**Diabetes Screening Test**

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**Do you think you may already have diabetes?**

Take this quick online diabetes screening test and find out.

Diabetes is a dangerous and life-threatening disease. Early identification of your risk is a critical step in the prevention of diabetes and/or its complications.

This simple online diabetes screening test helps assess your risk for having or developing diabetes but is not intended to replace an examination by your physician!

**Diabetes Symptoms: Do I Have Diabetes Now?**

The signs and symptoms of Type 2 diabetes can vary from mild to severe, and many already living with the disease may not even think to get tested. In the Ghana, I of every 4 people with diabetes don’t know they have it, and nearly 1 in 2 people around the world living with diabetes remain undiagnosed! When symptoms do occur the type and severity vary from person to person and include:

Increased Thirst and/or Increased Urination

 Always

 Sometimes

 Rarely/Never

Increased Hunger (especially after eating)

 Always

 Sometimes

 Rarely/Never

Rapid or Unexplained Weight Loss

 Always

 Sometimes

 Rarely/Never

Blurred Vision

 Always

 Sometimes

 Rarely/Never

Numbness or Tingling in feet, hands or legs

 Always

 Sometimes

 Rarely/Never

Fatigue (weak or tired feeling)

 Always

 Sometimes

 Rarely/Never

Slow healing Sores or Frequent Infections

 Always

 Sometimes

 Rarely/Never

**Risk Factors: How Likely am I to Develop Diabetes?**

I am overweight or obese

 Yes

 No

I have an inactive lifestyle – exercise less than 3 times per week and/or spend more than 4 hours per day sitting

 Yes

 No

I have a family history of diabetes – parent or sibling

 Yes

 No

I am age 45 or older

 Yes

 No

Minority races in the USA and other developed countries have a higher incidence of diabetes. Do you identify yourself as a minority?

 Yes

 No

I have been diagnosed with hypertension or high blood pressure, and/or abnormal cholesterol levels – Low HDL, High LDL or high triglyceride levels in the blood

 Yes

 No

I frequently sleep less than 6 hours per night, more than 9 hours per night, or have been diagnosed with sleep apnea

 Yes

 No

I am a smoker

 Yes

 No

I have had diabetes during pregnancy (gestational diabetes), had a baby that weighed more than 9 pounds at birth, or was diagnosed with polycystic ovary syndrome (PCOS)

 Yes

 No

I suffer from stress, anxiety or depression

 Yes

 No

I consume processed and refined foods and/or sugar sweetened beverages at least 1-2 times per day

 Yes

 No

On previous testing, I was diagnosed with prediabetes, impaired fasting glucose (IFG), impaired glucose tolerance (IGT), insulin resistance (IR), or metabolic syndrome (MS)

 Yes

 No

Please Enter Your Email Address \*

Submit

**AWARENESS + ACTION = PREVENTION®**

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