UNIVERSITY OF SOUTH FLORIDA
DIABETES CENTER

PEDIATRIC DIABETES EDUCATION ASSESSMENT RECORD

(To be completed by the parent/guardian for the child with diabetes)

General Information: Date_____
Physician Name_____
Physician Address_____
_____

Child's Name:_____Parent/Guardian:_____
Address:_____
City:_____ State:_____ Zip:_____
Phone: H_____ W_____ Other_____
Date of Birth:_____ Age:_____ Sex: M____ F____

Ethnic Group: African American Hispanic
Caucasian Asian/Oriental
Other
School:_____ Grade:_____

How do you/your child learn best? Discussion Reading materials
Lecture Video/T.V.

Do you/your child have any problems with reading/learning? Y____ N____
What are they?_____
Barriers? Visual_____ Hearing_____
Diabetes History:

Type 1____ Type 2 ____
Date of Diagnosis:_____ Age at Diagnosis:_____

How is the diabetes managed?
Diet only: _____ Pills: _____ Insulin: _____

Is there a family history of diabetes ?
Who? _____ Which type? _____

Insulin: Type: _____ Dose: _____
Other injected medications for diabetes: _____
When taken: _____
Injection Sites used: _____
Storage:_____ Devices: _____
Oral Diabetes Meds: Name Dose Time Taken
_____ _____ _____
_____ _____ _____

How often do you test blood sugar: _____
What meter(s) do you use? _____
When do you test? _____
Do you test for ketones? Y____ N _____
Does your child wear medical ID? Y _____ N _____
General Health Status:
Ht: _____ Wt: _____ BP: _____ Allergies: _____
Other medications your child takes:
_____
_____
Other medical conditions:
_____
_____
How do you rate your child's overall health at this time?
Poor **1 2 3 4 5 6 7 8 9 10** Very Good

Most recent lab work (if known):
HbA1c _____ Hgb _____ Hct _____ T4 _____ TSH _____
Cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: ____

Does your child have a current meal plan/diet? Y ____ N ____
# of calories: _____ Any restrictions/Special needs:_____
_____
Has your child's weight changed in the past year? Y ____ N ____
If yes; Lost ____ lbs Gained ____ lbs

How often does your family eat out a week? _____
What are your biggest challenges to healthy eating? _____
_____

Meal Times: Breakfast: _____ Mid AM snack: _____
Lunch: _____ Mid PM snack: _____
Supper: _____ Bedtime snack: _____

Exercise Habits:
Does your child get regular exercise/PE at school? Y ____ N ____
Type: _____ How often? _____
How long? _____ Barriers to exercise: _____
_____

Risk Factors:
Date of last eye exam: _____ Results:_____
Date of last urine protein test: _____ Results: _____
High Blood Pressure: Y ____ N ____
Hypoglycemia: Y ____ N _____ Time of day _____
Frequent Infections: Y ____ N ____ Type: _____
Ketoacidosis: Y ____ N _____ When: _____
Last dental exam: _____ Results: _____
Foot Problems: Y ____ N ____ Type: _____
Has your child been hospitalized?

Date:	Reason:
_____	_____
_____	_____
_____	_____

Alcohol: Y____ N _____ Drinks per week: _____
Cigarettes: Y ____ N____ # per day: _____ How long? _____
Recreational Drugs: Y ____ N ____ Explain: _____

Diabetes Education History and Health Beliefs, Goals, Attitudes:
Previous diabetes education Y ____ N ____ When? _____
Who will attend class? _____
Do you have any special educational concerns, questions, goals?

Social/Emotional Aspects:
Please answer each of these questions which describe how diabetes has affected your attitudes and lifestyle.

I find it hard to believe that my child really has diabetes Y N
Paying for diabetes care is a problem Y N
I have difficulty managing my child's diabetes Y N
I feel unhappy/depressed because my child has diabetes Y N
My child seems unhappy/depressed because he/she has diabetes Y N
All things considered I feel satisfied with my life Y N
All things considered my child seems satisfied with his/her life Y N

Does your culture influence or affect your decisions about diabetes? Y ___ N ___ How? _____
Who would you consider your support person(s)? _____
_____

How would you rate the level of stress/tension in your life?
Low Moderate High Very High
What are your stressors? _____
_____
_____
How do you cope with stress? _____

What do you see as your individual strengths to help you deal with your child's diabetes? _____

Signature of parent/guardian _____
Signature of educator _____