

# CHANGE TODAY FOR A HEALTHIER FUTURE

## YMCA Diabetes Prevention Program

MEMBER SERVICES USE	
STAFF USE ONLY	Staff Initials: _____
	Date: _____
	Membership #: _____

TAKE THE TEST – KNOW YOUR SCORE!

Answer these nine questions – for each “Yes” answer, add the number of points listed:	Yes	No
Are you a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Do you have a parent with diabetes?	1	0
Do you have a brother or sister with diabetes?	1	0
Find your height on the chart to the right. Do you weigh as much or more than the weight listed for your height? Height _____', _____" and Weight _____ lbs.	5	0
Are you younger than 65 years of age and get little or no physical activity in a typical day?	5	0
Are you between 45 and 64 years of age?	5	0
Are you 65 years of age or older?	9	0
Do you currently take medication to manage your blood sugars?	9	0
Has your doctor diagnosed you with type 2 diabetes?	9	0
<b>TOTAL POINTS FOR ALL “YES” RESPONSES (0/45)</b>	<b>MY NUMBER IS</b>	

### AT RISK WEIGHT CHART

Height	Weight (lbs)
4'10"	129
4'11"	133
5'0"	138
5'1"	143
5'2"	147
5'3"	152
5'4"	157
5'5"	162
5'6"	167
5'7"	172
5'8"	177
5'9"	182
5'10"	188
5'11"	193
6'0"	199
6'1"	204
6'2"	210
6'3"	216
6'4"	221

If you scored a 9 or higher, then you may be at risk for prediabetes or diabetes, and may qualify for the program. You must be at least 18 years old with a BMI ≥ 25 to qualify†. This does NOT mean you have diabetes. You will need a blood test to confirm if you have diabetes. For more questions on eligibility, contact your local YMCA.

### COMMUNITY HEALTH INTEREST FORM

Thank you for your interest in YMCA Community Health. Please take a few minutes to tell us about your current program preferences.

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Employer \_\_\_\_\_

#### How did you learn about the program?

- Doctor  Bus  Convenient Store  Radio  Mailing  YMCA

#### YMCA DIABETES PREVENTION PROGRAM

The YMCA Diabetes Prevention Program is for adults who are at risk for type 2 diabetes. You will learn how to reduce your chances of developing the disease.

The program is:

- Led by a trained Lifestyle Coach
- A one-year program: 16 weekly sessions, then 8 monthly sessions

†Based on Herman WH, Smith PJ, Thomason TJ, Englegau MM, Aubert RE. A new and simple questionnaire to identify people at risk for undiagnosed diabetes. Diabetes Care 1995 Mar;18(3):382-7

The YMCA's Diabetes Prevention Program is part of the Centers for Disease Control and Prevention-led National Diabetes Prevention Program and is nationally supported by the Diabetes Prevention and Control Alliance., ("YMCA") and the National Council of Young Men's Christian Association of the United States of America ("YMCA of the USA"), have made a commitment to collaborate on efforts to support a national movement to increase awareness and take measures to prevent diabetes and its complications among groups at risk, and to help support treatment outcomes for individuals who have confirmed diagnoses or indications of prediabetes by promoting an effective lifestyle change. The parties referenced above do not warrant or guarantee any specific outcomes for program participants, with respect to diabetes prevention.



**COMMUNITY HEALTH REGISTRATION FORM CONTINUED** For each question, answer how you feel RIGHT NOW, not what you have felt in the past or would like to feel. Circle only one value per question.

	Not at all like me	Not much like me	Somewhat like me	Mostly like me	Very much like me
1. It doesn't make much sense for you to consider changing your diet/exercise habits for your health.	1	2	3	4	5
2. You've been thinking that you might want to change something about your diet/exercise habits for your health.	1	2	3	4	5
3. At times, your diet/exercise habits cause health problems and you're determined to change.	1	2	3	4	5
4. It is frustrating, but you feel like you do not have control over your diet/exercise even though you think you do.	1	2	3	4	5
5. Trying to change your diet/exercise habits for your health is pretty much a waste of time for you.	1	2	3	4	5
6. You guess you have faults, but there's nothing you really need to change about your diet/exercise habits or health.	1	2	3	4	5
7. You thought once you had resolved your physical health problems, you would be free of them, but sometimes you still find yourself struggling with them.	1	2	3	4	5
8. You may have a problem with your diet/exercise habits and health and think you should work on it.	1	2	3	4	5
9. You are really working hard to change your diet/exercise habits for your health.	1	2	3	4	5
10. You hope that someone will give you good advice about your diet/exercise habits and health issues.	1	2	3	4	5
11. Anyone can talk about changing their lifestyle, but you are actually going to do something about it.	1	2	3	4	5
12. After all you've done to try and change your diet/exercise habits and health, every now and then, you still struggle with it.	1	2	3	4	5
13. Do you have access to reliable Transportation?	YES		NO		

URICA form available from University of Rhode Island.

PROGRAM COORDINATOR (PC) USE			
<b>STAFF USE ONLY</b>	PC Initials:		Class Confirmation:
	Date:		• Location:
	Organization/ Referral Source:		• Date & Time:
	DCP or DPP Readiness Score:		
	Place Registration in locked mailbox labeled "Community Health".		