate has been diagnosed with high blood pressure: <input type="checkbox"/> Yes (1 pt.) <input type="checkbox"/> No (0 pts.)	
6. Candidate is physically active: <input type="checkbox"/> Yes (0 pts.) <input type="checkbox"/> No (1 pt.)	
7. Candidate's weight category (see chart below for point value)	
Total Risk Score (score must be 5 or greater to qualify for enrollment in 'At-Risk' category)	

At-Risk Weight Chart *(BMI should be calculated using a separate resource)*

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

NOTE: Zero points if you weigh less than the 1-point column

Race and Ethnicity Additional Details – Appendix

American Indian or Alaska Native: Includes all individuals who identify with any of the original peoples of North, Central, and South America. It includes people who identify as American Indian or Alaska Native and groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc.

Asian or Asian American: Includes all individuals who identify with one or more nationalities or ethnic groups originating in East Asia, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Black or African American: Includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the Black racial groups of sub-Saharan Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, Bahamian, etc.

Hispanic or Latino: Includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American, and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, and Colombian. The category also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian, Venezuelan, etc.

Middle Eastern or North African: Includes all individuals who identify with one or more nationalities or ethnic groups originating in the Middle East or North Africa. Examples of these groups include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli. The category also includes groups such as Algerian, Iraqi, Kurdish, Tunisian, Chaldean, Assyrian, etc.

Native Hawaiian or Pacific Islander: Includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

White: Includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Polish, and French. The category also includes groups such as Scottish, Norwegian, Dutch, Slavic, Cajun, Roma, etc.