

**Massachusetts Department of Public Health, Bureau of Climate and 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 in Boston; Lenoxdale is in Lenox

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 of residence have asthma and/or diabetes.
- If you have asthmatic and/or diabetic students who reside in multiple towns, complete multiple survey worksheets for each student city/town of residence.
- 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.

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](#), or by visiting www.mass.gov/pediatric-asthma-and-diabetes-surveillance

ASTHMA ☐ Check box if there are NO students with asthma

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			
American Indian/Alaska Native, NH			
American Indian/Alaska Native, H			
Pacific Islander/Hawaiian, NH			
Pacific Islander/Hawaiian, H			
Multi-Racial, NH			
Multi-Racial, H			
Unknown			
Sub Totals			
Total			

¹ Non-Hispanic² Hispanic**Note: The sub totals on each table should match.**

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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	
American Indian/Alaskan Native, NH	
American Indian/Alaskan Native, H	
Pacific Islander/Hawaiian, NH	
Pacific Islander/Hawaiian, H	
Multi-Racial, NH	
Multi-Racial, H	
Unknown	
Total	

¹ Non-Hispanic

² Hispanic

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	
American Indian/Alaskan Native, NH	
American Indian/Alaskan Native, H	
Pacific Islander/Hawaiian, NH	
Pacific Islander/Hawaiian, H	
Multi-Racial, NH	
Multi-Racial, H	
Unknown	
Total	

¹ Non-Hispanic

² Hispanic

Note: The totals on each table should match.