

Questionnaire for Camper with Diabetes

Campers Name _____

Date camper is coming to camp _____ Session # _____

Date of Interview _____

When was your camper diagnosed with Diabetes _____

About Campers Routine Diabetes Care

1. When does camper check blood sugar (BS)? _____

2. What is their usual range of BS reading? _____

3. When (at what time) do they regularly inject insulin? _____

4. What type is used and how many units? _____

5. In addition to meals, describe your pattern for snacks (time, what you eat, etc.) _____

6. If a question about diabetes management arises, who do we call? At what number? _____

About Your Reaction When Your Blood Sugar Is Low

If camper's BS gets low, what signs or behaviors should we expect? _____

If campers gets low, what should be done _____

Do certain stressors ten to drop camper's BS? What are they? _____

When was camper's last low blood sugar reaction? _____

How often does camper have low reactions? _____

Has camper ever had a severely low blood sugar reaction (seizure, loss of consciousness)?

() no () yes, what happened? _____

Additional Information:

If blood sugar is running high, what signs or behaviors would we see and what do you want us to do? _____

Who do you want us to notify if camper has a reaction? Give all phone numbers

Name of your diabetes educator _____

Phone number _____

What additional information would you like us to know?