



Blood Sugar Testing in Dental Practice: Screening and Testing Forms

Complete one form for each patient 19 years old or older who has a scheduled appointment that includes an exam. Do not include emergencies, children under age 19, or visits for continuing care without an exam.

For each question, please indicate the answer that best applies by marking an "X" in the corresponding box like this: It is very important that the responses be recorded within the space allotted.

When recording numerical responses, such as amounts or dates, one number should be entered in each box and every box should have a number in it. Therefore, it may be necessary to record leading zeros when the number requires fewer boxes than provided.

Completed form should be mailed to: **Dental PBRN
UAB School of Dentistry
1530 3rd Ave South SDB 111
Birmingham, AL 35294-0007**

Visit Date 200
mm dd y

Participant ID: _____

- Patient Gender
 - Male
 - Female
- Patient age in years (please remember that only patients 19 and older can be enrolled)
- Patient ethnicity
 - not reported or unknown (I do not wish to provide this information)
 - Hispanic or Latino
 - Not Hispanic or Latino
- Patient race
 - not reported or unknown (I do not wish to provide this information)
 - White
 - Black or African-American
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Other (please specify) _____
- Does the patient have any dental insurance or third party coverage?
 - Yes
 - No



6. Record here the height and weight that the patient reports

Height: _____ cm Weight: _____ kg

Using the chart to the right, record if the patient is classified as overweight.

7. If the patient is in the overweight range, check below:

Overweight (refer to chart)

8. ASK: Has a doctor ever told you that you have (check all that apply):

High blood pressure

High cholesterol

Diabetes

Pre-diabetes

Patient's Height (cm)	Overweight If Over (kg)
145	52
147	54
150	56
152	58
155	60
157	62
160	64
163	66
165	68
168	70
170	72
173	75
175	77
178	79
180	81
183	84
185	86
188	88
190	91
193	93
196	96
198	98
201	101
203	103
206	106
208	108
211	111
213	114

If none of the boxes in questions 7 or 8 is checked:

- Tell the patient "You do not meet any of the screening criteria for being at high risk for diabetes. Thank you for answering our questions."
- Then, check this form for completeness and place it and the blank page that follows in the box for pick up.
- Then give the patient the Patient Questionnaire and tell the patient "Please complete the Patient Questionnaire that I have just given you."

If you checked one or more of the boxes in questions 7 or 8:

- Tell the patient "You are eligible to participate in the rest of the study." Would you like to participate?"
- If the patient says "Yes", then please proceed to the next page.
- If the patient says "No", then check this box:

declined participation for the rest of the study

and then record here the reason(s) that he or she declined:

- then check this form for completeness and place it and the blank page that follows in box for pick up.
- then give the patient the Patient Questionnaire and tell the patient "Please complete the Patient Questionnaire that I have just given you."



Glucose Testing Page

First, record the current time and the time of patient's last meal (last time he or she ate).

9. Time: : AM / PM 10. Time of last meal: : AM / PM

Next, explain to the patient that we will prick a finger of his/her choice with a sterile needle to obtain a drop of blood for the test. Wipe the patient's finger with alcohol gauze, allow it to air-dry and then use the provided device to perform the finger prick. Express a drop of blood and place it on the test strip, then insert the strip in the glucose meter.

Allow a few seconds then read the result displayed on the screen, then record the reading here:

11. Test Reading: mg/dl

Next, please follow these instructions below:

If the reading is less than 70 mg/dl:

Repeat test. Feed patient (they should have food with them, but if not, keep dried fruit on hand; a fruit juice or sugared soda is also acceptable). Instruct patient to eat a meal and contact the physician if needed. Then give the patient the Patient Questionnaire and tell the patient "Please complete the Patient Questionnaire that I have just given you."

If the reading is 70 - 200 mg/dl:

Thank the patient and inform patient of the result. Then give the patient the Patient Questionnaire and tell the patient "Please complete the Patient Questionnaire that I have just given you."

If the reading is more than 200 mg/dl but less than 300 mg/dl:

Inform patient; fill the Physician Referral Note and advise the patient to see his or her physician for further testing or treatment modification. Then give the patient the Patient Questionnaire and tell the patient "Please complete the Patient Questionnaire that I have just given you."

If the reading is 300 mg/dl or more:

Repeat test. Advise patient to discuss high blood sugar with their doctor within the next 24-48 hours. Fill the Physician Referral Note. Then give the patient the Patient Questionnaire and tell the patient "Please complete the Patient Questionnaire that I have just given you."

Finally, please check this form for completeness and place it in the box for pick up.