Cooking Well with Diabetes Wrap-Up

Any information you provide will be kept confidential and will help us as we evaluate the results and improve our program.

A. The month, day and year of my birthday are __ __ / __ __ / __ __ __ __.

B. The last four digits of my home telephone number are __ __ __ __.

C. My age is ________ years.

D. In general, would you say your health is (check one):
   a. ____ Very good   b. ____ Good   c. ____ Fair   d. ____ Poor   e. ____ Very poor
   
For the multiple choice questions, circle the ONE answer you think is most correct; fill in the blanks for the other questions.

1. During the past 7 days, how many times did you check your blood sugar? _______________

2. When did you last check your blood sugar?
   a. Today
   b. Yesterday
   c. Three days ago or more
   d. Over 7 days ago or more
   e. I do not check by blood sugar
   f. Other (please explain) ___________________

3. Check all the times you check your blood sugar.
   a. ___ Before meals
   b. ___ After meals
   c. ___ At bedtime
   d. ___ When I am feeling it is too high or too low
   e. ___ I do not check my blood sugar
   f. ___ Other (please explain) _______________

4. My blood sugar was _____ the last time it was checked. (Leave blank if you do not know.)

5. Starchy vegetables include the following choices:
   a. Water chestnuts, turnips, beets
   b. Spinach, kale, collards
   c. Lima, pinto, black beans
   d. Carrots, onions, green peppers

6. One way to make food taste sweeter is to add:
   a. Vanilla
   b. Pepper
   c. Salt
   d. Nuts

7. Which preparation method would NOT reduce the fat content in food?
   a. Frying
   b. Grilling
   c. Trimming all outside fat
   d. Dry heat cooking (roasting, broiling)
8. What could be used to flavor foods in place of salt without increasing the sodium content?
   a. Processed meats
   b. Dried vegetables
   c. Soy sauce
   d. Salad dressing

9. Which sweetener can be substituted in equal amounts for sugar?
   a. Acesulfame-K (Sweet-One®)
   b. Sucralose (Splenda®)
   c. Saccharin (Sweet ‘N Low®)
   d. Aspartame (NutraSweet® and Equal®)

10. You can increase the fiber in your diet by eating more:
    a. Dairy products
    b. Fruits and vegetables
    c. White bread
    d. Meat and poultry
Please circle either a. Yes or b. No to answer each question.

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<tbody>
<tr>
<td>11. Do you use herbs/spices instead of salt in food?</td>
<td>a. Yes</td>
<td>b. No</td>
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<tr>
<td>12. Do you modify (change) recipes to lower the amount of sugar?</td>
<td>a. Yes</td>
<td>b. No</td>
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<tr>
<td>14. Do you modify (change) recipes to lower the amount of salt?</td>
<td>a. Yes</td>
<td>b. No</td>
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<td>15. Do you use noncaloric sweeteners (such as Sweet One® or Splenda®) instead of sugar?</td>
<td>a. Yes</td>
<td>b. No</td>
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<td>16. Do you modify (change) recipes to lower the amount of fat?</td>
<td>a. Yes</td>
<td>b. No</td>
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<td>17. Do you use lower fat cooking methods (such as grilling or boiling) instead of frying?</td>
<td>a. Yes</td>
<td>b. No</td>
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<td>18. Do you modify (change) recipes to increase the amount of fiber?</td>
<td>a. Yes</td>
<td>b. No</td>
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<td>19. Do you add extra vegetables to dishes (such as casseroles, soups, sandwiches, salads)?</td>
<td>a. Yes</td>
<td>b. No</td>
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<td>20. Do you plan meals using the Plate Method?</td>
<td>a. Yes</td>
<td>b. No</td>
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<td>21. Do you know how to prepare healthy meals for people with diabetes?</td>
<td>a. Yes</td>
<td>b. No</td>
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<td>22. Do you know how to modify (change) recipes to lower the amount of salt?</td>
<td>a. Yes</td>
<td>b. No</td>
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<tr>
<td>23. Do you know how to modify (change) recipes to lower the amount of fat?</td>
<td>a. Yes</td>
<td>b. No</td>
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<tr>
<td>24. Do you know how to modify (change) recipes to increase the amount of fiber?</td>
<td>a. Yes</td>
<td>b. No</td>
</tr>
<tr>
<td>25. Do you know how to modify (change) recipes to lower the amount of sugar?</td>
<td>a. Yes</td>
<td>b. No</td>
</tr>
</tbody>
</table>

26. Please share any positive changes in your health or the way you prepare foods since attending *Cooking Well with Diabetes*.