Determine Risk for Gestational Diabetes

Directions: Check each box that applies

Gestational = during pregnancy

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