

**Massachusetts Department of Public Health, Bureau of Climate and Environmental Health  
Pediatric Asthma/Diabetes Survey Worksheet**

**Page 1 of 2**

School Name: \_\_\_\_\_

DESE School Code (8-digits): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check all grades at this school: ☐ K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> ☐ 8<sup>th</sup> **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](http://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			
<b>Sub Totals</b>			
<b>Total</b>			

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 <sup>1</sup>			
White, H <sup>2</sup>			
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			
<b>Sub Totals</b>			
<b>Total</b>			

<sup>1</sup> Non-Hispanic<sup>2</sup> Hispanic**Note: The sub totals on each table should match.**

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 Page 2 of 2

**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			
<b>Sub Totals</b>			
<b>Total</b>			

Race, Ethnicity	Total
White, NH <sup>1</sup>	
White, H <sup>2</sup>	
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	
<b>Total</b>	

<sup>1</sup> Non-Hispanic

<sup>2</sup> 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			
<b>Sub Totals</b>			
<b>Total</b>			

Race, Ethnicity	Total
White, NH <sup>1</sup>	
White, H <sup>2</sup>	
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	
<b>Total</b>	

<sup>1</sup> Non-Hispanic

<sup>2</sup> Hispanic

**Note: The totals on each table should match.**