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		**Contact preference**
Date of birth* (MM/DD/YYYY)		☐ Home phone
Address Street 1*		☐ Work phone
Street 2		☐ Mobile phone
City		☐ Email
State*	**Zip code**	☐ Mail

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 ☐ No ☐ Yes	
CONFIRM PAYOR TYPE* ☐ Self-pay ☐ Self and/or Grant/Financial Aid ☐ Direct Payor	
Meets federal poverty guidelines for income status? ☐ No ☐ Yes	**Payor or Funder name**
	Employer name

REFERRAL METHOD
- ☐ Health Care Provider
- ☐ Media/Marketing
- ☐ Screening/Testing Event or Health Fair
- ☐ Staff Member
- ☐ Family/Friend/Word of Mouth
- ☐ Employer or Insurance Company
- ☐ Past Program Participant
- ☐ Other

PARTICIPANT STATUS
- ☐ Enrolled
- ☐ Wait list
- ☐ Dropout

Class/cohort name
(use the same exact name across participants in same class to be able to filter in Reports)

Authorization Form Collected
- ☐ No
- ☐ Yes

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 in 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 CDC AT-RISK QUALIFICATIONS

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

For each "Yes" answer, add the number of points listed.	YES	NO
Is the candidate a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Does the candidate have a parent with diabetes?	1	0
Does the candidate have a brother or sister with diabetes?	1	0
Does the candidate weigh as much as or more than the weight listed for their height? (refer to chart on the right)	5	0
Is the candidate younger than 65 years of age and gets little or no activity in a typical day?	5	0
Is the candidate between 45 and 64 years of age?	5	0
Is the candidate 65 years of age or older?	9	0
Total Risk Score (score must be 9 or greater to qualify for enrollment in 'At-Risk' category)		

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

Height	Weight
4'10	129
4'11	133
5'0	138
5'1	143
5'2	147
5'3	152
5'4	157
5'5	162
5'6	167
5'7	172
5'8	177
5'9	182
5'10	188
5'11	193
6'0	199
6'1	204
6'2	210
6'3	216
6'4	221