

Doctors Diabetes Education Center – Maryland Lifestyle Change Program Intake Form

Diabetes Prevention Program

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

First Name: _____	Last Name: _____
Address 1: _____	
Address 2: _____	
City: _____ State: _____ Zip Code: _____	
Date of Birth (mm/dd/yyyy): ____/____/____	Ethnicity (check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race (check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	
Education (check one): <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate (or GED) <input type="checkbox"/> Some College (1 year to 3 years college or technical school) <input type="checkbox"/> College Degree <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Not reported	How did you hear about this program? <input type="checkbox"/> Primary care doctor/office staff /specialist <input type="checkbox"/> other health professional (e.g., pharmacist, dietitian, social worker) <input type="checkbox"/> Community organization <input type="checkbox"/> Family/friends <input type="checkbox"/> Employer wellness program <input type="checkbox"/> Insurance company <input type="checkbox"/> Media (please check all that apply): <input type="checkbox"/> radio, newspaper, billboard, <input type="checkbox"/> poster/flyer, mail, etc. <input type="checkbox"/> transit bus/train, shelter <input type="checkbox"/> national media (TV, Internet ad) <input type="checkbox"/> social media (Twitter, Facebook, etc.), <input type="checkbox"/> gas station TV, <input type="checkbox"/> movie theater) <input type="checkbox"/> Other _____
Which items do you already have available (check all that apply): <input type="checkbox"/> Bathroom scale <input type="checkbox"/> Measuring cups and spoons <input type="checkbox"/> Comfortable shoes for exercising <input type="checkbox"/> Internet access <input type="checkbox"/> Transportation to and from sessions <input type="checkbox"/> Grocery store options nearby	

Phone Number: _____ - _____ - _____	<input type="checkbox"/> Yes, It is okay to call me between sessions
E-mail Address:	<input type="checkbox"/> Yes, It is okay to contact me by email between sessions
Have you used tobacco/smoked in the past 30-days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes</u> , are you thinking about quitting tobacco/smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told by a health care provider that you have prediabetes, elevated blood sugar, or borderline diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes</u> , please provide the health care provider's contact information below:	
Name: _____	Phone: _____
Address: _____	
<u>If yes</u> , what type of blood test was performed, and what were the values? <i>(check all that apply)</i>	
<input type="checkbox"/> Fasting glucose test (blood test where blood was drawn with needle) _____	
<input type="checkbox"/> Hemoglobin A1c test _____	<input type="checkbox"/> Don't know/Don't remember _____
<input type="checkbox"/> Oral Glucose Tolerance Test _____	
Have you ever been told by a health care provider that you have	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> End Stage Renal Disease (ESRD)	
Describe your Ability Status:	
1) Are you deaf or do you have serious difficulty hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Are you blind or do you have serious difficulty seeing, even when wearing glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Do you have serious difficulty walking or climbing stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Do you have difficulty dressing or bathing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7) Do you need an accommodation to attend the Diabetes Prevention Program class? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What level of commitment can you make during the next 12-months to a lifestyle program?

- | | | |
|--|------------------------------|-----------------------------|
| I can attend weekly sessions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • The morning time works best for me (between 9 am and 12 pm) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • The afternoon or later time works best for me to meet (after 12pm) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I can participate in physical activity, healthy eating, and weekly weigh-ins | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2019 CDC Prediabetes Screening Test

Place a check mark (✓) in the circle next to your answer to the following questions:

Questions	Height & Weight Table				<i>(staff only)</i>																				
1. How old are you? <input type="radio"/> Younger than 40 years <input type="radio"/> 40-49 years <input type="radio"/> 50-59 years <input type="radio"/> 60 years and older	<table border="1"> <thead> <tr> <th data-bbox="919 264 1003 317">Height</th> <th colspan="3" data-bbox="1003 264 1344 317">Weight (lbs.)</th> </tr> </thead> <tbody> <tr> <td data-bbox="919 317 1003 369">4'10"</td> <td data-bbox="1003 317 1117 369">119-142</td> <td data-bbox="1117 317 1230 369">143-190</td> <td data-bbox="1230 317 1344 369">191+</td> </tr> <tr> <td data-bbox="919 369 1003 422">4'11"</td> <td data-bbox="1003 369 1117 422">124-147</td> <td data-bbox="1117 369 1230 422">148-197</td> <td data-bbox="1230 369 1344 422">198+</td> </tr> <tr> <td data-bbox="919 422 1003 474">5'0"</td> <td data-bbox="1003 422 1117 474">128-152</td> <td data-bbox="1117 422 1230 474">153-203</td> <td data-bbox="1230 422 1344 474">204+</td> </tr> <tr> <td data-bbox="919 474 1003 527">5'1"</td> <td data-bbox="1003 474 1117 527">132-157</td> <td data-bbox="1117 474 1230 527">158-210</td> <td data-bbox="1230 474 1344 527">211+</td> </tr> </tbody> </table>				Height	Weight (lbs.)			4'10"	119-142	143-190	191+	4'11"	124-147	148-197	198+	5'0"	128-152	153-203	204+	5'1"	132-157	158-210	211+	0 1 2 3
Height	Weight (lbs.)																								
4'10"	119-142	143-190	191+																						
4'11"	124-147	148-197	198+																						
5'0"	128-152	153-203	204+																						
5'1"	132-157	158-210	211+																						
2. Are you male or female? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender	<table border="1"> <tbody> <tr> <td data-bbox="919 539 1003 592">5'2"</td> <td data-bbox="1003 539 1117 592">136-163</td> <td data-bbox="1117 539 1230 592">164-217</td> <td data-bbox="1230 539 1344 592">218+</td> </tr> <tr> <td data-bbox="919 592 1003 644">5'3"</td> <td data-bbox="1003 592 1117 644">141-168</td> <td data-bbox="1117 592 1230 644">169-224</td> <td data-bbox="1230 592 1344 644">225+</td> </tr> <tr> <td data-bbox="919 644 1003 697">5'4"</td> <td data-bbox="1003 644 1117 697">145-173</td> <td data-bbox="1117 644 1230 697">174-231</td> <td data-bbox="1230 644 1344 697">232+</td> </tr> </tbody> </table>				5'2"	136-163	164-217	218+	5'3"	141-168	169-224	225+	5'4"	145-173	174-231	232+	1 0								
5'2"	136-163	164-217	218+																						
5'3"	141-168	169-224	225+																						
5'4"	145-173	174-231	232+																						
3. If female, have you ever been diagnosed with gestational diabetes? (diabetes during pregnancy) <input type="radio"/> Yes <input type="radio"/> No	<table border="1"> <tbody> <tr> <td data-bbox="919 711 1003 764">5'5"</td> <td data-bbox="1003 711 1117 764">150-179</td> <td data-bbox="1117 711 1230 764">180-239</td> <td data-bbox="1230 711 1344 764">240+</td> </tr> <tr> <td data-bbox="919 764 1003 816">5'6"</td> <td data-bbox="1003 764 1117 816">155-185</td> <td data-bbox="1117 764 1230 816">186-246</td> <td data-bbox="1230 764 1344 816">247+</td> </tr> <tr> <td data-bbox="919 816 1003 869">5'7"</td> <td data-bbox="1003 816 1117 869">159-190</td> <td data-bbox="1117 816 1230 869">191-254</td> <td data-bbox="1230 816 1344 869">255+</td> </tr> </tbody> </table>				5'5"	150-179	180-239	240+	5'6"	155-185	186-246	247+	5'7"	159-190	191-254	255+	1 0								
5'5"	150-179	180-239	240+																						
5'6"	155-185	186-246	247+																						
5'7"	159-190	191-254	255+																						
4. Do you have a father, mother, sister or brother with diabetes? <input type="radio"/> Yes <input type="radio"/> No	<table border="1"> <tbody> <tr> <td data-bbox="919 884 1003 936">5'8"</td> <td data-bbox="1003 884 1117 936">164-196</td> <td data-bbox="1117 884 1230 936">197-261</td> <td data-bbox="1230 884 1344 936">262+</td> </tr> <tr> <td data-bbox="919 936 1003 989">5'9"</td> <td data-bbox="1003 936 1117 989">169-202</td> <td data-bbox="1117 936 1230 989">203-269</td> <td data-bbox="1230 936 1344 989">270+</td> </tr> <tr> <td data-bbox="919 989 1003 1041">5'10"</td> <td data-bbox="1003 989 1117 1041">174-208</td> <td data-bbox="1117 989 1230 1041">209-277</td> <td data-bbox="1230 989 1344 1041">278+</td> </tr> <tr> <td data-bbox="919 1041 1003 1094">5'11"</td> <td data-bbox="1003 1041 1117 1094">179-214</td> <td data-bbox="1117 1041 1230 1094">215-285</td> <td data-bbox="1230 1041 1344 1094">286+</td> </tr> </tbody> </table>				5'8"	164-196	197-261	262+	5'9"	169-202	203-269	270+	5'10"	174-208	209-277	278+	5'11"	179-214	215-285	286+	1 0				
5'8"	164-196	197-261	262+																						
5'9"	169-202	203-269	270+																						
5'10"	174-208	209-277	278+																						
5'11"	179-214	215-285	286+																						
5. Have you ever been diagnosed with high blood pressure? <input type="radio"/> Yes <input type="radio"/> No	<table border="1"> <tbody> <tr> <td data-bbox="919 1056 1003 1108">6'0"</td> <td data-bbox="1003 1056 1117 1108">184-220</td> <td data-bbox="1117 1056 1230 1108">221-293</td> <td data-bbox="1230 1056 1344 1108">294+</td> </tr> <tr> <td data-bbox="919 1108 1003 1161">6'1"</td> <td data-bbox="1003 1108 1117 1161">189-226</td> <td data-bbox="1117 1108 1230 1161">227-301</td> <td data-bbox="1230 1108 1344 1161">302+</td> </tr> <tr> <td data-bbox="919 1161 1003 1213">6'2"</td> <td data-bbox="1003 1161 1117 1213">194-232</td> <td data-bbox="1117 1161 1230 1213">233-310</td> <td data-bbox="1230 1161 1344 1213">311+</td> </tr> </tbody> </table>				6'0"	184-220	221-293	294+	6'1"	189-226	227-301	302+	6'2"	194-232	233-310	311+	1 0								
6'0"	184-220	221-293	294+																						
6'1"	189-226	227-301	302+																						
6'2"	194-232	233-310	311+																						
6. Do you spend time in physical activity on most days? <input type="radio"/> No, I do not get physical activity on most days <input type="radio"/> Yes, I am physically active on most days	<table border="1"> <tbody> <tr> <td data-bbox="919 1228 1003 1281">6'3"</td> <td data-bbox="1003 1228 1117 1281">200-239</td> <td data-bbox="1117 1228 1230 1281">240-318</td> <td data-bbox="1230 1228 1344 1281">319+</td> </tr> <tr> <td data-bbox="919 1281 1003 1333">6'4"</td> <td data-bbox="1003 1281 1117 1333">205-245</td> <td data-bbox="1117 1281 1230 1333">246-327</td> <td data-bbox="1230 1281 1344 1333">328+</td> </tr> </tbody> </table>				6'3"	200-239	240-318	319+	6'4"	205-245	246-327	328+	1 0												
6'3"	200-239	240-318	319+																						
6'4"	205-245	246-327	328+																						
7. What is your height and current weight? <u>Height:</u> _____ feet _____ inches <u>Starting Weight (weight taken today):</u> _____ pounds (round to nearest pound)	<table border="1"> <tbody> <tr> <td data-bbox="1003 1344 1117 1396">1 Point</td> <td data-bbox="1117 1344 1230 1396">2 Points</td> <td data-bbox="1230 1344 1344 1396">3 Points</td> <td></td> </tr> </tbody> </table> weight less than the 1 point column=0				1 Point	2 Points	3 Points		See chart																
1 Point	2 Points	3 Points																							

For Lifestyle Coach Use Only

Risk Score Total: _____ (high risk = 5 or more)

Eligible for Program (Yes or No)? _____

Assigned Participant ID # _____

Cohort # _____

Readiness to Change Questionnaire

Where am I right now?

Think about your physical activity and eating pattern during the past three months. Please circle the number that best indicates how strongly you agree or disagree with the following statements.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	Comments
I eat healthy foods.	5	4	3	2	1	
I get enough physical activity.	5	4	3	2	1	
I want to eat more healthfully.	5	4	3	2	1	
I want to be more physically active.	5	4	3	2	1	

How confident are you that you can make changes now?

Making behavior changes takes effort. At this time how ready are you to make changes in your exercise and eating routines? Please circle the number that best indicates *how confident you are that you can make the changes indicated* in the tables below.

Physical Activity:	I'm Sure I can	I Think I can	Not sure I can	Don't think I can	Comments
Get physical activity more often	4	3	2	1	
Be physically active for a longer time	4	3	2	1	

Eating:	I'm Sure I can	I Think I can	Not sure I can	Don't think I can	Comments
Eat more healthful food	4	3	2	1	
Overeat less often	4	3	2	1	