National Diabetes Prevention Program

**IDENTIFICATION**

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<tr>
<th>Participant Name</th>
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<tr>
<th>Street Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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<tr>
<th>Date of Birth</th>
<th>Male</th>
<th>Female</th>
<th>Height</th>
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**Ethnicity:**
- White □
- American Indian or Alaskan Native □
- Asian □
- Black or African American □
- Native Hawaiian or other Pacific Island □

**PROGRAM ELIGIBILITY** - All three of these questions must be answered yes to be able to participate

*Please check each box that is true:*

1. Participant is at least 18 years old: □ Yes □ No
2. Participant has a BMI of 25 or greater □ Yes □ No
3. Participant is at risk for developing type 2 diabetes or has been diagnosed with pre-diabetes by a healthcare provider □ Yes □ No

**LAB VALUES OR DIAGNOSIS** - Please check each box that meets the stated guideline, to be eligible, at least ONE of the following five situations must apply to fulfill question number 3 above.

- □ HbA1c between 5.7% – 6.4%
- □ Fasting Plasma Glucose: must be 100 – 125 mg/dL
- □ 2-hour (75 gm glucose) Plasma Glucose: must be 140 – 199 mg/dL
- □ Diagnosis of Gestational Diabetes (GDM) during previous pregnancy.  (Self Reported OK)

**PARTICIPANT QUESTIONNAIRE**

- □ Participant Scored 9 or higher on the Center for Disease Control Self-Assessment Risk Test

Please Note: Those Diagnosed with Type 1 or Type 2 Diabetes are not eligible to participate in the Diabetes Prevention Program

Return completed registration to Steuben County Public Health

**By email to:** Lorelei Wagner, Public Health Education Coordinator at loreleiw@co.steuben.ny.us

**By fax to:** 607-664-2166

**By mail or in person to:** Steuben County Public Health, 3 E. Pulteney Square, Bath, NY 14810