Massachusetts Department of Public Health, Bureau of Environmental Health
Pediatric Asthma/Diabetes Survey Worksheet
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School Name: _____   DESE School Code (8-digits): ____ ____ ____ ____ ____ ____ ____ ____

Street Address: _____   City: _____   Zip Code: _____

Check all grades at this school: ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th   **TOTAL K-8 ENROLLMENT** _____

Submitter Name: _____   Submitter Professional Title: _____   Submitter Email Address: _____

STUDENT CITY/TOWN OF RESIDENCE: _____   Main city/town only; no separation by village, neighborhood or zip code; e.g. Dorchester, Roslindale, East Boston, etc. are all Boston; Lenoxdale with Lenox

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ASTHMA ☐ Check box if there are NO students with asthma

Instructions:

- Provide the total number of K-8 students in each category in the tables or check the box to indicate that no students in the student city/town have asthma and/or diabetes.
- Student gender identity designations are: M for male, F for female, and N for non-binary (as found on the DESE Student Information Form).
- Contact the school's business office for student race and ethnicity information, as needed.

Note that this worksheet is intended for preparation of school data and/or as a record of the data for the survey. It is not meant for delivery of the survey to MDPH. Survey delivery to MDPH is via electronic survey, which can be found here.

Grade	M	F	N
K			
1			
2			
3			
4			
5			
6			
7			
8			
Sub Totals			
Total			

Of the total number of students with asthma, how many have an **Asthma Action Plan (AAP)** on file?

_____

Race, Ethnicity	M	F	N
White, NH[1]			
White, H[2]			
Black, NH			
Black, H			
Asian, NH			
Asian, H			
AI/AN[3], NH			
AI/AN, H			
PI/HN[4], NH			
PI/HN, H			
Multi-Racial, NH			
Multi-Racial, H			
Unknown			
Sub Totals			
Total			

[1] Non-Hispanic
[2] Hispanic
[3] American Indian/Alaskan Native
[4] Pacific Islander/Hawaiian

Note: The sub totals on each table should match.

Questions? Contact the Asthma Survey Coordinator at Ped.Asthma@mass.gov or at 617-624-5757

School Year: _____-_____

DIABETES ☐ Check box if there are NO students with diabetes for the student city/town of residence

Type 1 Diabetes
☐ **Check box if no Type 1**

Grade	*M*	*F*	*N*
K			
1			
2			
3			
4			
5			
6			
7			
8			
Sub Totals			
Total			

Race, Ethnicity	*Total*
White, NH[1]	
White, H[2]	
Black, NH	
Black, H	
Asian, NH	
Asian, H	
AI/AN[3], NH	
AI/AN, H	
PI/HN[4], NH	
PI/HN, H	
Multi-Racial, NH	
Multi-Racial, H	
Unknown	
Total	

[1] Non-Hispanic
[2] Hispanic
[3] American Indian/Alaskan Native
[4] Pacific Islander/Hawaiian

Note: The totals on each table should match.

Type 2 Diabetes
☐ **Check box if no Type 2**

Grade	*M*	*F*	*N*
K			
1			
2			
3			
4			
5			
6			
7			
8			
Sub Totals			
Total			

Race, Ethnicity	*Total*
White, NH[1]	
White, H[2]	
Black, NH	
Black, H	
Asian, NH	
Asian, H	
AI/AN[3], NH	
AI/AN, H	
PI/HN[4], NH	
PI/HN, H	
Multi-Racial, NH	
Multi-Racial, H	
Unknown	
Total	

[1] Non-Hispanic
[2] Hispanic
[3] American Indian/Alaskan Native
[4] Pacific Islander/Hawaiian

Note: The totals on each table should match.