

Do You Have Prediabetes?

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)

Write your score
in the box.



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 status? (see chart at right)



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)
You weigh less than the amount in the left column (0 points)			

Add up
your score.



If you scored 5 or higher:

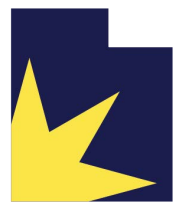
You're more likely to have prediabetes and are at high risk for type 2 diabetes. A simple blood test (A1C) can find out what your glucose levels are.

You are eligible for a **FREE*** A1C test at your nearest Southwest Utah Public Health Department office. Call to make an appointment:

Washington County (435) 986-2557
 Iron County (435) 586-2437
 Kane County (435) 296-5477
 Beaver County (435) 435-2482
 Garfield County (435) 710-5003

* During May 2025 ONLY, with a screening score of 5 or above and no prior diagnosis of diabetes or prediabetes.

SOUTHWEST
UTAH PUBLIC
HEALTH
DEPARTMENT



swuhealth.gov/diabetes

A1C Health Screening

All information is confidential - PLEASE PRINT

Screening Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Birth date: _____ Race: _____ Hispanic/ Latino Yes / No

Gender: Male or Female

How did you hear about A1C Testing with the Public Health Department? _____

Would you like information about healthy living online or in-person classes or events? Yes / No

If yes, what is the best way to contact you regarding these classes or events? Email or Text

Conditional Health and Medical Information

Do you have diabetes? Yes / No High blood pressure? Yes / No

Are you currently using any nicotine products? Yes / No

If yes, please circle which type: Cigarettes Vape Smokeless Tobacco

The Health Department has additional partnerships to assist with food insecurities, if interested in receiving more information, please answer the following questions:

Within the past 12 months, were you worried whether food would run out before you had money for it?

Often True Sometimes Never Don't Know

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

Often True Sometimes Never Don't Know

Consent for Treatment and Privacy Notice

I certify that the information I have provided is true and accurate. I consent to the wellness screening being requested. I have had a chance to ask questions about the screening, which were answered to my satisfaction. I HEREBY RELEASE SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT AND ITS EMPLOYEES, FROM ALL CLAIMS ARISING FROM SUCH SCREENINGS.

I have been offered a copy of the Public Health Department's Notice of Privacy Practices and have had an opportunity to ask questions about how my information may be used.

Patient Signature

Date

Visit swuhealth.gov/diabetes for more information.

IMPORTANT: These results are not intended for diagnosis. Please consult with your healthcare provider.

