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EXPRESSION OF INTEREST FORM

Personal Details

Name_____Group/Club/Village_____
Date of Birth _____ Country of Birth_____ Email_____
Address_____ Phone Number_____

Health History

Height_____ Weight _____

Type 1 or Type 2 Diabetes	☐Yes ☐ No ☐Unsure	**Polycystic Ovarian Syndrome**	☐Yes ☐ No ☐Unsure
Cardiovascular Disease (any condition affecting heart, valves or blood vessels)	☐ Yes ☐ No ☐Unsure Type_____	**High Cholesterol or Cholesterol Medication**	☐Yes ☐ No ☐Unsure
High Blood Pressure	☐Yes ☐ No ☐Unsure	**Family Genetic Cholesterol**	☐Yes ☐ No ☐Unsure
Gestational Diabetes	☐Yes ☐ No ☐Unsure		
Pre-Diabetes or Borderline Diabetes	☐Yes ☐ No ☐Unsure	**Chronic Kidney Disease**	☐Yes ☐ No ☐Unsure

1. Your age group

Under 35 years

2. Your gender

Female

3. Your ethnicity/country of birth:
3a. Are you of Aboriginal, Torres Strait Islander, Pacific Islander or Maori descent?

No

3b. Where were you born?

Australia

4. Have either of your parents, brothers or sisters been diagnosed with diabetes (type 1 or type 2)?

No

5. Have you ever been found to have high blood glucose (sugar) (for example, in a health examination, during an illness, or during pregnancy)?

No

6. Are you currently taking medication for high blood pressure?

No

7. Do you currently smoke cigarettes or any other tobacco products on a daily basis?

No

8. How often do you eat vegetables or fruit?

Not every day

9. On average, would you say you do at least 2.5 hours of physical activity per week (for example, 30 minutes a day on 5 or more days a week)?

No

10. Waist measurement

10a. Your waist measurement (at navel)

_____ (cm)

For those of Asian or Aboriginal or Torres Strait Islander descent:

Men

Less than 90 cm

Women

Less than 80 cm

For all others:

i. Men

Less than 102 cm

i. Women

Less than 88 cm

TOTAL POINTS 3

Save