



Participant Eligibility and Enrollment Form

UD National Diabetes Prevention Program Lifestyle Change Program Participant Eligibility & Enrollment Form Overview

People interested in joining the CDC National Diabetes Prevention Program (National DPP) Lifestyle Change PreventT2 Program at the University of Delaware (UD) must answer a few questions to determine if they meet the program requirements for enrollment.

How to use this form: .

- **Potential Program Participants:** If you are uncomfortable using the form to answer the enrollment questions on your own, please contact the UD Health Nutrition Clinic at 302-831-1165 or nutrition-clinic@udel.edu for assistance. The form includes questions on race, ethnicity, and other personal topics and we understand you may have concerns about sharing this type of information. We want you to know that the answers provided on the form help the UD and National DPP understand who is participating in the program and how to best support them, and that the answers provided on this form will remain confidential. Any data are reported to CDC in accordance with the DPP program standards will be reported with no identifying information such as name, date of birth, or other protected health information attached. Information about immigration status or social benefits is not shared with CDC. Once form is complete and returned to the UD Health Nutrition Clinic, we will determine your eligibility for the program and communicate this with you. Thank you for your interest in the UD Health National Diabetes PreventT2 Program.

The form begins on the next page.

Participant Name: _____ Date of Birth: _____

National Diabetes Prevention Program Lifestyle Change Program Participant Enrollment Form

Please complete ALL the following questions to the best of your ability. The privacy of your data is important. The answers you provide will not be linked to your name when reporting data to the CDC.

Today's Date: _____

Is your primary insurance company Medicare or Medicare Advantage? __Yes __No

1. Please indicate your age: _____

2. What is your race or ethnicity? Select ALL that apply. You may enter additional details in the spaces below:

- American Indian or Alaska Native:** Includes all individuals who identify with any of the original peoples of North, Central, and South America. It includes people who identify as American Indian or Alaska Native and groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Tlingit, etc.

Provide additional details below:

Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc. _____

- Asian or Asian American:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in East Asia, Southeast Asia, or the Indian subcontinent. Examples of these groups include, but are not limited to, Chinese, Filipino, Asian Indian, Vietnamese, Korean, and Japanese. The category also includes groups such as Pakistani, Cambodian, Hmong, Thai, Bengali, Mien, etc.

Provide additional details below:

Enter, for example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, Cambodian, Pakistani, Hmong, etc. _____

- Black or African American:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the Black racial groups of sub-Saharan Africa. Examples of these groups include, but are not limited to, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali. The category also includes groups such as Ghanaian, South African, Barbadian, Kenyan, Liberian, Bahamian, etc.

Provide additional details below:

Enter, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Ghanaian, South African, Barbadian, etc. _____

- Hispanic or Latino:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American, and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, and Colombian. The category also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian, Venezuelan, etc.

Provide additional details below:

Enter, for example, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. _____

Participant Name: _____ Date of Birth: _____

- Middle Eastern or North African:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in the Middle East or North Africa. Examples of these groups include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli. The category also includes groups such as Algerian, Iraqi, Kurdish, Tunisian, Chaldean, Assyrian, etc.

Provide additional details below:

Enter, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Israeli, Algerian, Iraqi, Kurdish, etc.

- Native Hawaiian or Pacific Islander:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands. Examples of these groups include, but are not limited to, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese. The category also includes groups such as Palauan, Tahitian, Chuukese, Pohnpeian, Saipanese, Yapese, etc.

Provide additional details below:

Enter, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Palauan, Chuukese, Tahitian, etc. _____

- White:** Includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Polish, and French. The category also includes groups such as Scottish, Norwegian, Dutch, Slavic, Cajun, Roma, etc.

Provide additional details below:

Enter, for example, German, Irish, English, Italian, Polish, French, Scottish, Norwegian, Dutch, etc.

3. What sex were you assigned at birth, on your original birth certificate?

- Male Female

4. Are you:

- Man Woman Transgender, non-binary, or another gender I do not identify with the choices provided

5. Have you ever been diagnosed with type 1 or type 2 diabetes? __Yes __No

6. Are you currently pregnant? __Yes __No

7. Please indicate your height in feet and inches (2'6" to 8'2"): _____

8. Please indicate your most recent measured weight in pounds: _____

9. Have you ever had a blood test within the past year indicating prediabetes or has a doctor ever told you that you had prediabetes based on a blood test? __Yes (*If yes, please attach results to this form*) __No

10. If YES, you had a blood test, were your numbers within the following range(s):

Participant Name: _____ **Date of Birth:** _____

Fasting glucose of 100 to 125 mg/dl OR Fasting glucose of 110 to 125 mg/dl

Plasma glucose measured 2 hours after a 75gm glucose load of 140 to 199 mg/dl

A1c of 5.7 to 6.4

I'm not sure

11. Have you ever had gestational diabetes during a previous pregnancy? Yes No

12. Please indicate your level of education below (*Select one*):

Less than grade 12 (No high school diploma or GED)

Grade 12 or GED (High school graduate)

Some college or technical school

College or technical school graduate or higher

13. Please respond to the following questions to help us identify ways we can best assist you:

– Are you deaf or do you have serious difficulty hearing?

Yes No

– Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes No

– Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes No

– Do you have serious difficulty walking or climbing stairs?

Yes No

– Do you have difficulty dressing or bathing?

Yes No

– Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes No

14. Which state, territory, or freely associated state do you reside in? _____

15. What is your zip code? _____

16. What motivated you the most to sign up for this program? What was the most influential factor? (*Select one*):

Participant Name: _____ **Date of Birth:** _____

- | | |
|---|---|
| <input type="checkbox"/> Health care professional | <input type="checkbox"/> Current or past participation in the National DPP lifestyle change program |
| <input type="checkbox"/> Blood test results | <input type="checkbox"/> Employer or employer's wellness plan |
| <input type="checkbox"/> Prediabetes Risk Test (short survey) | <input type="checkbox"/> Health insurance plan |
| <input type="checkbox"/> Someone at a community-based organization (church, community center, fitness center, etc.) | <input type="checkbox"/> Media advertisements (social media, flyer, radio, etc.) |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> Program Champion |

17. Did a health care professional ask you to join the National DPP lifestyle change program? (Select one):

- Yes, a doctor/doctor's office
- Yes, a pharmacist
- Yes, another health care professional
- No

18. Who is the primary payer for your participation in the National DPP lifestyle change program? (Select one):

- | | |
|--|--|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Grant funding |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Private/commercial insurer | <input type="checkbox"/> Free of charge |
| <input type="checkbox"/> Self-pay | <input type="checkbox"/> Government/Military |
| <input type="checkbox"/> Dual eligible (Medicare and Medicaid) | <input type="checkbox"/> Venture capital |