

**East Side Union High School District
Diabetes Questionnaire**

Student:	DOB:	Grade:
School:	Information provided by:	Date:

1. How long has your child had diabetes:

2. What type of diabetes does your child have (1 or 2)?

3. How often does your child see the doctor who treats their diabetes?

4. How would you rate your child’s overall diabetic status at this time? (Check)
 Good Control
 Moderate Control
 Poor Control
 Comments: _____

5. What was your child’s last A1C level?

6. Check your child’s usual symptoms of high blood sugar:

<input type="checkbox"/> thirst	<input type="checkbox"/> frequent urination
<input type="checkbox"/> fatigue	<input type="checkbox"/> dry skin
<input type="checkbox"/> blurred vision	<input type="checkbox"/> behavior changes
<input type="checkbox"/> nausea/vomiting	<input type="checkbox"/> Other: _____

7. Does your child recognize when they have high blood sugar? No Yes
 Comments: _____

8. In the past year, how often has this student been treated for severe high blood sugar or diabetic ketoacidosis?

In a health care providers’ office _____

In the emergency room _____

Overnight in the hospital _____

9. Does your child need to check their blood glucose (sugar) during the school day?
 No Yes
If Yes, bring your child’s *Diabetes Medical Management at School* form from the health care provider who treats them for diabetes to the health office. The health care provider’s authorization is needed even if your child can independently care for their diabetes. The *Diabetes Medical Management at School* form needs to be provided yearly.

10. My child monitors or checks glucose (sugar) levels with: (check all that apply)

Finger sticks and blood glucose monitor: **It is recommended that all students who need to check their blood sugar during the school day, regardless of independence level, keep all necessary supplies (such as meter, test strips, lancing device with lancets, alcohol wipes, and cotton balls or tissues) in the health office in case your child forgets to bring them to school.**

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A continuous glucose monitor (CGM): It is recommended that supplies are kept in the health office to be sure the CGM continues to function correctly. It is recommended that you discuss with your health care provider the best plan for swimming at school. If there are activity restrictions specific to CGM equipment, provide documentation from the treating health care provider.

If your child's *Diabetes Medical Management at School* plan includes checking ketone levels, it is recommended that ketone testing supplies (e.g. ketone strips) be kept in the health office.

11. Does your child take medications at home to treat their diabetes? No Yes

12. Names of medications taken routinely:

Medication	Dosage	How Often	When
1.			
2.			
3.			
4.			

13. Does your child experience side effects to these medications? No Yes
If Yes please describe them:

14. Check your student's usual signs/symptoms of low blood sugar.
Check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> hunger or "butterfly feeling" | <input type="checkbox"/> irritable | <input type="checkbox"/> difficulty with speech |
| <input type="checkbox"/> shaky / trembling | <input type="checkbox"/> impaired vision | <input type="checkbox"/> difficulty with coordination |
| <input type="checkbox"/> dizzy | <input type="checkbox"/> weak / drowsy | <input type="checkbox"/> confused / disoriented |
| <input type="checkbox"/> sweaty | <input type="checkbox"/> inappropriate crying / | <input type="checkbox"/> inappropriate crying / laughing |
| <input type="checkbox"/> rapid heartbeat | laughing | <input type="checkbox"/> loss of consciousness |
| <input type="checkbox"/> pale | <input type="checkbox"/> severe headache | <input type="checkbox"/> seizure activity |
| | <input type="checkbox"/> anxious | <input type="checkbox"/> Other: |

15. Does your child recognize their signs and symptoms when they have low blood sugar? No Yes
Comments:

16. How often does your child have a low blood sugar that can be treated quickly and resolve with fast acting sugar (glucose) such as glucose tablets?

17. In the past year, how often has your child been treated for severe low blood sugar (glucose)?

- In a health care providers' office _____
- In the emergency room _____
- Overnight in the hospital _____

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18. Does your child routinely carry a source of fast acting sugar (glucose)? No Yes
If Yes what type of fast acting glucose does your child usually carry?

It is highly recommended that students who may have low blood sugar keep a source of fast acting glucose in the health office and backpack. Even if your child's health care provider indicates they can independently manage their diabetes on the *Diabetes Medical Management at School* form, it is still recommended to keep supplies in the health office and backpack. In the event your child runs out of their own supply or your child forgets to bring their own supplies they will need back up supplies.

***If your child's *Diabetes Medical Management at School* plan includes a follow up snack after treatment for low blood sugar, bring appropriate snacks to the health office.**

19. Does your child need to have medications to treat their diabetes during the school day (such as insulin)?
 No Yes

If Yes bring your child's *Diabetes Medical Management at School* form from the health care provider who treats them for diabetes to the health office. The health care provider's authorization is needed even if your child can independently care for their diabetes. The *Diabetes Medical Management at School* form needs to be provided yearly.

My child uses (check all that apply)

- Insulin pump – It is recommended that students with pumps keep extra: tubing, batteries/chargers, insulin and any other supplies they may need to keep their pumps operating correctly during the school day in the health office. It is recommended that you discuss with your health care provider the best plan for swimming at school. If there are activity restrictions specific to pump equipment, provide documentation from the treating health care provider.
- Insulin-Vial and Syringe- It is recommended that students keep extra insulin and syringes at school in the health office.
- Insulin Pen- It is recommended that students keep extra cartridges/pens and needles at school in the health office.
- Other medications please list:

20. Comments:

Parent/Guardian Signature

Date

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