



BLOOD GLUCOSE SCREENING

This screening **is not** a diagnostic test for diabetes. The purpose of the screening is to help identify those individuals at risk for diabetes, or those who already have diabetes.

Your Full Name (Print)

Male ☐ Female ☐

Signature

Date of Birth

Street Address

City

State

Zip code

May we contact you by:

Phone: _____

Email: _____

Mail: ☐ Yes ☐ NO Text: ☐ Yes ☐ NO

Please check the box below which best describes you:

- ☐ Hispanic/Latino
- ☐ Black/African American
- ☐ White
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Mixed Race/Other

WRITE YOUR SCORE
IN THE BOX.

1. How old are you? ☐
Less than 40 years (0 points)
40-49 years (1 point)
50-59 years (2 points)
60 years or older (3 points)

2. Are you a man or a woman? ☐
Man (1 point) Woman (0 points)

3. If you are a woman, have you ever been
diagnosed with gestational diabetes? ☐
Yes (1 point) No (0 points)

4. Do you have a mother, father, sister or
brother with diabetes? ☐
Yes (1 point) No (0 points)

5. Have you ever been diagnosed with high
blood pressure? ☐
Yes (1 point) No (0 points)

6. Are you physically active? ☐
Yes (0 points) No (1 point)

7. What is your weight category? ☐
See chart at right.

If you scored 5 or higher: You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes, a condition in which blood glucose levels are higher than normal but not yet high enough to be diagnosed as diabetes. Talk to your doctor to see if additional testing is needed.

ADD UP
YOUR SCORE.

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
		1 point	2 points 3 points
If you weigh less than the amount in the left column: 0 points			

Office Use Only

Location: _____
Screening Qualified: ____ Yes ____ No
Glucose Qualified: ____ Yes ____ No
Random: _____ Fasting: _____

Date: _____
Referral (Circle One):
Own Doctor, Community Clinic, ER, Other _____