Please let us know what you hope to learn about in today's session:

- How to prevent/treat high and low blood sugars
- Carbohydrate goals
- How/when to test for ketones
- We need to review it all
- Nutrition/Meal Planning
- How to manage sick days
- How to adjust insulin: carb ratios
- Exercise & diabetes management
- Other: _______________________________________________________________________

Please tell us if you have any previous experience with diabetes (friends, family members):
____________________________________________________________________________________________________________

Circle the best answer(s):

1. The purpose of insulin is to:
   a. allow the blood sugar to enter the cells of the body
   b. allow the sugar in the cells to come out into the blood stream
   c. don’t know/unsure

2. What are some causes of high blood sugar (hyperglycemia)? (Choose 3)
   a. too much insulin
   b. not enough insulin
   c. too much food intake
   d. too little food intake
   e. illness or infection
   f. don’t know/unsure

3. Ketones may be found when: (Choose 2)
   a. there is too much insulin available in the body
   b. there may be an infection or illness present
   c. there is not enough insulin available in the body
   d. ketones come from taking aspirin
   e. don’t know/unsure

4. What are some causes of low blood sugar (hypoglycemia)? (Choose 3)
   a. too much food
   b. exercise
   c. not enough food
   d. too much insulin
   e. not enough insulin
   f. don’t know/unsure

5. An appropriate treatment for low blood sugar would be: (Choose 3)
   a. 4 oz 2% milk
   b. 4 oz apple juice
   c. snack size bag peanut M&M’s®
   d. snack size bag Mike & Ike®
   e. 3 glucose tablets
   f. cheese and crackers

6. What dose of insulin has the most effect on blood sugars before breakfast? (Choose 1)
   a. breakfast Humalog® or Novolog®
   b. lunch Humalog® or Novolog®
   c. dinner Humalog® or Novolog®
   d. evening Lantus® or Levemir®
   e. don’t know/unsure

7. Diabetic Ketoacidosis (DKA) is an emergency and should be treated immediately?
   TRUE FALSE

8. The “correction formula” is to be used for: (Choose 1)
   a. covering the amount of carbs in a meal or snack
   b. correcting/fixing high blood sugars with additional insulin
   c. calculating amount of insulin to give randomly
   d. don’t know/unsure

9. Possible symptoms of diabetic ketoacidosis (DKA) are: (Choose 3)
   a. vomiting
   b. stomach pain
   c. blurred vision
   d. heavy breathing
   e. irritability
   f. don’t know/unsure

10. When should you check for ketones? (Choose 1)
    a. when blood sugars are over 300 once or >240 twice
    b. when the child is vomiting
    c. when there is stomach pain
    d. any one of the above
    e. don’t know/unsure
11. When should you use a Glucagon Emergency Kit? (Choose 1)
   a. when blood sugar is greater than 300
   b. when there are ketones in the urine
   c. if your child is unable to swallow or is unconscious from low blood sugar
   d. don’t know/unsure

12. Check the foods that contain carbohydrates and need to be covered with insulin
   - orange juice
   - scrambled egg
   - 2 slices turkey breast
   - sugar-free candy
   - whole wheat bread
   - small apple
   - ham/cheese sandwich
   - 10 oz Crystal Light®
   - glass of 1% milk
   - ¼ cup cottage cheese
   - Kit Kat® bar
   - small handful almonds

13. Solve the following example: Insulin:Carbohydrate ratio 1:15
    Correction formula: BS – 120/70
    BS before meal: 235
    Meal content: 75 grams of carbohydrates
    Number of units needed to cover meal and correction: _______________ units (rounded)

14. Fiber in foods can help slow down the rate the carbohydrate (in that food) turns into sugar?
    TRUE          FALSE

15. By increasing the I:C ratio (for example, 1:20 changed to 1:25), you are giving more or less insulin?
    MORE          LESS

Write down patient’s most recent meals:

<table>
<thead>
<tr>
<th>Breakfast:</th>
<th>Lunch:</th>
<th>Dinner:</th>
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<tbody>
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Snacks: ____________________________________________________________________________________
# Diabetes Pre-Program Assessment

We know this diabetes diagnosis is new, but please take a moment to answer these questions. This will help us understand your education needs.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Patient Name:</th>
<th>Birth date:</th>
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</thead>
</table>

Who is filling out this form?  
- [ ] Patient  
- [ ] Mother  
- [ ] Father  
- [ ] Grandparent  
- [ ] Other relative

Is English your primary language?  
- [ ] Yes  
- [ ] No, interpreter needed

Any barriers to learning?  
- [ ] None  
- [ ] Visually impaired  
- [ ] Hearing impaired  
- [ ] Reading difficulty  
- [ ] Not English speaking  
- [ ] Other: __________________________

How do you/your family learn best?  
- [ ] Written information  
- [ ] Verbal discussion  
- [ ] Videos  
- [ ] All

Please list any special cultural/religious observances we should know about:  
__________________________________________________________________________________________

Has there been any weight change in the past 3 months: _______ lb weight gain/ weight loss (circle)

Family member history: (such as maternal aunt or uncle, paternal grandparent)  
List if family members with **Type 1 diabetes:**
List if any family members with **Type 2 diabetes:**

## Blood Sugar Monitoring

Please list any problems child has with blood sugar testing.  
- [ ] No problems so far  
- [ ] Child anxious about testing  
- [ ] Can’t get enough blood

Do you anticipate any problems getting or giving insulin injections?  
- [ ] No problems expected  
- [ ] Not sure where/how to give injections  
- [ ] Not sure about insurance coverage  
- [ ] Child hesitant to give injections  
- [ ] Remembering to give it every day  
- [ ] Has not fully accepted diagnosis

## Nutrition

Please indicate how your meal plan would be described: (check all that apply)  
- [ ] We don’t follow a special diet; we eat whatever we like  
- [ ] Child very "picky"  
- [ ] Family meals are rarely done  
- [ ] We try to prepare approximately ________ grams of carbohydrates per person at each meal  
- [ ] We eat out 2-4 times/week

How often does patient eat:  
- [ ] Fresh fruit/vegetables:  
  - [ ] Usually every day  
  - [ ] Few times/week  
  - [ ] Rarely/never  
- [ ] Lowfat milk or yogurt:  
  - [ ] Usually every day  
  - [ ] Few times/week  
  - [ ] Rarely/never  
- [ ] Fried foods/fast food:  
  - [ ] Usually every day  
  - [ ] Few times/week  
  - [ ] Rarely/never

Does child eat breakfast at school?  
- [ ] YES  
- [ ] NO

Does child eat school lunch or bring lunch from home?  
- [ ] Brings from home  
- [ ] Buys school lunch ________ times/week
Patient Name: _______________________
MRN: ______________________________

**Walk us through your child’s routine:**

<table>
<thead>
<tr>
<th></th>
<th>School day</th>
<th>Day off/weekend</th>
<th>Anything else we should know about child’s routine?</th>
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</thead>
<tbody>
<tr>
<td>Wake time</td>
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<td>Breakfast time</td>
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<td>Lunch time</td>
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<td>Dinner time</td>
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<tr>
<td>Snack times</td>
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</table>

**Physical Activity**

Please list patient’s sports or activities: