

REGISTRATION FORM

Fresh Start offers support and teaches skills for a healthy lifestyle.

Over a period of 12 months, 22 group sessions are delivered by health professionals, covering topics about healthy eating, physical activity and positive mental health. This program is **FREE** and includes a participant manual, self-monitoring tools, weekly incentives and a team of people to support you!

Is this program a good fit for you?

Yes:

- Adult, working age.
- If you have at least one of the following: high blood pressure, high blood sugar, high cholesterol, are overweight or obese.
- Are currently on medication for at least one of above conditions.
- If you have any of the following conditions: type 2 diabetes, heart disease, survived a cancer.

No:

- If you have any condition that makes weight loss unsafe, such as an eating disorder, a recent gastric bypass, pregnancy or plans to be pregnant in the next 6 months.
- If you have any condition that limits your ability to do regular, moderate physical activity.
- If you have any condition that requires specific nutrition care, such as end stage renal disease (or dialysis) or treatment for cancer.
- If you have an unmanaged substance use problem.

Dates: September 2019 to September 2020.

Sessions happen weekly (Sept-Dec 2019), bi-weekly (Jan-Feb 2020) and monthly (March-Sept 2020).

Location: New Liskeard and Kirkland Lake

Complete this registration form and do not miss the chance for a... *Fresh Start!*

SPACE IS LIMITED - REGISTER EARLY!

Registration Deadline: September 13, 2019

Registration Form			
Last name:		First:	Birth Date:
Email Address: _____			Age:
Do we have your permission to contact you by email for program related issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street address:		Home phone number:	Cell number:
P.O. Box:	City:	Province:	Postal Code:
Family Physician Name (if available):		Do you have any allergies that we should be aware of? (i.e. food allergies) If yes, which? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Regarding your health status:			
<input type="checkbox"/> Not at risk of type 2 diabetes		<input type="checkbox"/> No existing chronic diseases**	
<input type="checkbox"/> At risk of type 2 diabetes*		<input type="checkbox"/> At risk for chronic diseases***	
<input type="checkbox"/> Diagnosed with type 2 diabetes		<input type="checkbox"/> Diagnosed with a chronic disease	
How did you hear about the program (please check one box):			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Doctor <input type="checkbox"/> Health Care Professional <input type="checkbox"/> Other			

I agree to participate in the **Fresh Start** program, which offers support and teaches skills to work towards living a healthy lifestyle. I will aim to eat healthy and increase my physical activity, which will help be successful in the program and improve my health. I waive off any responsibilities, damages, liabilities to the Timiskaming Health Unit and other healthcare providers against any losses or damages. At the end of the program I agree to participate in a survey to provide feedback on my experience in the program.

Participant Signature

Date

Location

Mail/drop off this form at a Timiskaming Health Unit office near you or email it to halls@timiskaminghu.com.

For more information call 1.866.747.4305, Ext. 2242 (toll-free).

*At risk of type 2 diabetes (one or more from the factors below)

- Body weight ≥ 25 kg/m²
- Poor eating habits
- Age (≥ 40 years old)
- Physical inactivity
- Parent, brother, or sister w/ type 2 diabetes
- Race and ethnicity (higher risk for Africans, Asians, Indigenous and South Asians)
- History of gestational diabetes or having a baby weighing more than 4 kg (9 lbs.)

**Examples of chronic diseases – diabetes, heart disease, hypertension, cancer.

*** At risk of chronic diseases (having one or more from these factors) – high blood sugar, high blood pressure, high blood fat (cholesterol), overweight/obese.

CANRISK

→ Are you at risk?



The following questions will help you to find out if you are at higher risk of having pre-diabetes or type 2 diabetes. Pre-diabetes is a condition where a person's blood sugar levels are higher than normal, but not high enough to be diagnosed as diabetes. You can have pre-diabetes or undiagnosed type 2 diabetes without having any obvious warning signs or symptoms.

Knowing your risk can help you make healthy choices now that will reduce your risk or even prevent you from developing diabetes.

Please answer the questions as honestly and completely as you can. If you wish, a friend or family member can help you to complete this form. The answers to these questions are completely confidential. Answer all questions. Enter your scores for each question and then add them up to calculate your total risk score.

As you get older, your risk of developing diabetes goes up.

1. Select your age group:

- 40-44 years (0 points)
- 45-54 years (7 points)
- 55-64 years (13 points)
- 65-74 years (15 points)

2. Are you male or female?

- Male (6 points)
- Female (0 points)

Body shape and size can affect your risk of diabetes.

3. How tall are you and how much do you weigh?

Instructions: on the left-hand side of the BMI chart below, circle your height, then on the bottom of the chart circle your weight. Find the square on the chart where your height crosses with your weight, and note which shaded area you fall into.

For example, if you were 5 feet 2 inches (or 157.5cm) and 163 pounds (or 74kg) you would fall in the LIGHT GREY area.

Select your BMI group from the following choices:

- White (BMI less than 25) (0 points)
- Light grey (BMI 25 to 29) (4 points)
- Dark grey (BMI 30 to 34) (9 points)
- Black (BMI 35 and over) (14 points)

HEIGHT

feet/
inches cm

6'4"	192.5	12	13	13	14	15	16	17	18	18	19	20	21	22	22	23	24	24	26	26	27	28	29	29	30	31	32	33	34
6'3"	190	12	13	14	15	16	16	17	18	19	20	20	21	22	23	24	24	25	26	27	28	29	29	30	31	32	33	34	34
6'2"	187.5	13	13	14	15	16	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	29	30	31	32	33	34	34	36
6'1"	185	13	14	15	15	16	17	18	19	20	21	22	22	23	24	25	26	27	28	29	29	30	31	32	33	34	34	36	37
6'0"	182.5	13	14	15	16	17	18	19	20	20	21	22	23	24	24	26	27	28	29	29	30	31	32	33	34	34	36	37	38
5'11"	180	14	15	15	16	17	18	19	20	21	22	23	24	24	26	27	27	28	29	30	31	32	33	34	34	36	37	38	39
5'10"	177.5	14	15	16	17	18	19	20	21	22	23	23	24	25	26	27	28	29	30	31	32	33	34	34	36	37	38	39	40
5'9"	175	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	34	36	37	38	39	40	41
5'8"	172.5	15	16	17	18	19	20	21	22	23	24	24	26	27	28	29	29	31	32	33	34	34	36	37	38	39	40	41	42
5'7"	170	15	16	17	18	19	20	21	22	24	24	26	27	28	29	29	31	32	33	34	34	36	37	38	39	40	41	42	43
5'6"	167.5	16	17	18	19	20	21	22	23	24	25	26	27	29	29	31	32	33	34	34	36	37	38	39	40	41	42	43	45
5'5"	165	16	17	18	19	21	22	23	24	24	26	27	28	29	30	32	33	34	34	36	37	38	39	40	42	43	44	45	46
5'4"	162.5	17	18	19	20	21	22	23	24	26	27	28	29	30	31	33	34	34	36	37	38	39	41	42	43	44	45	46	47
5'3"	160	17	18	20	21	22	23	24	25	27	28	29	30	31	32	34	34	36	37	38	40	41	42	43	44	45	46	48	49
5'2"	157.5	18	19	20	21	23	24	24	26	27	29	29	31	32	33	34	36	37	38	40	41	42	43	44	46	47	48	49	50
5'1"	155	18	20	21	22	23	24	26	27	28	29	31	32	33	34	36	37	38	40	41	42	43	45	46	47	48	50	51	52
5'0"	152.5	19	20	21	23	24	25	27	28	29	31	32	33	34	36	37	38	40	41	42	43	45	46	47	49	50	51	52	54
4'11"	150	20	21	22	24	24	26	28	29	30	32	33	34	36	37	38	40	41	42	44	45	46	48	49	50	52	53	54	56
4'10"	147.5	20	22	23	24	26	27	28	29	31	33	34	35	37	38	40	41	42	44	45	46	48	49	51	52	53	55	56	57
4'9"	145	21	22	24	25	27	28	29	31	32	34	35	37	38	39	41	42	44	45	47	48	49	51	52	54	55	57	58	59
4'8"	142.5	22	23	24	26	28	29	31	32	33	34	36	38	39	41	42	44	45	47	48	50	51	53	54	56	57	59	60	62
WEIGHT (kg)		44	47	50	53	56	59	62	65	68	71	74	77	80	83	86	89	92	95	98	101	104	107	110	113	116	119	122	125
WEIGHT (lbs)		97	103	110	117	123	130	136	143	150	156	163	169	176	183	189	196	202	209	216	222	229	235	242	249	255	262	268	275

4. Place a measuring tape around your waist at the level of your belly button.
 Measure after breathing out (do not hold your breath) and write your results on the line below.
 Then check the box that contains your measurement. (Note: this is not the same as the “waist size” on your pants).

MEN – Waist circumference: ___ inches OR ___ cm

Less than 94 cm or 37 inches (0 points)

Between 94-102 cm or 37-40 inches (4 points)

Over 102 cm or 40 inches (6 points)

WOMEN – Waist circumference: ___ inches OR ___ cm

Less than 80 cm or 31.5 inches (0 points)

Between 80-88 cm or 31.5-35 inches (4 points)

Over 88 cm or 35 inches (6 points)

Your level of physical activity and what you eat can affect your risk of developing diabetes.

5. Do you usually do some physical activity such as brisk walking for at least 30 minutes each day?
 This activity can be done while at work or at home.

Yes (0 points)

No (1 point)

6. How often do you eat vegetables or fruits?

Every day (0 points)

Not every day (2 points)

High blood pressure, high blood sugar, and pregnancy-related factors are associated with diabetes.

7. Have you ever been told by a doctor or nurse that you have high blood pressure OR have you ever taken high blood pressure pills?
- Yes (4 points)
 - No or don't know (0 points)
8. Have you ever been found to have a high blood sugar either from a blood test, during an illness, or during pregnancy?
- Yes (14 points)
 - No or don't know (0 points)
9. Have you ever given birth to a large baby weighing 9 pounds (4.1 kg) or more?
- Yes (1 point)
 - No, don't know, or not applicable (0 points)

Some types of diabetes run in families.

10. Have any of your blood relatives ever been diagnosed with diabetes?

Check ALL that apply.

- Mother (2 points)
- Father (2 points)
- Brothers/Sisters (2 points)
- Children (2 points)
- Other (0 points)
- No/don't know (0 points)

Add your score. Your combined score cannot be more than 8 points.
(2 points for each category, do not count multiple children or siblings twice).

11. Please check off which of the following ethnic groups your biological (blood) parents belong to:

- | Mother | Father | |
|--------------------------|---|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> White (Caucasian) | (0 points) |
| <input type="checkbox"/> | <input type="checkbox"/> Aboriginal | (3 points) |
| <input type="checkbox"/> | <input type="checkbox"/> Black (Afro-Caribbean) | (5 points) |
| <input type="checkbox"/> | <input type="checkbox"/> East Asian (Chinese, Vietnamese, Filipino, Korean, etc.) | (10 points) |
| <input type="checkbox"/> | <input type="checkbox"/> South Asian (East Indian, Pakistani, Sri Lankan, etc.) | (11 points) |
| <input type="checkbox"/> | <input type="checkbox"/> Other non-white (Latin American, Arab, West Asian) | (3 points) |

Choose only one score, the highest.

Do not add mother plus father scores together. (Your score cannot be more than 11 points for this section).

Other factors are also related to developing diabetes.

12. What is the highest level of education that you have completed?
- Some high school or less (5 points)
 - High school diploma (1 point)
 - Some college or university (0 points)
 - University or college degree (0 points)

TOTAL SCORE - Add up your points from questions 1 to 12. Compare your total with the categories below:

LOWER THAN 21 → LOW RISK	21-32 → MODERATE RISK	33 AND OVER → HIGH RISK	
Your risk of having pre-diabetes or type 2 diabetes is fairly low, though it always pays to maintain a healthy lifestyle.	Based on your identified risk factors, your risk of having pre-diabetes or type 2 diabetes is moderate. You may wish to consult with a health care practitioner about your risk of developing diabetes.	Based on your identified risk factors, your risk of having pre-diabetes or type 2 diabetes is high. You may wish to consult with a health care practitioner to discuss getting your blood sugar tested.	
If your risk of developing type 2 diabetes is moderate or high please consult the Registered Dietitian at the Timiskaming Diabetes Education Program:			
240 Armstrong St. N, New Liskeard	705-647-8722	Katherine Rivard	Free service for anyone with prediabetes, type 1, type 2 or gestational diabetes. No referral required, call to make an appointment.
145 Government Rd. E, Kirkland Lake	705-568-2134	Kelsey Mackinnon	