Participant ID: _____________

**National Dining with Diabetes Pre-Evaluation**
Survey completion is voluntary and anonymous. Your name will not be shared. We appreciate your time.

1. Check the best answer(s) for each of the following questions.
   a. Which statement is true about fiber? (Check only one)
      - [ ] Increases constipation
      - [ ] Fruits are not good sources
      - [ ] Raises blood sugar rapidly
      - [ ] Lowers cholesterol
      - [ ] Increases absorption of glucose

   b. According to the Plate Method, non-starchy vegetables are how much of your plate? (Check only one)
      - [ ] 1/4
      - [ ] 1/2
      - [ ] 1/3
      - [ ] 3/4
      - [ ] 1/8

   c. Which of the following types of fat has the most saturated fat? (Check only one)
      - [ ] Olive oil
      - [ ] Vegetable oil
      - [ ] Butter
      - [ ] Canola oil
      - [ ] Safflower oil

   d. Which of the following is not used to monitor the risk of diabetic complications? (Check only one)
      - [ ] Blood glucose (sugar)
      - [ ] Microalbumin/eGFR
      - [ ] A1C
      - [ ] Follicle hair test
      - [ ] Blood pressure

   e. What is a recommendation for physical activity and diabetes? (Check only one)
      - [ ] 10 minutes a day/ 5 days a week
      - [ ] 150 minutes or more of accumulated moderate physical activity a week.
      - [ ] 30 minutes of sustained (non-stop) vigorous activity at least 5 days a week
      - [ ] 60 minutes of moderate physical activity a week
      - [ ] 100 minutes or more of moderate physical activity

   f. Which one is the least common risk associated with uncontrolled diabetes? (Check only one)
      - [ ] Nerve damage
      - [ ] Kidney failure
      - [ ] Heart disease
      - [ ] Blindness
      - [ ] skin cancer

   g. Which of the following foods contain approximately 15 grams of carbohydrate per serving? (Check all that apply)
      - [ ] 1 cup milk
      - [ ] 1 small apple
      - [ ] 3 oz grilled chicken breast
      - [ ] 1/2 cup carrots
      - [ ] 1 cup orange juice
2. Check only one box for each statement.

<table>
<thead>
<tr>
<th>On how many of the last 7 days did you...?</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise for 30 minutes or more?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete a strength training routine?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat 2 cups or more of fruit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat 2.5 cups or more of vegetables?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure out a serving size when making meal choices?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose a source of unsaturated fat for a meal/snack?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review a food label for nutrition information (serving size, carbohydrate amounts, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare balanced meals based on the Plate Method?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare meal(s) at home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Do you have diabetes?
   - [ ] Yes
   - [ ] No
   - [ ] Prediabetes
   - [ ] I don’t know

4. What is your age?
   - [ ] 40 or under
   - [ ] 41-50
   - [ ] 51-60
   - [ ] 61-70
   - [ ] Over 70

5. What is your gender?
   - [ ] Female
   - [ ] Male
   - [ ] Prefer not to answer

6. What is your ethnicity?
   - [ ] Hispanic
   - [ ] Non-Hispanic

7. What is your race? (Check only one)
   - [ ] White
   - [ ] Asian
   - [ ] Black/African American
   - [ ] American Indian
   - [ ] Alaska Native
   - [ ] Pacific Islander
   - [ ] Two or more races
   - [ ] Other race not listed

8. What is your highest level of education? (Check only one)
   - [ ] Some high school
   - [ ] Associate degree
   - [ ] Master’s degree
   - [ ] High school or GED
   - [ ] Trade/Technical
   - [ ] Professional/Doctorate degree
   - [ ] Some college
   - [ ] Bachelor’s degree

9. What is your total household income? (Check only one)
   - [ ] Less than $25,000
   - [ ] $25,001-$50,000
   - [ ] $50,001-$75,000
   - [ ] $75,001-$100,000
   - [ ] Over $100,000
   - [ ] Prefer not to answer

10. How many people live in your household? _________

    If known, please list your most recent A1C level: _________
    Date of most recent A1C: _________