

Do You Qualify for Cherokee Nation's Healthy Native Program?

Do you have type 1 or type 2 diabetes? **Yes No**
If yes, stop here.

1. Are you a member of a federally-recognized tribe? **Yes No**
2. Are you 18 years or older? **Yes No**
3. Is your weight more than the weight listed below for your height? **Yes No**

Height	Weight	Height	Weight	Height	Weight	Height	Weight
4'10"	115	5'3"	135	5'8"	158	6'1"	182
4'11"	119	5'4"	140	5'9"	162	6'2"	186
5'0"	123	5'5"	144	5'10"	167	6'3"	192
5'1"	127	5'6"	148	5'11"	172	6'4"	197
5'2"	131	5'7"	153	6'0"	177		

If you answer YES to questions 1-3 above and any of the questions below, you are eligible! Complete the contact info at bottom of page and a trainer will contact you.

4. Have you been diagnosed with prediabetes? **Yes No**
5. Women, do you have a history of gestational diabetes? **Yes No**
6. Prediabetes At-Risk Screening Test result 9 or more? (test below) **Yes No**

Prediabetes At-Risk Screening Test

Answer each question then add your points:

1. Are you a woman who has had a baby weighing more than 9 pounds at birth? **Yes-1 No-0**
2. Do you have a sister or brother with diabetes? **Yes-1 No-0**
3. Do you have a parent with diabetes? **Yes-1 No-0**
4. Find your height on the chart. Do you weigh the same as or more than the weight listed? **Yes-5 No-0**
5. Are you younger than 65 AND get little or no exercise in a typical day? **Yes-5 No-0**
6. Are you between 45 and 64 year of age? **Yes-5 No-0**
7. Are you 65 years of age or older? **Yes-9 No-0**

TOTAL POINTS _____

Height	Weight	Height	Weight
4'10"	129	5'8"	177
4'11"	133	5'9"	182
5'0"	138	5'10"	188
5'1"	143	5'11"	193
5'2"	147	6'0"	199
5'3"	152	6'1"	204
5'4"	157	6'2"	210
5'5"	162	6'3"	216
5'6"	167	6'4"	221
5'7"	172		

Yes, I am interested in participating in the Healthy Native Program.

NAME: _____ **PHONE:** _____

ADDRESS: _____