

Instructions for Completing the 2018-2019 Pediatric Asthma/Diabetes Surveillance Form Massachusetts Department of Public Health - Bureau of Environmental Health

Who should complete this form?

This form is designed to be completed by the school nurse or school health administrator for your school. It should be completed and returned via fax to 617-624-5560 or by email to DPH-BEH-Asthma@state.ma.us no later than 2 weeks from the day it is received.

Which students should be included on this form?

Include students in grades K-8 with asthma (those that a doctor, nurse, or parent ever identified to have asthma) and/or diabetes. **DO NOT include pre-kindergarten or high school students on this form.** Students are to be reported by the city/town in which they reside. If your school does not serve any of grades K-8, please state so on the top of the form and send it back by fax to 617-624-5560 or call 617-624-5757 to report that you do not serve grades K-8.

What if this school does not have any students with asthma and/or diabetes?

Check the box immediately beneath Asthma indicating NO students (same for diabetes); send it back by fax to 617-624-5560 or by email to DPH-BEH-Asthma@state.ma.us.

How should I report numbers by grade in the case of ungraded students?

Students younger than 5 or older than 14 should not be reported on this surveillance form. For students with asthma and/or diabetes who are not assigned to a particular grade, use the following guideline:

5 years old = Kindergarten	8 years old = Grade 3	11 years old = Grade 6
6 years old = Grade 1	9 years old = Grade 4	12 years old = Grade 7
7 years old = Grade 2	10 years old = Grade 5	13 & 14 years old = Grade 8

How do I report the number of students with asthma and/or diabetes by city/town of residence?

If you have students with asthma and/or diabetes who commute from other cities/towns to your school, please photocopy the surveillance form and record the number of students with asthma and/or diabetes for **each** city/town, then fax back all copies. **Complete a separate page for each town only if there are students with asthma or diabetes from other towns.** If your school has students with asthma and/or diabetes who do not live in the state of Massachusetts, please group these students together on one survey form and label the City/Town of Residence as “*out of state*,” (NOT the name of the state).

How do I report the race/ethnicity data?

For asthma and for diabetes, please fill in the tables for RACE/ETHNICITY by marking the number of males and females in each category. **Contact the school’s business office for accurate student RACE/ETHNICITY information. Do not guess.** If your school has students that fall into more than one racial category, for example students with asthma or diabetes that are Black and Asian Non-Hispanic, please use the “multi-racial, non-Hispanic” category. If you do not know the race/ethnicity of a student with asthma or diabetes, please record them in the “unknown” category.

What about the school code or if the school name, address, or district information printed on the form is not correct?

Please ignore the school code or leave it blank. If any information printed on the form for your school is not correct, please check the box provided on the surveillance form. Then cross out the incorrect information and write in the correct information in any blank space that is available. The information will be updated in our database upon receipt of the form.

How should I answer the question about students with an Asthma Action Plan on file?

This year, we added a question about Asthma Action Plan (AAP) to help us evaluate the status of MA schools having AAP for students with asthma. Please fill in this field with the number of students that have an AAP on file at school. A sample AAP form can be found on <http://files.hria.org/files/AS901.pdf>.

Is there an online or electronic version of this form?

No, online collection is suspended this year while security updates are made to our online collection tool.

Who should I contact with questions or comments regarding this form or the program?

Questions may be directed via email to the project mailbox at DPH-BEH-Asthma@state.ma.us or via telephone to 617-624-5757. Please ask for the Pediatric Asthma Coordinator.