

## Diabetes Risk Survey

Does anyone in your family have diabetes?

Are you overweight or physically inactive (less than 3 times per week)?

Do you smoke?

Are you 45 years of age or older?

Are you of Hispanic, East Indian, African American or Asian American descent?

Do you have high blood pressure or high cholesterol?

Have you ever experienced numbness or tingling in your hands or feet?

Do you experience frequent urination?

Have you had a borderline blood test for prediabetes or diabetes?

Have you ever been diagnosed with polycystic ovarian syndrome?

Did you have diabetes only during your pregnancy?