Cooking Well with Diabetes Reunion Survey

Any information you provide will be kept confidential and will help us as we determine 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

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
Please circle either a. Yes or b. No to answer each question.

<table>
<thead>
<tr>
<th>Question</th>
<th>a. Yes</th>
<th>b. No</th>
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<tbody>
<tr>
<td>11. Do you use herbs/spices instead of salt in food?</td>
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<tr>
<td>12. Do you modify (change) recipes to lower the amount of sugar?</td>
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<tr>
<td>13. Do you use vegetable oil/olive oil instead of shortening/lard?</td>
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<tr>
<td>14. Do you modify (change) recipes to lower the amount of salt?</td>
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<td>15. Do you use noncaloric sweeteners (such as Sweet One® or Splenda®)</td>
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<td>16. Do you modify (change) recipes to lower the amount of fat?</td>
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<td>17. Do you use lower fat cooking methods (such as grilling or boiling)</td>
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<td>18. Do you modify (change) recipes to increase the amount of fiber?</td>
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<td>19. Do you add extra vegetables to dishes (such as casseroles, soups,</td>
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<td>sandwiches, salads)?</td>
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<td>20. Do you plan meals using the Plate Method?</td>
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<td>21. Do you know how to prepare healthy meals for people with diabetes?</td>
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<td>22. Do you know how to modify (change) recipes to lower the amount of salt</td>
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<td>23. Do you know how to modify (change) recipes to lower the amount of fat</td>
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<td>24. Do you know how to modify (change) recipes to increase the amount of</td>
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<tr>
<td>fiber?</td>
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<td>25. Do you know how to modify (change) recipes to lower the amount of</td>
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<td>sugar?</td>
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<td>26. Please share any positive changes in your health as a result of</td>
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<td>attending <em>Cooking Well with Diabetes</em>.</td>
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_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
27. What did you like most about the *Cooking Well with Diabetes* classes?

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

28. What are some of the things you learned that you did not know?

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

29. What things do you still want or need to learn about meal planning or cooking for people with diabetes?

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

30. Do you have any suggestions about how we could change *Cooking Well with Diabetes* to make it better? Please use the back of the page if needed.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

31. Please tell us how you used the information you learned from *Cooking Well with Diabetes* to prepare foods since you attended the classes.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Are you interested in being part of a diabetes support group? If so, please ask the agent to provide you with a sign-up sheet so that you can be contacted for future diabetes programming opportunities such as a diabetes support group.

Thank you for participating in *Cooking Well with Diabetes* program!