NDPP Participant Personal Information

Name:_____ Gender: M F Date of Birth:_____

Height: _____ Current Weight: _____ Are you Hispanic or Latino? Yes No

Address:_____ City:_____County:_____

Email:_____ Phone: _____

Race: (Please check you race)

O White o Native American/Pacific Islander

O Black /African American o American Indian/Alaska Native

O Asian

Your Healthcare Provider_____ Clinic _____ Did they refer you? Yes No

How did you hear about NDPP? (Please circle all that apply):

- o A friend, family member, or coworker
- o Someone who participated in NDPP
- o A doctor's office of any kind, community clinic, or hospital

Who in the office told you about NDPP? Circle only one answer.

Doctor front desk/admin staff Nurse or Physician's assistant Flyer

- o Brochure, flyer, poster, not at a doctor's office
- o Story or ad on radio, newspaper, or TV
- o Website. Please specify_____
- o Other. Please specify_____

Please indicate the type of health care coverage you use (check all that apply):

- o Medicare
- o Medicaid
- o Private Insurance/Health Market
- o Veteran's Affairs
- o Every Woman Matters
- o No coverage
- o Employee Plan
- o Wise Woman Client

Which Nebraska county do you prefer to obtain healthcare? _____

Are you limited in any way because of physical, mental, or emotional problems? Yes No

If yes, type of disability_____

Do you have a health problem that requires you to use special equipment, such as a cane, wheelchair, special telephone, etc.? Yes No

Refugee Status: Yes No If yes, from what country?_____

Have you ever been told by a doctor or other health professional that you have:

High blood pressure	Yes	No	Are you taking medication for it?	Yes	No
High blood cholesterol	Yes	No	Are you taking medication for it?	Yes	No
Diabetes	Yes	No	Are you taking medication for it?	Yes	No

Are able to obtain the medication prescribed for any of your conditions? Yes No

Have you had a mammogram in the last 2 years? Yes No

Have you had a pap test in the last 3 years? Yes No

Have you been screened for colorectal cancer? Yes No

Have you been screened for prostate cancer? Yes No

Have you been to a dentist in the last 2 years? Yes No

Do you now smoke cigarettes? Please circle best answer. every day some days not at all

Do you eat 2 or more servings of fish weekly?	Yes ___ No ___ Don't know ___
Do you eat 3 or more servings of whole grains daily?	Yes ___ No ___ Don't know___
Do you drink less than 36 ounces of sweetened beverages weekly?	Yes ___ No ___ Don't know___
Are you currently reducing your sodium or salt intake?	Yes ___ No ___ Don't know___
How much moderate physical activity do you get in a week?	30 min. ___ 60 min. ___ 90 min. ___ 150 min.___ more___ don't know___
How much vigorous physical activity do you get in a week?	0___ 30 min. ___ 60 min. ___ 75 min. or more___ don't know___
How much fruit do you eat in an average day? (1 serving = 1 banana, 1 apple, or a cup of berries)	0___ 1___ 2___ 3___ 4___ 5___ 6 or more___ don't know___
How many vegetables do you eat in a typical day? (1 serving = 12 baby carrots or 1 cup of broccoli	0___ 1___ 2___ 3___ 4___ 5___ 6 or more___ don't know__
Thinking about your physical health, which includes physical illness and injury, how many days of the past 30 was your health not good?	0___ 1-5___ 6-10___ 11-20___ 21 or more___

Disclosure Statement – The information provided above is for the purpose of monitoring success in the program and connecting participants with the health resources that may be needed. Your lifestyle Coach will send it to PPHD, where it will be protected and destroyed following completion of your program. You may be referred to obtain health screenings and provided with information pertinent to your health.

Continued next page…

Authorization to Release Information - I hereby authorize the release of the information contained on this registration form to Panhandle Public Health District. I understand that I may be sent health screening recommendations based on the information provided herein. This information, as well as participant and physician identity, will be kept strictly confidential and used only for statistical purposes. The recipient of this participant information is prohibited from disclosing the information to any other party and is required to destroy the information after my participation in the program ends.

Your signature_____Date_____

LIFESTYLE COACH SECTION

Participant Name				
Session 1				
Height	Weight	Waist	BP1	BP2

Eligibility Information (Please check the eligibility source)

O Fasting Plasma Glucose

O Oral Glucose Tolerance Test

O Risk Test

O Hemoglobin A1C

O Gestational Diabetes