

Core Group Code:
Participant ID:

Coach ID:

Diabetes Prevention Program

Instructions:

Please answer the questions on both sides of this form. Please print clearly.

Your Name: _____

1. What is your date of birth? / /
Month Day Year

2. Your address: _____

Street: _____

City, State, Zip Code: _____

3. How do you want us to reach you?

Phone

E-mail

US Mail

4. What is your gender?

Female

Male

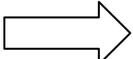
5. Are you of Hispanic, Latino, or Spanish origin?

Yes

No

Unknown

Prefer not to answer

Please turn over 

Diabetes Prevention Program

6. What is your race? (Mark all that apply.)

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

7. Has a health care provider ever told you that you have any of the following? (Please mark all that apply.)

- Diabetes
- Prediabetes
- Gestational Diabetes
- None of the above

To be completed by coach

Prediabetes Test:

- A1c
- Fasting Blood Glucose
- Oral Glucose Tolerance Test

8. If you took the CDC Prediabetes Risk Test, please tell us the number:

- 1-8
- 9 or more
- Did not take the test

9. What is your height?

| | |
|--|--|
| | |
|--|--|

Feet

Inches

To be completed by coach

BMI =

Thank you!