

# 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)		

## 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 can also get a low-cost (\$25) \*A1C test at your local health department office, where you can get results in a few minutes plus free resources for diabetes prevention and management (appointment recommended).

Washington County (435) 986-2557  
 Iron County (435) 586-2437  
 Kane County (435) 296-5477  
 Beaver County (435) 438-2482  
 Garfield County (435) 710-5003

**\*FREE during November 2025 ONLY,**  
 with a screening score of 5 or above and no  
 prior diagnosis of diabetes or prediabetes.

Add up  
your score.




SOUTHWEST  
UTAH PUBLIC  
**HEALTH**  
DEPARTMENT



[swuhealth.gov/diabetes](https://swuhealth.gov/diabetes)

Adapted from the American Diabetes Association Prediabetes Risk Test

# A1C Health Screening

All information is confidential - PLEASE PRINT

Screening Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: ☐ Male ☐ Female Hispanic/Latino ☐ Yes ☐ No

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 ☐ Text

## Conditional Health and Medical Information

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

**The Health Department has partnerships to assist with food insecurities and tobacco cessation, if interested in receiving more information, please answer the related questions:**

If you are using nicotine products, would you like resources available to help you quit? ☐ Yes ☐ No

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

☐ Often ☐ 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 ☐ 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](http://swuhealth.gov/diabetes) for more information.**

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