



Intake Form

First Name: _____ **Last Name:** _____

Age: _____ **Phone Number:** _____

Email Address: _____

Mailing Address: _____

Who or what motivated you the most to sign up for the program:

- Healthcare Professional
- Blood test result
- Prediabetes Risk test (short survey)
- Someone at a community based organization (church, community center, fitness center, etc.)
- 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.)
- Other

Did a healthcare professional ask you to join the program?

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

Ethnicity:

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

Sex (assigned at birth):

- Male
- Female

Gender (Describe how you identify):

- Female
- Male
- Non-binary
- Prefer not to answer
- Prefer to self-describe: _____

Race (Select all that apply):

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Height: _____

Education:

- Less than grade 12
- Grade 12 or GED (High School graduate)
- College- 1 year to 2 years (Some college or technical school)
- College- 4 years or more (College Graduate)
- Advanced Degree (e.g. PhD, MD, MS, MA, MPH, MBA)

Insurance Type:

HMO

PPO

Health Plan Name:

Anthem PPO- UC Care

Anthem PPO- Health Savings Plan (HSP)

Anthem PPO- Core

Health Net- Blue & Gold

Kaiser HMO

Campus Affiliation:

Staff

Faculty

Retired Staff

Emeriti

Student

Campus Department: _____

How many years have you been employed by the UC? _____

Are you Union represented?

Yes

No

How did you hear about the program?

Did you receive a UC Health DPP Invitation Letter in the mail?

Yes

No

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. BMI Requirement (≥ 25 kg/m² or ≥ 23 kg/m², Asian individuals)

Height: _____ Weight: _____

AND ONE OF THE FOLLOWING:

B. Prediabetes Determined by Blood Test (One of the following)

A recent (within the past year) blood test meeting one of the following specifications:

____ Fasting glucose of 100 to 125 mg/dl

____ Plasma glucose measured 2 hours after a 75 glucose load of 140 to 199 mg/dl

____ A1c of 5.7 to 6.4. What was your A1C? _____

____ Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy

C. Prediabetes Determined by Risk Test on pg. 5 (Score must be 5 or greater)

2018 CDC Diabetes Prevention Recognition Program Prediabetes Risk Test

Total Risk Score _____

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) _____

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 150:775-783, 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.

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