

Know Your Risk in '26 - Event Metrics Tally Sheet

Organization Name: _____

Event Name: _____

Event Date and Time: _____

Event Location: _____

Your name and email address: _____

The table below is designed to help you track event metrics in real time to assist with outcomes reporting to KDN. After the event, please either scan a copy of this completed form and send to kentuckydiabetes@gmail.com or enter your outcome data

using our reporting form here: <https://forms.gle/SaCbpeGGqbvWrmE9A>

Total number of event attendees	
Number of diabetes risk tests completed	
Number of t-shirts distributed	
Number of participants <u>scoring 5 or higher</u> on the Type 2 diabetes risk test	
Number of participants <u>with any “yes” response</u> on the Type 1 diabetes screener	
Number of educational and/or referral resources provided to high-risk participants	

Which educational and/or referral resources were provided to high-risk participants, if any (e.g., local DPP/DSMES programs, education on next steps for Type 1 diabetes risk assessment, industry screening resources, or encouragement to speak with their PCP about autoantibody testing)?