



**National Diabetes Prevention Program
Participant Information
(Please Print Legibly)**

Name (First, Middle, and Last) _____

Address _____

Your Phone Number _____

Date of Birth (MM/DD/YY) _____

Gender M F

Height _____

E-Mail Address _____

Monthly Household Income

- HH=1: \$973 or below \$974 or above
 HH=2: \$1,311 or below \$1,312 or above
 HH=3: \$1,649 or below \$1,650 or above
 HH=4: \$1,988 or below \$1,989 or above

Race (select all that apply)

- Amer. Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Other Pacific
 White
 Unknown - some other race

Ethnicity

- Hispanic/Latino
 Not Hispanic/Latino

Insurance Provider _____

Insurance ID Numbers _____

How did you hear about Diabetes Prevention (select all that apply):

- Health Care Provider
- Radio
- Newspaper
- Flyer or Brochure
- Web site or Internet
- Other

FOR OFFICE USE ONLY	
Participant ID: _____	Lifestyle Coach ID: _____
Workshop Start Date: _____ (MM/DD/YY)	
Workshop Location: _____	
Determination: <input type="checkbox"/> GLUCTEST <input type="checkbox"/> GDM <input type="checkbox"/> Risk Test	