

Pre-diabetes/ Type 2 diabetes screening tool for PRE-PAID

This questionnaire is intended for adults aged 40- 64 years who are members of certain ethnic minorities (**Chinese, South Asian, African or African-Caribbean**) to help find out if you are at risk of developing type 2 diabetes. Please answer as carefully as you can. We will help you complete this form.

What ethnicity are (or were) your biological (blood) parents?

Mother	Father	
<input type="checkbox"/>	<input type="checkbox"/>	White (Caucasian)
<input type="checkbox"/>	<input type="checkbox"/>	African, African/Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	South Asian (India, Pakistan, Sri Lanka, Nepal, Bangladesh)
<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify _____)

AS YOU GET OLDER, YOUR RISK FOR DIABETES INCREASES

1) What year were you born? _____

Select your age group

- 40-44 years (0 points)
- 45-54 years (2 points)
- 55- 64 years (3 points)

BODY SHAPE AND SIZE CAN AFFECT YOUR RISK OF DIABETES

2a) How much do you weigh (either in pounds or in kilograms)?

I weigh _____ pounds OR I weigh _____ kilograms

2b) How tall are you without shoes on?

I am _____ feet and _____ inches tall OR I am _____ centimeters tall

Use the attached height and weight table to find body mass index (BMI)

- unshaded area- BMI less than 25 (0 points)
- light shaded area- BMI 25-30 (1 points)
- darker shaded area- BMI over 30 (3 points)

3) Waist Circumference

I am going to use a tape measure and place it around your waist at the level of the navel (belly button). I will take a measure after you breathing out (do not hold your breath).

_____ inches OR _____ cm



male

- Less than 94cm or 37 inches (0 pts)
- Between 94-102cm or 37-40inches (3 pts)
- Over 102cm or 40 inches (4 pts)



female

- Less than 80cm or 31.5 inches (0 pts)
- Between 80-88cm or 31.5-35inches (3 pts)
- Over 88cm or 35 inches (4 pts)

STAFF NAME: _____

YOUR LEVEL OF PHYSICAL ACTIVITY AND WHAT YOU EAT CAN AFFECT YOUR RISK OF HAVING DIABETES OR "PRE-DIABETES".

4) Daily Activity

Over a typical seven-day period (one week), how many times do you engage in physical activity that is prolonged and intense enough to cause sweating and an increase in you heart rate?

- At least three times per week (0 points)
- Normally once or twice per week (1 point)
- Rarely or never (3 points)

HIGH BLOOD PRESSURE AND HIGH BLOOD SUGAR ARE ASSOCIATED WITH DIABETES

5) High Blood Pressure

Have you ever been told by a doctor or nurse that you have high blood pressure *OR* are you taking any medication (pills) for high blood pressure?

- No or don't know (0 points)
- Yes (2 points)

6) High Blood Sugar

Have you ever been told by a doctor or nurse that you have high blood sugar (i.e. during a health exam) or that you have diabetes or "pre diabetes"?

- No or don't know (0 points)
- Yes (5 points)

SOME TYPES OF DIABETES RUN IN FAMILIES

7) Family

Have any members of your family been diagnosed with diabetes? (You can circle the one below that have)

- No or don't know (0 points)
- Yes: grandparent, aunt, uncle, or first cousin (3 points) (ignore this one if the one below applies)
- Yes: parent (mother or father), brother or sister or own child (5 points)

Note: your score cannot be greater than 5 points

Likelihood of developing diabetes in the next 10 years:

- < 7 small risk
- 7-11 moderate risk
- 12-14 high risk
- 15-20 very high risk
- 20-25 extreme risk (may already have diabetes)

***SCORE:**

*Source: Adapted from the FINDRISK and CANRISK Questionnaires

Thank you for filling this questionnaire about diabetes risk. What is the best way for us to contact you if you are eligible and interested in participating in our research study on physical activity and diabetes prevention?

Name _____ Phone number _____

Email address _____

Mailing address _____

DO YOU CURRENTLY HAVE ACCESS TO OHIP MEDICAL COVERAGE

- Yes
- No

The following questions are important for anyone who is starting to become more physically active than they are right now.

Please answer each question carefully:

1. Has your doctor ever said you that you have a heart condition and that you should only do physical activity recommended by a doctor?
 Yes **No**
2. Do you feel pain in your chest when you do physical activity?
 Yes **No**
3. In the past month, have you had chest pain when you were not being physically active?
 Yes **No**
4. Do you lose your balance because of dizziness or do you ever lose consciousness (faint/pass-out)?
 Yes **No**
5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
 Yes **No**
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
 Yes **No**
7. Do you know of any other reason why you should not do physical activity?
 Yes **No**

Participant Signature: _____

STAFF NAME: _____

This Questionnaire was prepared by the Physical Activity and Chronic Disease Unit: Diabetes Section at York University



*Source: Adapted from the FINDRISK and CANRISK Questionnaires