Intake Form

First Name: ___________________________________________ Last Name: __________________________

Age: _______________________________________________ Phone Number: __________________________

Email Address: ____________________________________________________________________________

Mailing Address: __________________________________________________________________________

Enrollment Source:

___ Non-primary care health professional
___ Primary care provider/office or specialist
___ Community-based organization or community health worker
___ Self (decided to come on own)
___ Family/friends
___ An employer or employer’s wellness program
___ Insurance Company
___ Media (radio, newspaper, poster/flyer, etc.)
___ Other

Ethnicity:

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

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)

Sex:

___ Male
___ Female
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

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
   _____ 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)

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)

Write your score in the boxes below:

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight (lbs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'10&quot;</td>
<td>119-142</td>
</tr>
<tr>
<td>4'11&quot;</td>
<td>124-147</td>
</tr>
<tr>
<td>5'0&quot;</td>
<td>128-152</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>132-157</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>136-163</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>141-168</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>145-173</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>150-179</td>
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<tr>
<td>5'6&quot;</td>
<td>155-185</td>
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<tr>
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<td>159-190</td>
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<td>164-196</td>
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<td>169-202</td>
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<td>189-226</td>
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<td>6'2&quot;</td>
<td>194-232</td>
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<tr>
<td>6'3&quot;</td>
<td>200-239</td>
</tr>
<tr>
<td>6'4&quot;</td>
<td>205-245</td>
</tr>
</tbody>
</table>

Total score:  

Adapted from Song et al., J Am Board Med 19:575-782, 2006. Original algorithm was validated without gestational diabetes as part of the model.

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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.