Cooking Well with Diabetes Agent Evaluation

County __________________________________________________________

1. Date(s) lessons were offered _____________________________________________________________________

2. Facilities offered __________________________________________________________________________

3. Co-sponsored with _____________________________________________________________________________

4. Number of assistants/helpers ____________________________________________________________________

Please circle the number which best indicates how effective you think this lesson was in helping participants change practices related to the cooking school.
1 = Very Ineffective, 2 = Ineffective, 3 = Effective, 4 = Very Effective

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<td>5. Use herbs/spices instead of salt in food.</td>
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<td>6. Modify (change) recipes to lower the amount of sugar.</td>
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<td>7. Use vegetable oil/olive oil instead of shortening/lard.</td>
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<td>8. Modify (change) recipes to lower the amount of salt.</td>
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<td>9. Use noncaloric sweeteners (such as Sweet One® or Splenda®) instead of sugar.</td>
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<td>10. Modify (change) recipes to lower the amount of fat.</td>
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<td>11. Use lower fat cooking methods (such as grilling or broiling) instead of sugar.</td>
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<td>12. Modify (change) recipes to increase the amount of fiber.</td>
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<td>13. Add extra vegetables to dishes (such as casseroles, soups, sandwiches, salads).</td>
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<td>14. Plan meals using the Plate Method.</td>
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Please answer the following questions:

15. This lesson focused on five concepts related to cooking for persons with diabetes. Which single concept do you feel was most beneficial for participants? (Check one)

   _____ Carbohydrate Foods  _____ Make Recipes with Fat Better for You
   _____ Reduce Sodium  _____ Increase Fiber
   _____ Celebrate Sensibly with Diabetes

Why do you think this concept was most beneficial for participants?
16. During *Cooking Well with Diabetes* lessons, what were the key questions participants had regarding cooking for people with diabetes?

17. Comments on lesson plans, handouts and overheads (attach additional pages if needed)

18. Comments on recipes (attach additional pages if needed)

19. Suggestions to improve the cooking school (attach additional pages if needed)

20. Did you charge a registration fee? ___yes ___no. If yes, what was the amount of the fee?

21. Additional comments (attach additional pages as needed)

Please tell us about yourself:

Gender (Please check one) ___ Male ___ Female

Ethnicity (Please check one) ___ Caucasian ___ African American ___ American Indian
___ Hispanic American ___ Asian American ___ Other: _______________

Age (Please check one) ___ Under 24 ___ 35-44 ___ 55-64
___ 25-34 ___ 45-54 ___ Over 65

Highest Education Level ___ Bachelor's degree
___ Master's degree
___ Doctoral degree

Do you have a dietetics degree? ___ yes ___ no

How many years have you been employed as an Extension educator? _______ years

Thanks for offering the lessons and giving your input. Please fill out this form each time you offer the school so the program can be continually improved. Your hard work helps make this program a success!

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