

Diabetes HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page introduction text on this page.
Sex at Birth	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation shown on screen or not to participant
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: cardiologist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Physician Name	Optional additional question
Do you have diabetes?	(Not answered) No Prediabetes Yes, type 1 diabetes Yes, type 2 diabetes I don't know	Required and not customizable
Do either of your parents have type 2 diabetes?	(Not Answered) No Yes I don't know	Required and not customizable
Do you have a brother or sister with type 2 diabetes?	(Not Answered) No Yes I don't know	Required and not customizable
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 customizable
Your waist measurement	Smaller than {##} inches {## to ##} inches {## to ##} inches Larger than {##} inches I don't know (Not Answered)	Required and not customizable

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