## **Diabetes HRA Questions**



Name         Exact Proceedings         Number of an exact proceedings of the sector of a sector o			
Name         Exact Proceedings         Number of an exact proceedings of the sector of a sector o	Questions	Potential Answers	Customization Info
Instrumentation     Instrumentation     Maximum set instrumentation       Control design     Control design     Control design       Sers dBm     Maximum set instrumentation     Control design       Sers dBm     Maximum set instrumentation     Control design       Maximum set instrumentation     Control design     Control design       Maximum set instrumentation     Maximum set instrumentation     Control design       Maximum set instrumentation     Control design     Control design       Maximum set instrumenta	Name & User Type Options		Required - can customize whether you want to present
numbernumberprotocherandatase1Apartado et al ango e		Caregiver	caregiver field. Can also customize Page Introduction text,
Inter datases         Inter de server per server de segue.           Ser el finh.         Me her           Server de finh.         Me her           Me her of finh.         Me her of finh.			Myself selected text, and Someone Else selected text if
Image: Status         Image: Status         Securities and image: Status           Harder         Name         Reader Status         Reader Status           Harder         Reader Status         Reader Status         Reader Status           Harder         Reader Status         Reader Status         Reader Status           Harder Status         Reader Status         Reader Status         Reader Status           Harder Status         Reader Status			applicable.
Image: Status         Image: Status         Securities and image: Status           Harder         Name         Reader Status         Reader Status           Harder         Reader Status         Reader Status         Reader Status           Harder         Reader Status         Reader Status         Reader Status           Harder Status         Reader Status         Reader Status         Reader Status           Harder Status         Reader Status	Email Address		Ontional - can toggle off email canture. Can also customize the
Sci JathIchRest & MC SchweizeTraitAAAWithAAAAWithAAAAAWithAAAAAAWithAAAAAAAWithAA	Entali Address		
Partial         Partial         Maged Rest Calibration (March 1999)           Name         Registed Rest Calibration (March 1999)         Registed Rest Calibration (March 1999)           State And State And Leads         Registed Rest Calibration (March 1999)         Registed Rest Calibration (March 1999)           Rest Private State And Leads         Rest Rest Calibration (March 1999)         Rest Rest Calibration (March 1999)           Rest Private State And Leads         Rest Rest Rest Calibration (March 1999)         Rest Rest Rest Calibration (March 1999)           Rest Private State And Rest Rest Rest Rest Rest Rest Rest Rest	Sex at Birth	Male	
tagin weight of an automication with a substrate weight of an automication weight of an automica			nequirea a not castornizeable
Weight         Regular is an according you with the according you with the according you with a constrained of participation of according you with an according you with a constrained of participation of according you with a constrained participation of according yo	Height		Required & Not Customizeable
International study & 1 et al.         International study & 1 et al.         International study & 1 et al.           Chinky provided in the study of the stud			
biout freedom Dupy & Toat Firsk y Akary toatbiol Kakry toat	•		
King Afrikan Amerian Name Ander	Gender Pronouns Display & Text		
Image: distance of a part of a labor         Sector of a labor         Sector of a labor         Sector of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         Area and index of a labor           Area and index of a labor         Area and index of a labor         Area and index of a labor         <	Ethnicity	White	Required - can customize the page introduction text that reads
Jam         Jam         proof the Statistication of Jakes Harder Harder         proof the Statistication of Jakes Harder Harder           Amendment Harder         Harder Harder         Harder Harder         Jakes Harder	(Always available)	Black or African American	by default 'Methodologies for preventative screenings are
Average index or Subset Weiter Networks with or Subset Weiter (Soft your lands) (Soft		Hispanic or Latino	determined, in part, by sex at birth, age, and ethnicity. Please
Note because of ther Fundic islander (Marcon/La access)         Option of ther Fundic islander (Marcon/La access)         Option of the fundic islander (Marc			
Other Honoring agent based (phy pupulated if Tubiski Rate/Frink Digits aption sales/still)         Other Apping (phy pupulated if Tubiski Rate/Frink Digits aption sales/still)         Optional additional question (Note Reading Indian of Ababs Stills) (Note			your assessment:'
Unitation/for several (rink pspeksion/ Execution)         Unitation/for several Rest of Africa American Action (rink pspeksion/ Execution)         Option/ Execution (rink pspeksion/ Execution)         Option/ Execution (rink pspeksion/ Execution)         Option/ Execution (rink pspeksi			
Boto     Write     Optional additional question       Boto     Back or Micrain markstom     Autor       Autor     Autor     Autor </td <td></td> <td></td> <td></td>			
(bit) propulsited Possibility Resurptions reduction)     Back a Affana American American indian or Aplas Marker Hamer Results indian or Aplas Marker Hamer Results indian or Aplas Marker Hamer Results indian or Aplas Marker Hamer Results in Aplas Aplas in Aplas Hamer Hamer Results in Aplas in Aplas in Aplas in Aplas Hamer Hamer Results in Appart Hamer	-		
Aim     Aim     Aim       Aim     Aim			Optional additional question
Areida habite Abbite Ab	(Only populated in Detailed Race/Ethnic Origin option selected)		
Note transition 0 Other Fordic Usader (Dar account or answer         Control of the second (Dar account or answer         Control of the second (			
Other Effet Origin (b) republied fiscale disc)/fathe Origin pipole indexed (b) republied fiscale (b) republied fiscale (c)			
Instruction         Unstruction         Instruction         Additional question           Cole propulsed ID besided Bloc/Ehric Ongin option selected)         Bit issue for a table         Additional question           Cole propulsed ID besided Bloc/Ehric Ongin option selected)         Bit issue for a source         Regined and net customizable           To provide the propulsed ID besided Bloc/Ehric Ongin option selected         Regined and net customizable         Regined and net customizable           To provide the propulsed ID besided Bloc/Ehric Ongin option selected         Regined and net customizable         Regined and net customizable           To provide the propulsed ID beside and the propulse and the propulse in Propulse and the propulse in Propulse and the propulse in Propropulse in Propulse in Propulse in Propropropulse in Propulse			
htte: Digin (kin konstructure) bit (kin konst			
(bit) yspaniski / Detailed kor/Kithinio Drigin option selected)         Higganic or tabio         Higganic or tabio           (bit) you dee blacco products?         No. rever         Regined and hot costomizable           No. is table of more than y you arg ago         Regined and hot costomizable         Regined and hot costomizable           No. is table of the part year         Regined of hot costomizable         Regined of hot costomizable           Describe your moderable activity in a typical week.         Internation performation         Regined - can costomize table performance of the part year           Describe your moderable activity in a typical week.         Internation performance of the part year         Regined - can costomize table performance of the part year           Describe your moderable activity in a typical week.         Internation performance of the part year         Regined - can costomize table performance of the part year           Describe your wagenes activity in a typical week.         Internation performance of the part year         Regined - can costomize the wording of PCP or yeinany care in you can be part of part of can costomize table more part of the part year of part of can costomize the wording of PCP or yeinany care in you can be part of part of can costomize the wording of PCP or yeinany care in the part of part of can costomize the wording of PCP or yeinany care in the part of part of can costomize the wording of PCP or yeinany care in the part of part of CPG wording of PCP or yeinany care in the part of part of CPG wording of PCP or yeinany care in the part of part of CPG wording of PCP or yeinany care in the part of part o	Ethnic Origin		Optional additional question
Do you use tobacco products?         No. norm         Registed and net customiseable           No. bit used in the yat year of No. bit used in the paty year of No.	(Only populated if Detailed Race/Ethnic Origin option selected)		
Do you use tobacco products?         No. norm         Registed and net customiseable           No. bit used in the yat year of No. bit used in the paty year of No.			
No. Bit was and in the part year         No. Bit was and in the part year         No. Set was and in the part year         No. Set was and in the part year         Registed and not customizeable           in a typical week, what types of physical activity do you engage in? Orect all that apy (grant activity (eamples))         No. Set was and in the part year         Registed and not customizeable         Registed and not customize text in parentheses - default is (was and in the part year)         Registed - can customize text in parentheses - default is (was and in the part year)         Registed - can customize text in parentheses - default is (was and in the part year)         Registed - can customize text in parentheses - default is (was and in the part year)         Registed - can customize text in parentheses - default is (was and in the part year)           Do you have a (phrawy care name)? Default: primary care physician         Refause and in the part year         Refause and in the part year         Refause and interval year           Do you have a (pectalist name)? Default: primary care physician         Refause and interval year         Optional additional question         Refause and interval year           Do you have a (pectalist name)? Default: candidogist         Refause and interval year         Optional additional question         Refause and not customizeable           you provide part of (DRGAMZATION_LIVAME)?         Refause and not customizeable         Refause and not customizeable         Refause and not customizeable           you provide part of (DRGAMZATION_LIVAME)?         Refause and not customi	Do you use tobacco products?	No, never	Required and not customizeable
res         res         descent and two (complex)         Regular and not customizeable           in a typical week, what types of physical activity do you empage in? Deck all that appy         Refused and not customizeable         Refused and not customizeable           Decktor your moderate activity in a typical week.         Refused and not customizeable         Refused - can customize text in parentheses - default is on customiz		No, last used more than a year ago	
In a hypical week, what types of physical activity do you engage in? Check all that apply. Wignows activity (examples) None of these Amount of the these Amoun		No, last used in the past year	
Vigcorg activity (eample) None of these         Vigcorg activity (eample) None of these         Registed - can cutomize text in parenthese - off all its vig a week           Describe your wigorous activity in a typical week.         * milutars per day         Registed - can cutomize text in parentheses - off all its vig a week         Registed - can cutomize text in parentheses - off all its vig a week           Do you have a (prinary care name)? Default primary care physician         (Not answered) Not answered)         Registed - can cutomize text in parentheses - off all its vig a week         Registed - can cutomize text in parentheses - off all its vig a week           Do you have a (pricable taution physician)         (Not answered) Not answered)         Registed - can cutomize the wording of PCP ev/ (primary care physician)           Do you have a (pricable taution vig off tabut) primary care physician No         (Not answered) Not answered)         Optional additional question           to your provider part of (ORGANIZATION_NAME)?         No         Qatoral additional question           to your provider part of (ORGANIZATION_NAME)?         No answered) No answered)         Qatoral additional question           to your provider part of (ORGANIZATION_NAME)?         No answered) No answered)         Registed and not customizeable           No         Provider Name (Add an answered)         Not answered) No Answered)         Registed and not customizeable           No         Pricables         No Answered) No Answered]         Registed and no			
Image: description of the section of the se	In a typical week, what types of physical activity do you engage in? Check all that apply.		Required and not customizeable
Decode your moderate activity in a typical week.     armitudes per day     Required - an customice text in parentheses - default is 'waking, biking, active yoga, darking, recreational viumming adyrs a week       Decode your vigeorous activity in a typical week.     armitudes per day     Required - an customice text in parentheses - default is 'waking, biking, uctive yoga, darking, recreational viumming adyrs a week       Do you have a (primary care name?) Default: primary care physician     Otto a neweed) 'yes     Required - an customice text in parentheses - default is 'urunning, hiking uctili, singles terming, symming lap)' 'Yes       Do you have a (pecialist name?) Default: primary care physician     Otto a neweed) 'yes     Optonal additional question       10 or a neweed) 'yes     Optonal additional question     Optonal additional question       15 your provider part of (ORGANEZATION_NAME!?) 'Yes     No     Optonal additional question       16 your provider part of (ORGANEZATION_NAME!?) 'Yes     No     Optonal additional question       16 your provider part of (ORGANEZATION_NAME!?) 'Yes     No     Optonal additional question       16 your provider part of (ORGANEZATION_NAME!?) 'Yes     No     Optonal additional question       16 your provider part of (ORGANEZATION_NAME!?) 'Yes     No     Optonal additional question       16 your provider part of (ORGANEZATION_NAME!?) 'Yes     No     Optonal additional question       16 your provider var there ta bother or sister with type 2 diabetes?     Mo     Aprovider Name       16 y			
specific pour vigorous addivity in a typical week.         sequere 4         Genuite specific pour vigorous addivity in a typical week.         sequere 4           Do you have a (pfmary care physican         A float answered)         Required - can outcomize the vooling of PCP of yfmary care physican           Do you have a (pfmary care physican         A float answered)         Required - can outcomize the vooling of PCP of yfmary care physican           Do you have a (pfmary care physican         A float answered)         Required - can outcomize the vooling of PCP of yfmary care physican           Do you have a (pfmary care physican         A float answered)         Required - can outcomize the vooling of PCP of yfmary care physican           Do you have a (pfmary care physican         No         Required - can outcomize the vooling of PCP of yfmary care physican           No         No         Required - can outcomize the vooling of PCP of yfmary care physican           No         No         Required - can outcomize the vooling of PCP of yfmary care physican           No         No         Required - can outcomize the vooling of PCP of yfmary care physican           No         No         Required - can outcomize the vooling of PCP of yfmary care physican           No         No         Required - can outcomize the vooling of PCP of yfmary care physican           Provider yare (local Ant AC to Note - Cane voered)         No         Required - can outcomize the vooling of Red of Not co			
Image: service of the service of t	Describe your moderate activity in a typical week.	x minutes per day	
Detache your vigorous activity in a typical week.     xminutes per day     Required - can catomize text in parenteese, summing top) <sup>1</sup> Adays a week     (trunning, hing, uppill, singles tensis, summing top) <sup>1</sup> Required - can catomize text in parenteese, summing top) <sup>1</sup> Do you have a (primary care name)? Default: primary care physician     (Ret answerel)     Required - can catomize text in parenteese, summing top) <sup>1</sup> Do you have a (specialist name)? Default: cardiologist     (Rot answerel)     Required - can catomize text in parenteese, summing top) <sup>1</sup> Do you have a (specialist name)? Default: cardiologist     (Rot answerel)     Optional additional question       1601't now     (Rot answerel)     Optional additional question       160'tor know     (Rot answerel)     Required and not customizeable       No     Previdee Name     Optional additional question       160'tor know     (Rot answerel)     Required and not customizeable       No     Previdees     Yee, Ype 2 diabetes       Yee, Ype 2 diabetes     Yee, Ype 2 diabetes     Yee, Ype 2 diabetes       160'tor know     Required and not customiz			'(walking, biking, active yoga, dancing, recreational swimming)'
Detache your vigorous activity in a typical week.     xminutes per day     Required - can catomize text in parenteese, summing top) <sup>1</sup> Adays a week     (trunning, hing, uppill, singles tensis, summing top) <sup>1</sup> Required - can catomize text in parenteese, summing top) <sup>1</sup> Do you have a (primary care name)? Default: primary care physician     (Ret answerel)     Required - can catomize text in parenteese, summing top) <sup>1</sup> Do you have a (specialist name)? Default: cardiologist     (Rot answerel)     Required - can catomize text in parenteese, summing top) <sup>1</sup> Do you have a (specialist name)? Default: cardiologist     (Rot answerel)     Optional additional question       1601't now     (Rot answerel)     Optional additional question       160'tor know     (Rot answerel)     Required and not customizeable       No     Previdee Name     Optional additional question       160'tor know     (Rot answerel)     Required and not customizeable       No     Previdees     Yee, Ype 2 diabetes       Yee, Ype 2 diabetes     Yee, Ype 2 diabetes     Yee, Ype 2 diabetes       160'tor know     Required and not customiz		y days a weak	
stdy a week         Tenning, hiting uphil, singles tensis, swimming laps)'           Do you have a (primary care physican         Not answered) Yes is No         Required - can customize the wording of FCP ev/ 'primary care provider' vs 'primary care physican' No           Do you have a (specialist name)? Default: cardiologist         Not answered) No         Optional additional question           Do you have a (specialist name)? Default: cardiologist         No         Optional additional question           No         No         Optional additional question           Is your provider part of (DRGANZATION_NAME)?         No         Optional additional question           Provider part of (DRGANZATION_NAME)?         No         Optional additional question           Provider part of (DRGANZATION_NAME)?         Yes         Optional additional question           Provider part of (DRGANZATION_NAME)?         Yes         Optional additional question           Provider part of (DRGANZATION_NAME)?         Yes         Optional additional question           Provider hame [label is customizable)         Physicin Rhem's         Optional additional question           Do you have a dother or sister with type 2 diabetes?         No         Required and not customizable           Do you have a bother or sister with type 2 diabetes?         Required and not customizable         No           Yes         No         Yes         No </td <td>Describe your vigorous activity in a typical week</td> <td></td> <td>Required - can customize text in parentheses - default is</td>	Describe your vigorous activity in a typical week		Required - can customize text in parentheses - default is
induction         kdyra a week         decides           Do you have a (primary care name)? Default: primary care physician         No         Provider Van weed         Provider Van Sprimary care physician         P	beschibe your vigorous activity in a typical week.	x minutes per day	
Do you have a (primary care name)? Default: primary care physician       (hot answered)       Required -can customize the wording of PCP ex/ 'primary care physician'         No       No       Provider 'va 'primary care physician'         Do you have a (specialist name)? Default: cardiologist       (hot answered)       Optional additional question         Ves       No       Idon't know       Optional additional question         Is your provider yard of (ORGANIZATION_NAME)?       No       Optional additional question         Yes       (not answered)       Optional additional question         Provider Name (labelis customizable)       Provider Name       Optional additional question         Provider Name (labelis customizable)       Provider Name       Optional additional question         Provider Name (labelis customizable)       Physician Name       Optional additional question         Provider Name (labelis customizable)       Physician Name       Optional additional question         Do you have diabetes?       (Not answered)       Required and not customizeable         No       No       Provider Name       Optional additional question         Do you have a brother or sister with type 2 diabetes?       (Not Answered)       Required and not customizeable         No       No       No       No       No         Yes       Idon't know <td></td> <td>x days a week</td> <td>(running, mang upini, singles centis, swimming ups)</td>		x days a week	(running, mang upini, singles centis, swimming ups)
Yes         provide/ vs primary care physician'           Do you have a (specialist name)? Default: cardiologist         (Not insvered)         Application al question al	Do you have a (primary care name)? Default: primary care physician		Required - can customize the wording of PCP ex/ 'primary care
No         Identification         Identification           Do you have a (specialist name)? Default: cardiologist         (Not answered) Yes         Optional additional question           id on't know         (don't know         Optional additional question           id on't know         (don't know         Optional additional question           for up provider part of (ORGANIZATION_MAME)?         No         Optional additional question           for up provider part of (ORGANIZATION_MAME)?         No         Optional additional question           for up provider part of (ORGANIZATION_MAME)?         No         Optional additional question           for up provider part of (ORGANIZATION_MAME)?         No         Optional additional question           Provider Name (label is customizable)         Provider Name         Optional additional question           Provider Name (label is customizable)         Physician Name         Optional additional question           Do you have alubetes?         No         No         Provider Name           Do you have alubetes?         No         No         Provider Name           Do you have a brother or sister with type 2 diabetes?         Yes         Required and not customizeable           No         Yes         No         Yes           Have you ever been diagnossed with diabetes during pregranony?         No			
Do you have a (specialist name)? Default: cardiologist     (Mot answered) Yes     Optional additional question       is your provider part of (ORGANIZATION_NAME)?     No     Optional additional question       Provider Name (label is customizable)     Provider Name     Optional additional question       Is your provider part of (ORGANIZATION_NAME)?     No     Optional additional question       Provider Name (label is customizable)     Provider Name     Optional additional question       Provider Name (label is customizable)     Provider Name     Optional additional question       Provider Name (label is customizable)     Provider Name     Optional additional question       Provider Name (label is customizable)     Previden Name     Optional additional question       Provider Name (label is customizable)     Previden Name     Optional additional question       Do you have diabetes?     (Not answered)     Required and not customizeable       Do you have a diabetes?     (Not Answered)     Required and not customizeable       Do either of your parents have type 2 diabetes?     (Not Answered)     Required and not customizeable       No     No     Yes     Idon't know     Required and not customizeable       Do you have a brother or sister with type 2 diabetes?     (Not Answered)     Required and not customizeable       No     Yes     No     Yes     No       I don't know		No	
Yes     No       iden't know     Optional additional question       is your provider part of (ORGANIZATION_NAME)?     No       Provider Name (label is customizable)     Provider Name       is your provider part of (ORGANIZATION_NAME)?     No       Ves     Optional additional question       (rod answered)     Optional additional question       Provider Name (label is customizable)     Physican Name       Do you have diabetes?     No       No     No       No     No       Provider Name (label is customizable)     Physican Name       Do you have diabetes?     No       No     No       No     Prevident Samered)       No     No       Provider Name (label is customizable)     Physican Name       Do you have diabetes?     No       No     No       Yes     (Not answered)       No     No       Yes     (don't know       Do you have a brother or sister with type 2 diabetes?     (Not Answered)       No     No       Yes     (don't know       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered)       No     Yes       (don't know     Required and not customizeable       Yes     (Not Answered)       No <td></td> <td>I don't know</td> <td></td>		I don't know	
No         Idon't know           Is your provider part of (ORGANIZATION_NAME)?         No         Optional additional question           (rot arswered)         (not arswered)         Optional additional question           Provider Name (label is customizable)         No         Optional additional question           (rot arswered)         (not arswered)         Optional additional question           Provider Name (label is customizable)         Mo         Optional additional question           Provider Name (label is customizable)         Mo         Optional additional question           Provider Name (label is customizable)         Mo         Previder Name           Do you have diabetes?         (Not arswered)         Required and not customizable           No         No         Prevident Know         Prevident Know           Do either of your parents have type 2 diabetes?         (Not Arswered)         Required and not customizable           No         Yes         1         Prevident Know         Prevident Know           Do out have a brother or sister with type 2 diabetes?         (Not Arswered)         Required and not customizable           No         Yes         1         Prevident Know         Prevident Know           Have you ever been diagnosed with diabetes during pregnancy?         (Not Arswered)         Required and not	Do you have a (specialist name)? Default: cardiologist	(Not answered)	Optional additional question
Induction     Induction       is your provider part of (ORGANIZATION_NAME)?     No       Yes     (not answered)       Provider Name (label is customizable)     Provider Name       is your provider part of (ORGANIZATION_NAME)?     No       Yes     Optional additional question       (not answered)     Optional additional question       Provider Name (label is customizable)     Provider Name     Optional additional question       Provider Name (label is customizable)     Provider Name     Optional additional question       Do you have diabetes?     (Not answered)     Required and not customizable       Do you have a brother or sister with type 2 diabetes?     (Not Answered)     Required and not customizable       Do you have a brother or sister with type 2 diabetes?     (Not Answered)     Required and not customizable       Do you have a brother or sister with type 2 diabetes?     (Not Answered)     Required and not customizable       No     Yes     Idon't know     Idon't know       Do you have a brother or sister with type 2 diabetes?     (Not Answered)     Required and not customizable       No     Yes     (Not Answered)     Required and not customizable       No     Yes     (Not Answered)     Required and not customizable       No     Yes     (Not Answered)     Required and not customizable       No     Ye		Yes	
is your provider part of (ORGANIZATION_NAME)?       No       Optional additional question         Provider Name (label is customizable)       Provider Name       Optional additional question         Provider Name (label is customizable)       Provider Name       Optional additional question         Is your provider part of (ORGANIZATION_NAME)?       No       Optional additional question         Provider Name (label is customizable)       Physician Name       Optional additional question         Provider Name (label is customizable)       Physician Name       Optional additional question         Do you have diabetes?       (Not answered)       Required and not customizeable         No       Ves       Provider Name       Provider Name         Do either of your parents have type 2 diabetes?       (Not Answered)       Required and not customizeable         No       Ves       Idon't know       Required and not customizeable         Do you have a brother or sister with type 2 diabetes?       (Not Answered)       Required and not customizeable         No       Yes       (Not'I know		No	
Yes         Analysis           Provider Name (label is customizable)         Provider Name         Optional additional question           Yes         Yes         Optional additional question           Yes         Instanswered]         Optional additional question           Provider Name (label is customizable)         Mo         Optional additional question           Do you have diabetis?         (Not answered)         Required and not customizable)           Do you have diabetis?         (Not Answered)         Required and not customizable           No         Prediabetis         Yes, type 1 diabetes         Prediabetis           Yes, type 1 diabetes         Yes, type 1 diabetes         Prediabetis         Prediabetis           Yes, type 1 diabetes?         No         Required and not customizable         Prediabetis           Do either of your parents have type 2 diabetes?         No         No         Prediabetis			
Incl answered)       Incl answered)       Optional additional question         Provider Name (label is customizable)       No       Optional additional question         Provider Name (label is customizable)       Physician Name       Optional additional question         Provider Name (label is customizable)       Physician Name       Optional additional question         Do you have diabetes?       (Not answered)       Required and not customizable         Do you have diabetes?       No       Prediabets         Yes, type 2 diabetes?       (Not Answered)       Required and not customizeable         Do outher of your parents have type 2 diabetes?       (Not Answered)       Required and not customizeable         Do you have a brother or sister with type 2 diabetes?       (Not Answered)       Required and not customizeable         No       Yes       I don't know       Required and not customizeable         No       Yes       I don't know       Required and not customizeable         No       Yes       I don't know       Required and not customizeable         No       Yes       No       Yes       No         No       Yes       No       Yes       No         No       Yes       No       Yes       No         Your waist measurement       (NoTE: not applicabl	Is your provider part of {ORGANIZATION_NAME}?		Optional additional question
Provider Name         Optional additional question           Is your provider part of (ORGANIZATION_NAME)?         No         Optional additional question           Yes         (not answered)         Optional additional question           Provider Name (label is customizable)         Physician Name         Optional additional question           Do you have diabetes?         (Not answered)         Required and not customizable           No         Prediabets         Yes, type 2 diabetes         Prediabets           Yes, type 2 diabetes         I don't know         Required and not customizeable           Do either of your parents have type 2 diabetes?         (Not Answered)         Required and not customizeable           No         Yes         I don't know         Required and not customizeable           Do either of your parents have type 2 diabetes?         (Not Answered)         Required and not customizeable           No         Yes         I don't know         Required and not customizeable           No         Yes         I don't know         Required and not customizeable           No         Yes         I don't know         Required and not customizeable           No         Yes         I don't know         Required and not customizeable           Yes         I don't know         Required and not customizeable			
Is your provider part of {ORGANIZATION_NAME}? No Yes (not answered) Provider Name (label is customizable) Provider Name (label is customizable) Do you have diabetes? (Not answered) No Prediabets Yes, type 1 diabetes Yes, type 1 diabetes Yes, type 2 diabetes I don't know Do either of your parents have type 2 diabetes? (Not Answered) No Yes I don't know Do you have a brother or sister with type 2 diabetes? (Not Answered) No Yes I don't know Do you have a brother or sister with type 2 diabetes? (Not Answered) No Yes I don't know Do you have a brother or sister with type 2 diabetes? (Not Answered) No Yes I don't know Do you have a brother or sister with type 2 diabetes? (Not Answered) No Yes I don't know Prediabets Yes, type 1 diabetes during pregnancy? (Not Answered) No Yes I don't know Have you ever been diagnosed with diabetes during pregnancy? (Not Answered) No Yes I don't know Have you ever been diagnosed with diabetes during pregnancy? (Not Answered) No Yes I don't know Have type 2 diabetes during pregnancy? (Not Answered) No Yes I don't know Have type 1 diabetes during pregnancy? (Not Answered) No Yes I don't know Required and not customizeable No Yes I don't know Required and not customizeable No Yes I don't know Required and not customizeable No Yes I don't know Required and not customizeable No Yes I don't know Required and not customizeable No Yes I don't know Required and not customizeable No Yes I don't know Required and not customizeable Required and not customizeable No Yes I don't know Required and not customizeable Required and not customizeable I don't know Required			
Yes (not answered)     Optional additional question       Provider Name (label is customizable)     Physician Name     Optional additional question       Do you have diabetes?     (Not answered) No Prediabets Yes, type 2 diabetes Yes, type 2 diabetes Yes, type 2 diabetes?     Required and not customizeable       Do either of your parents have type 2 diabetes?     (Not Answered) No Yes     Required and not customizeable       Do either or sister with type 2 diabetes?     (Not Answered) No Yes     Required and not customizeable       Do you have a brother or sister with type 2 diabetes?     (Not Answered) No Yes     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes     Required and not customizeable       Your waist measurement     Smaller than (##) inches (## to ##) inches     Required and not customizeable       Your waist measurement     Smaller than (##) inches (## to ##) inches     Required and not customizeable			
Instance         Instance         Instance         Optional additional question           Do you have diabetes?         Provider Name (label is customizable)         Required and not customizable         Required and not customizable           Do you have diabetes?         No         Prediabets         Prediabets         Prediabets           Yes, type 2 diabetes?         I don't know         Required and not customizeable         Prediabets           Do either of your parents have type 2 diabetes?         No         Required and not customizeable         Prediabets           No         Yes         I don't know         Required and not customizeable         Prediabets           Do you have a brother or sister with type 2 diabetes during pregnancy?         (Not Answered)         Required and not customizeable         President for know           Have you ever been diagnosed with diabetes during pregnancy?         (Not Answered)         Required and not customizeable         President for know           Yes         I don't know         No         Yes         President know         President know           Have you ever been diagnosed with diabetes during pregnancy?         (Not Answered)         Required and not customizeable         President know           Your waist measurement         (MOTE: not applicable if sex = male OR diabetes_type* = 1)         President knot ### inches         President know	is your provider part of {ORGANIZATION_NAME}?		Optional additional question
Provider Name [label is customizable]       Physician Name       Optional additional question         Do you have diabetes?       (Not answered) No       Required and not customizeable         Prediabets       Yes, type 2 diabetes Yes, type 2 diabetes       Required and not customizeable         Do either of your parents have type 2 diabetes?       (Not Answered) No       Required and not customizeable         Do either of your parents have type 2 diabetes?       (Not Answered) No       Required and not customizeable         Do you have a brother or sister with type 2 diabetes?       (Not Answered) No       Required and not customizeable         Do you have a brother or sister with type 2 diabetes during pregnancy?       (Not Answered) No       Required and not customizeable         Have you ever been diagnosed with diabetes during pregnancy?       (Not Answered) No       Required and not customizeable         Your waist measurement       Smaller than [##] inches [## to ##] inches Larger than [##] inches       Required and not customizeable         If wo the would be the solution of the sow       If wo the solution of the sow       Required and not customizeable			
Do you have diabetes?       (Not answered) No Prediabets Yes, type 2 diabetes Yes, type 2 diabetes I don't know       Required and not customizeable         Do either of your parents have type 2 diabetes?       (Not Answered) No Yes I don't know       Required and not customizeable         Do you have a brother or sister with type 2 diabetes?       (Not Answered) No Yes I don't know       Required and not customizeable         Do you have a brother or sister with type 2 diabetes?       (Not Answered) No Yes I don't know       Required and not customizeable         Have you ever been diagnosed with diabetes during pregnancy?       (Not Answered) No Yes I don't know       Required and not customizeable         Your waist measurement       Smaller than (##] inches Larger than (##] inches Larger than (##] inches Larger than (##] inches       Required and not customizeable	Provider Name {label is customizable}		Optional additional question
No     Prediabets       Prediabets     Prediabets       Yes, type 1 diabetes     Yes, type 2 diabetes       I don't know     Required and not customizeable       Do either of your parents have type 2 diabetes?     (Not Answered)       No     Yes       I don't know     Required and not customizeable       Do you have a brother or sister with type 2 diabetes?     (Not Answered)       No     Yes       I don't know     Required and not customizeable       No     Yes       I don't know     Required and not customizeable       No     Yes       I don't know     Required and not customizeable       No     Yes       I don't know     Required and not customizeable       No     Yes       I don't know     Required and not customizeable       Wot Answered)     No       No     Yes       I don't know     Required and not customizeable       Your waist measurement     [Wit of applicable if sex = male OR diabetes_type* = 1)       Your waist measurement     [Wit of ##] inches       [## to ##] inches     [## to ##] inches       I don't know     I don't know			
Prediabets       Yes, type 1 diabetes       Prediabetes       Prediabet			nequired and not customized bie
Yes, type 2 diabetes I don't know     Required and not customizeable       Do either of your parents have type 2 diabetes?     (Not Answered) No Yes I don't know     Required and not customizeable       Do you have a brother or sister with type 2 diabetes?     (Not Answered) No Yes I don't know     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes I don't know     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes I don't know     Required and not customizeable       Your waist measurement     Smaller than [##] inches [## to ##] inches [ don't know     Required and not customizeable			
Yes, type 2 diabetes I don't know     Required and not customizeable       Do either of your parents have type 2 diabetes?     (Not Answered) No Yes I don't know     Required and not customizeable       Do you have a brother or sister with type 2 diabetes?     (Not Answered) No Yes I don't know     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes I don't know     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes I don't know     Required and not customizeable       Your waist measurement     Smaller than [##] inches [## to ##] inches [ don't know     Required and not customizeable			
Idon't know     Idon't know       Do either of your parents have type 2 diabetes?     (Not Answered) No Yes I don't know     Required and not customizeable       Do you have a brother or sister with type 2 diabetes?     (Not Answered) No Yes I don't know     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes I don't know     Required and not customizeable       Your waist measurement     Smaller than [##] inches [## to ##] inches Larger than [##] inches Larger than [##] inches Larger than [##] inches     Required and not customizeable			
No     Yes     Index       Joo you have a brother or sister with type 2 diabetes?     (Not Answered)     Required and not customizeable       No     Yes     Index       Joor you ever been diagnosed with diabetes during pregnancy?     (Not Answered)     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered)     Required and not customizeable       Vor     Yes     (NoTE: not applicable if sex = male OR diabetes_type* = 1)       Your waist measurement     Smaller than [##] inches     Required and not customizeable       [## to ##] inches     [## to ##] inches     Required and not customizeable       [## to ##] inches     Larger than [##] inches     Required and not customizeable       [## to ##] inches     Larger than [##] inches     Required and not customizeable       [## to ##] inches     Larger than [##] inches     Required and not customizeable			
Yes I don't know     Required and not customizeable       Do you have a brother or sister with type 2 diabetes?     (Not Answered) No Yes I don't know     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes     Required and not customizeable       Your waist measurement     Smaller than [##] inches [## to ##] inches     Required and not customizeable       [## to ##] inches [## to ##] inches     Iff to ##] inches     Required and not customizeable       [## to ##] inches     Larger than [##] inches     Idon't know	Do either of your parents have type 2 diabetes?	(Not Answered)	Required and not customizeable
I don't know     I don't know       Do you have a brother or sister with type 2 diabetes?     (Not Answered) No Yes     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes     Required and not customizeable       Work wast measurement     Smaller than [##] inches [## to ##] inches [## to ##] inches Larger than [##] inches Larger than [##] inches Larger than [##] inches     Required and not customizeable			
Do you have a brother or sister with type 2 diabetes? (Not Answered) No Yes I don't know Have you ever been diagnosed with diabetes during pregnancy? (Not Answered) No Yes (Not Answered) No Yes (NoTE: not applicable if sex = male OR diabetes_type* = 1) Your waist measurement Smaller than [##] inches [## to ##] inches Larger than [##] inches Larger than [##] inches Larger than [##] inches I don't know			
No Yes Ldon't know Have you ever been diagnosed with diabetes during pregnancy? (Not Answered) No Yes (NOTE: not applicable if sex = male OR diabetes_type* = 1) Your waist measurement Smaller than [##] inches [## to ##] inches			
Yes I don't know     Required and not customizeable       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Ves (NOTE: not applicable if sex = male OR diabetes_type* = 1)     Required and not customizeable       Your waist measurement     Smaller than (##) inches (## to ##) inches (## to ##) inches Larger than [## inches Larger than [## inches Larger than [##] inches Larger than [##] inches     Required and not customizeable	Do you have a brother or sister with type 2 diabetes?		Required and not customizeable
I don't know     I don't know       Have you ever been diagnosed with diabetes during pregnancy?     (Not Answered) No Yes (NOTE: not applicable if sex = male OR diabetes_type* = 1)     Required and not customizeable       Your waist measurement     Smaller than [##] inches [## to ##] inches [## to ##] inches Larger than [##] inches Larger than [##] inches Larger than [##] inches     Required and not customizeable			
Have you ever been diagnosed with diabetes during pregnancy? (Not Answered) No Yes (NOTE: not applicable if sex = male OR diabetes_type* = 1) Your waist measurement Smaller than [##] inches [## to ##] inches [## to ##] inches Larger than [##] inc			
No Yes (NOTE: not applicable if sex = male OR diabetes_type* = 1) Your waist measurement Your waist measurement Smaller than [##] inches [## to ##] inches [## to ##] inches [## to ##] inches Larger than [##] inches Larger than [##] inches Larger than [##] inches			
Yes (NOTE: not applicable if sex = male OR diabetes_type* = 1) Your waist measurement Smaller than [##] inches [## to ##] inches [## to ##] inches Larger than [##] inches Lar	Have you ever been diagnosed with diabetes during pregnancy?		Required and not customizeable
(NOTE: not applicable if sex = male OR diabetes_type* = 1)           Your waist measurement         Smaller than (##) inches         Required and not customizeable           [## to ##] inches         [## to ##] inches         Larger than [##] inches           Larger than [##] inches         Larger than [##] inches         Larger than [##] inches			
Your waist measurement Smaller than (##) inches Required and not customizeable [## to ##) inches [## to ##) inches [## to ##) inches Larger than [##] inches I don't know			
[## to ##] inches [## to ##] inches Larger than [##] inches I don't know	Vourwaittmaacurament		Poquired and not customizeable
[## to ##} inches Larger than [##] inches I don't know	Your waist measurement		nequireu anu not customizeable
Larger than [##] inches I don't know			
I don't know			
		(Not Answered)	

	V	Description of an externation of the
Have you ever been told by a health care professional that your blood pressure was high?	Yes	Required and not customizeable
	No	
	I don't know	
	(Not Answered)	
Have you ever been prescribed medications to control your blood pressure?	(Not Answered)	Required and not customizeable
	No	
	Yes	
Are your cholesterol numbers within the recommended ranges?	(Not Answered)	Required and not customizeable
	Yes	
	No	
	I don't know	
Have you ever been prescribed medications to control your cholesterol?	(Not Answered)	Required and not customizeable
	No	
	Yes	
Is your fasting blood sugar within the recommended ranges?	(Not Answered)	Required and not customizeable
	Yes	
	No	
	I don't know	
	(NOTE: not applicable when diabetes = 'type1' OR 'type2')	
Have you ever been prescribed medications to control your blood sugar?	(Not Answered)	Required and not customizeable
	No	
	Yes	
	(NOTE: not applicable when diabetes = 'type1' OR 'type2')	
Is your A1C within the range recommended by your doctor?	(Not Answered)	Required and not customizeable
	Yes	
	No	
	I don't know	
	(NOTE: not applicable when diabetes = 'no' OR 'pre')	
Have you ever been prescribed medications to control your diabetes?	(Not Answered)	Required and not customizeable
,,	No	
	Yes	
	(NOTE: not applicable when diabetes = 'no' OR 'pre')	
	(NOTE: Not applicable when diabetes = 10 ON pie)	

©2025 Unlock Health. CONFIDENTIAL. DO NOT DISTRIBUTE.