

STUDENT WITH DIABETES

Parent Questionnaire

Student's Name _____ Grade _____ Homeroom _____
 Parent's Name(s) _____ Ph. (H) _____ (W) _____
 Name of Student's Doctor (for diabetes) _____ Ph. _____

The following information will help your child's school nurse and school personnel meet the health needs of your child while he/she is at school. Please answer the questions to the best of your ability. If you wish to personally discuss your child's diabetes with the school nurse, you may reach the school nurse at:

Nurse's Name _____ Ph. _____ Days _____

1. How long has your child had diabetes? _____
2. How often does your child see the doctor for routine evaluations for his/her diabetes? _____

3. During the past year how many times has your child been treated in the ER or hospitalized for diabetes?

4. How many days would you estimate your child missed school last year due to diabetes? _____
5. How would you rate the current control of your child's diabetes?

(Poor) 0 1 2 3 4 5 6 7 8 9 10 (Excellent)
6. What type of insulin regimen is your child on? (please check one)
 Combination of NPH and R Basal Bolus Insulin pump

If your child is on basal bolus or an insulin pump, please provide the following numbers:

Correction factor _____

Food bolus _____

7. List the medications your child takes for diabetes? (everyday and as needed).

Medication	Dose	Time/Frequency	Needed at school?
			[] yes [] no
			[] yes [] no
			[] yes [] no
			[] yes [] no

8. Will your child have glucagon at school? ___ Yes ___ No
9. Describe the dietary needs of your child. _____

10. How often does your child test his/her blood sugar? _____

11. Does your child need any special considerations related to his/her diabetes while at school? (Check all that apply and describe briefly)

- Gym class _____
- Recess _____
- Snacks _____
- Lunch schedule _____
- Emotional or behavior concerns _____
- Special considerations on field trips _____
- Observation for low blood sugar _____
- Blood glucose testing _____
- Ketone testing _____
- Other _____

12. What symptoms does your child have when he/she has an episode of low blood sugar (insulin reaction)?

13. What is the best way to communicate with you about your child's diabetes?

- Phone (Best number to reach me is _____)
- E-mail (Address: _____)
- Written note sent home with my child

14. Does your child have any other recurring or chronic health problems? _____

15. How do acute illnesses or infections usually affect the control of your child's diabetes?

16. Have you ever attended a diabetes education class? Yes _____ No _____

17. Do you think your child holds him/herself back from participating in activities at school because of his/her diabetes? Yes _____ No _____ If yes, please describe. _____

18. Does your child wear a Medic Alert bracelet or something similar to identify him/her as having diabetes?
Yes ____ No ____

19. Is there anything else you would like for school personnel to know about your child's diabetes?

May this information be shared with the classroom teacher(s), bus driver(s) and other appropriate school personnel? Yes _____ No _____

Signature of Parent/Guardian Completing Questionnaire

Date