



DIABETES PREVENTION PROGRAM ENROLLMENT FORM

Registration Date*: _____

*required information to complete enrollment in REDCap

PARTICIPANT DETAILS

First name*	Home phone (include area code)
Middle name	Mobile phone (include area code)
Last name*	Work phone (include area code)
Nickname/preferred name	Email
Sex at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer	Contact preference
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Home phone
Date of birth* (MM/DD/YYYY)	<input type="checkbox"/> Work phone
Address Street 1*	<input type="checkbox"/> Mobile – Call
Street 2	<input type="checkbox"/> Mobile – Text
City	<input type="checkbox"/> Email
State*	<input type="checkbox"/> Mail
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
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ 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

CLASS DELIVERY MODE	DID A HEALTH CARE PROFESSIONAL ASK YOU TO ENROLL?
<input type="checkbox"/> In-Person	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Remote/Distance Learning	(If yes, which type of health care professional?)
<input type="checkbox"/> Combination	<input type="checkbox"/> Doctor/Doctor's Office <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other
MOTIVATION TO JOIN PROGRAM	PARTICIPANT STATUS
<input type="checkbox"/> Current/Former Program Participant	<input type="checkbox"/> Enrolled
<input type="checkbox"/> Family/Friends/Word of Mouth	<input type="checkbox"/> Wait list
<input type="checkbox"/> Doctor/Other HCP	<input type="checkbox"/> Dropout
<input type="checkbox"/> Health Insurance Company	Class/cohort name
<input type="checkbox"/> Media/Marketing	(use the same exact name across participants in same class to be able to filter in Reports)
<input type="checkbox"/> Employer/Wellness Plan	Authorization Form Collected
<input type="checkbox"/> Blood Test Results	<input type="checkbox"/> No
<input type="checkbox"/> Risk Quiz Results	<input type="checkbox"/> Yes
<input type="checkbox"/> Y Staff Member/Volunteer	

PARTICIPANT QUALIFICATION

Height (ft) ^{*^}	Height (in) ^{*^}	Weight ^{*^}	BMI
---------------------------	---------------------------	----------------------	-----

[^]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.

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: You weigh less than the 1-point column (0 pts.)

Please complete the form and return it to
jenniedawkins@ymcaup.org
 Community Health Director, YMCA of Upper Palmetto.
 Questions? Please call 803-324-9622 x226.