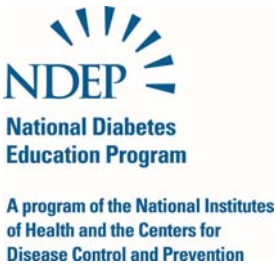
National Diabetes Education Program

Diabetes HealthSense Resource Submission Form



NDEP seeks to identify research articles and resources that help people with diabetes, people at risk for the disease and those who care for them in self-management efforts that contribute to improved health outcomes. Resources included in Diabetes HealthSense must be focused on behavior change and help facilitate the behavior change process. They also should be accessible to the public and contain limited or no advertising of commercial products. **This form must be completed for consideration in Diabetes HealthSense.**

If you experience difficulties when submitting the form, please save a copy to your computer and email it to ndep@hagersharp.com.

Your first name	Your last name
Email	

Title of resource or research article		
Web address where resource or research article can be located		
Please indicate which sections, pages, or parts of the resource should be considered for Diabetes HealthSense. If the entire resource should be reviewed, write "all."		
Is the primary focus of the resource to assist in changing behavior and/or coping with diabetes?	◯ Yes	◯ No
Please identify how this resource helps the target audience make behavior changes and/ or cope with the emotional aspects of living with diabetes (If the resource you are submitting is a mobile app, please specify what and how features/functions of the app and/or device help the target audience make behavior changes):		
What does this resource primarily help users do or support? Select one.		
◯ Eat healthy ◯ Be active ◯ Manage weight ◯ Cope with stress and emotions ◯ Set goals	◯ Stop smoking ◯ Prevent diabetes-related health problems ◯ Check blood glucose ◯ Take medicine ◯ Other (please specify)	

For whom is the resource primarily intended? Of these, select those that are most applicable.	
☐ Person with diabetes ☐ Person with prediabetes ☐ Person at risk for diabetes ☐ Family member, caregiver, or friend	☐ Health care professional ☐ Teacher or school health professional ☐ Community health worker ☐ Community organization ☐ Other (please specify)
To what age group does this resource primarily apply? Please select the most relevant group. ○ Child ○ Teen and young adult ○ Adult ○ Older adult (65+)	
What type of resource is this, or what types of resources does it contain? Select the most applicable.	
○ Website ○ Mobile App/Device ○ Tracking tool ○ Printable document	○ Online program ○ In-person program ○ Video or podcast ○ Presentation ○ Other (please specify)

Available languages	☐ English ☐ Spanish	Other:
Registration required	○ Yes	○ No
Cost to access (if applicable)		
Does the resource have advertisements or sponsorships?	○ Yes	○ No
Comments/additional information		

If the resource you are submitting is a mobile app, please answer the following questions:

Is there a device associated with the use of the app?	○ Yes, required ○ Yes, optional. Please specify: ○ Yes, premium version only. Please specify:	○ No
If yes, what is the name of the device?		
Is the app available to everyone for download (at no charge or at a cost)?	○ Yes	○ No, please indicate who may access:
Is there a companion web portal for this app that you would like to be reviewed or included with this resource?		
Is there a portal for a health care provider to access patient information collected via the app?	○ Yes, a web portal ○ Yes, via email ○ Yes, other. Please specify:	○ No

Would you like this portal to be reviewed and included in this resource?	◯ Yes	◯ No
Is there a cost for health care professionals to access this portal?	◯ Yes	◯ No
Which version(s) you would like NDEP to review in this submission? Many apps have premium version(s) that have more features/functions to target behavior change. Please indicate the specific version that targets patient behavior change, you can include more than one version if all of those versions include such features.		
What version number of the app is being submitted?		
Does the app have automatic reminders for updates?		
If not, how are users notified of available updates?		
What platforms does the app work on (iPhone, Android, etc.)?		
Is the app FDA approved?	◯ Yes	◯ No
What is the cost of the app?		
Would you allow NDEP to review this with full access at no charge?		

Click SUBMIT to return this form by email.

Submit

OR fax to (202) 842-4032 or mail to:
NDEP Diabetes HealthSense Submissions, Hager Sharp, 1030 15th Street, NW, Suite 600E, Washington, DC 20005

If you experience difficulties when submitting the form, please save a copy to your computer and email it to ndep@hagersharp.com.

Thank you for your submission.