



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		Contact preference <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
Date of birth* (MM/DD/YYYY)		
Address Street 1*		
Street 2		
City		
State*	Zip code	

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

Language

- Arabic
- Chinese
- English
- Spanish
- Other
- Declined

Race*

- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White or Caucasian
- Prefer not to answer
- Other

Ethnicity*

- Not Hispanic or Latino
- Hispanic or Latino
- Prefer not to answer

Education*

- Less than high school
- High school diploma or GED
- Associate degree
- Bachelors degree
- Masters degree
- Doctorate
- Professional degree (MD, JD, DDS, etc.)
- Other

CURRENT YMCA MEMBER	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
CONFIRM PAYOR TYPE*	<input type="checkbox"/> Self-pay	<input type="checkbox"/> Self and/or Grant/Financial Aid	<input type="checkbox"/> Direct Payor
Meets federal poverty guidelines for income status?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Payor or Funder name
			Employer name

REFERRAL METHOD <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Media/Marketing <input type="checkbox"/> Screening/Testing Event or Health Fair <input type="checkbox"/> Staff Member <input type="checkbox"/> Family/Friend/Word of Mouth <input type="checkbox"/> Employer or Insurance Company <input type="checkbox"/> Past Program Participant <input type="checkbox"/> Other	PARTICIPANT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Wait list <input type="checkbox"/> Dropout
	Class/cohort name <i>(use the same exact name across participants in same class to be able to filter in Reports)</i>
	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 glucola) 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 he or she meets at-risk qualifications (based on risk test below). Blood values are more accurate than risk scores for diabetes risk determination.

MEETS ADA/CDC AT-RISK QUALIFICATIONS

Complete the questions below based on the candidate's response **only if** above qualifying information is unavailable.

Add the number of points listed.	Score
How old are you? Younger than 40 (0 points) 40-49 years (1 point) 50-59 years (2 points) 60 years or older (3 points)	
Are you a man (1 point) or woman (0 points)?	
If you are a woman, have you ever been diagnosed with gestational diabetes? Yes (1 point) No (0 points)	
Do you have a mother, father, sister, or brother with diabetes? Yes (1 point) No (0 points)	
Have you ever been diagnosed with high blood pressure? Yes (1 point) No (0 points)	
Are you physically active? Yes (0 points) No (1 point)	
What is your weight category? See chart at right	
Total Risk Score (score must be 5 or greater to qualify for enrollment in 'At-Risk' category)	

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
You weigh less than the 1 point column (0 points)			

EMERGENCY CONTACT NAME & NUMBER _____