Diabetes Prevention Program Enrollment Form

Please fill out both pages and send to dpp@prismahealth.org or fax to 864-522-1428

If you have any questions, please contact 864-522-1440, or email dpp@prismahealth.org

Section 1: **Today's Date** (mm/dd/yyyy) _____/ _____/_____

Full name:	Email address:
Phone number and cell phone carrier	Date of birth (mm/dd/yyy) _____/ _____/ _____
State of residency:	Gender ☐ Male ☐ Female
Highest level of education *(Check one)*: ☐ Less than grade 12 ☐ Grade 12 or GED ☐ College - 1 to 3 years (some college or technical school) ☐ College – 4 years or more	**Race** (*Check all that apply):* ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
Height: _____ feet _____ inches	Ethnicity (Check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Starting weight *(self-reported):* _____ pounds *(round to nearest pound)*	**How did you learn about this program?** ☐ 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 (poster/flyer, website, etc.) ☐ Other ☐ Not reported

Section 2:

1. **Have you been told by a health care provider that you have prediabetes, elevated blood sugar, or borderline diabetes?** *(Check one*):

   ☐ Yes ☐ No

   1a. <u>If yes</u>, what type of blood test was performed? *(Check all that apply)*

   - ☐ Finger prick blood test
   - ☐ Fasting glucose test (blood test where blood was drawn with needle)
   - ☐ Hemoglobin A1c test
   - ☐ Oral Glucose Tolerance Test
   - ☐ Don't know / don't remember

   1b. <u>If no,</u> complete the Prediabetes Risk Test.

2. **<u>If you are a woman</u>, have you ever been told by a health care provider that you had Gestational Diabetes Mellitus (GDM) during pregnancy?** *(Check one*):

   ☐ Yes ☐ No

3. **<u>If you are a woman</u>, are you pregnant or planning to become pregnant?** *(Check all that apply*):

   ☐ Yes ☐ No ☐ Planning to become pregnant