Cooking Well with Diabetes Registration

Any information you provide will be kept confidential and will help us as we determine the results of our program and how to improve it.

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. My gender is:  a.____ Male  b.____ Female

E. I have diabetes.  a.____ Yes  b.____ No

F. I have a family member with diabetes.  a.____ Yes  b.____ No

G. I buy the food eaten in my home.  a.____ Yes  b.____ No

H. I prepare the food eaten in my home.  a.____ Yes  b.____ No

I. I attended the Do Well, Be Well with Diabetes series.  a.____ Yes  b.____ No

J. Have you participated in any diabetes cooking schools?  a.____ Yes  b.____ No

K. How long have you had diabetes? (Check one)
   a.____ about 1 month   b.____ about 6 months   c.____ about 1 year  d.____ 2 to 4 years  e.____ 5 or more years

L. If you had a hemoglobin AIC test during the past 12 months, what was the number? (Leave blank if you did not have a hemoglobin AIC test).
   My hemoglobin AIC test result was ________________%.

M. If you or a member of your family has diabetes, what type of meal plan was most recently given to you by a doctor? (Check one)
   a.____ No meal plan was given   b.____ Regular meals with no added sugar   c.____ Diabetes food exchanges
   d.____ Neither my family nor I have diabetes   e.____ Carbohydrate counting   f.____ Plate method   g.____ Other __________________________
N. If you have been given a diabetes meal plan, what problems do you have with using it?
(Check all that apply)
   a. ___ Cannot understand it   f. ___ Expensive
   b. ___ Confusing   g. ___ Do not know how to get started
   c. ___ Takes too much time   h. ___ Not a priority for me at this time
   d. ___ Family will not eat the same foods   i. ___ Other _______________________
   e. ___ Effort seems greater than benefits   j. ___ I have not been given a meal plan

O. I consider myself to be (check one):
   a. ___ African-American   c. ___ Hispanic   e. ___ Caucasian
   b. ___ Asian   d. ___ Native-American   f. ___ Other (specify)__________________

P. In general, would you say your health is (check one):
   a. ___ Very good   b. ___ Good   c. ___ Fair   d. ___ Poor   e. ___ Very poor

Multiple choice: For each question, circle the ONE answer you think is most correct.

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

2. When did you last check your blood sugar?
   (Check one)
   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 today
   b. ___ Two hours before meals
   c. ___ At bedtime
   d. ___ Only 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

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