

Full Name: _____


Email Address: _____

Phone Number: _____



Registration ID: _____

Location Code: _____



Directions: To get the most accurate results answer as many questions as you can and as best you can. If you do not know the answers leave it blank. Questions that apply to women only are marked with a  .

Please put your answers in the empty boxes or mark check boxes like this ☒.

1. What is your sex?	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
2. What is your race?	<input type="checkbox"/> Aleutian, Alaska native, Eskimo or Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Don't know		
3. What is your date of birth?	<input type="text"/> Month	<input type="text"/> Day	<input type="text"/> Year
4. What is your height? (without your shoes)	<input type="text"/> Feet	<input type="text"/> Inches	
5. What is your weight? (without your shoes)	<input type="text"/> Pounds		
6. Do you plan to improve your weight in the next 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Do you exercise regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Do you plan to increase your exercise levels in the next 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Do you have a sister or brother with diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
10. Do you have a parent with diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
 11. Were you diagnosed with gestational diabetes mellitus (GDM) during any pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
 12. Have you given birth to a baby weighing more than nine pounds at birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

Now that you have completed the assessment, follow the instructions provided in your packet to return your questionnaire for processing and generation of your personalized diabetes risk assessment.