Health Screening Form

Date ________ Screening Site ____________ What is your village? ____________

General Information

Age ____ Sex: ☐ Male ☐ Female Ethnicity ____________ Height ______ Weight ______

Do you have insurance? ☐ Yes ☐ No If so, what type? ____________________

Does your insurance cover your medicines? ☐ Yes ☐ No Primary Doctor ____________

Questions

1. Have you ever been diagnosed with prediabetes?	☐ Yes ☐ No ☐ Not sure
2. Have you ever been diagnosed with diabetes?	☐ Yes ☐ No ☐ Not sure
3. Are you taking diabetes medicine?	☐ Yes ☐ No ☐ Not sure
4. If female, have you been diagnosed with diabetes during pregnancy?	☐ Yes ☐ No ☐ Not sure
5. Do you have a mother, father, brother, or sister diagnosed with diabetes?	☐ Yes ☐ No ☐ Not sure
6. Have you ever been diagnosed with high blood pressure?	☐ Yes ☐ No ☐ Not sure
7. Are you taking blood pressure medicine?	☐ Yes ☐ No ☐ Not sure
8. Do you use tobacco?	☐ Yes ☐ No
If yes, check all that apply:	☐ Smoke ☐ Vape ☐ Chew
9. Do you regularly exercise? (30+ minutes a day, most days of the week)	☐ Yes ☐ No
10. Do these statements apply to your household:	

"Within the past 12 months, we worried our food would run out before we had money to buy more." ☐ Yes ☐ No

"Within the past 12 months, the food we bought didn't last and we didn't have money to buy more." ☐ Yes ☐ No

I get my information about diabetes and other health topics from (check all that apply):

☐ Doctor	☐ Health Screening	☐ Newspaper	☐ Church
☐ Pharmacist	☐ Dietician	☐ TV/Radio	☐ School
☐ Registered Nurse	☐ Diabetes Educator	☐ Social Media/Internet	☐ Family Member
☐ Other ____________			

Screening Results

Random Blood Sugar ____________ Blood Pressure ____________

How long ago did you last eat? ______ hours Cholesterol ____________