

# Determine Risk for Gestational Diabetes

Directions: Check each box that applies

Gestational = during pregnancy

Age:	<input type="checkbox"/> Age < 25	<input type="checkbox"/> Age 25 – 34	<input type="checkbox"/> Age ≥ 35
Race/Ethnicity:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Asian American	
Pre-pregnancy BMI	<input type="checkbox"/> BMI 18.5 – 24.9	<input type="checkbox"/> BMI 25 – 29.9	<input type="checkbox"/> BMI ≥ 30
Did your mother or sister(s) have diabetes?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Do you have a history of abnormal blood sugar?	<input type="checkbox"/> No		<input type="checkbox"/> Yes (i.e., History of Gestational Diabetes)
Have you had more than 1 miscarriage or stillbirth?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Have you had a baby 9 pounds or heavier?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Have you been told you have many cysts on your ovaries?	<input type="checkbox"/> No		<input type="checkbox"/> Yes

Add up all the points for each answer in the columns above.



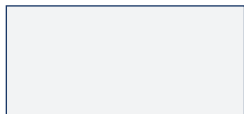
Each answer in this column is worth 0 points.



Each answer in this column is worth 1 point.



Each answer in this column is worth 2 points.



Patient's Final Score

Score of 0 – 1 is LOW risk

Score of 2 – 3 is MODERATE risk

Score of 4 or more is HIGH risk

## How interested are you in discussing your score with your doctor?

1	2	3	4	5	6	7	8	9	10
Not interested				Somewhat interested					Very interested



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