Do You Have Prediabetes?

1. How old are you?

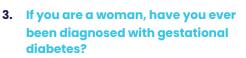
Less than 40 years (0 points) 40-49 years (1 point) 50-59 years (2 points) 60 years or older (3 points)

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↓	

Write your score

2. Are you a man or a woman?

Man (1 point) Woman (0 points)



Yes (1 point) No (0 points)

		_
		- 1
		- 1
		- 1
		- 1
		- 1
		- 1
		- 1
		- 1

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?

(see chart at right)

Yes (0 points) No (1 point)

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7.	What is your weight status?	

1
4
1

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.







swuhealth.gov/diabetes

Adapted from the American Diabetes Association Prediabetes Risk Test

A1C Health Screening

All information is confidential - PLEASE PRINT

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 Testi	ng with the Public Health Departmer	nt?	
Would you like information about	healthy living online or in-person cla	sses or events? □ Yes □ No	
If yes, what is the best way to con	act you regarding these classes or ev	/ents? □ Email □ Text	
Conditional Health and Medica	al Information		
Do you have diabetes? □ Yes□ N	No High blood pressure? □ Yes□	No	
·	rtnerships to assist with food inso please answer the related questi		n, if interested
If you are using nicotine products,	would you like resources available to	o helpyou quit? □ Yes □ No	
Within the past 12 months, were y	ou worried whether food would run	out before you had money for it?	1
□ Often □ Sometimes □ Never □ D	on't Know		
Within the past 12 months, the fo	od we bought just didn't last and we	didn't have money to get more.	
□ Often □ Sometimes □ Never □ D	on't Know		
chance to ask questions about the scr HEALTH DEPARTMENT AND ITS EMPLO	vided is true and accurate. I consent to the eening, which were answered to my satisticates, FROM ALL CLAIMS ARISING FROM	sfaction. I HEREBY RELEASE SOUTHWE	EST UTAH PUBLIC
about how my information may be us	lic Health Department's Notice of Privacy ed	rractices and have had an opportuni	ity to ask question
assuction my information may be us			
Patient Signature	 Date		



Screening Date: _____