

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)

<input type="checkbox"/> Increases constipation	<input type="checkbox"/> Fruits are not good sources
<input type="checkbox"/> Raises blood sugar rapidly	<input type="checkbox"/> Lowers cholesterol
<input type="checkbox"/> Increases absorption of glucose	
 - b. According to the Plate Method, non-starchy vegetables are how much of your plate? (Check only one)

<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2
<input type="checkbox"/> 1/3	<input type="checkbox"/> 3/4
<input type="checkbox"/> 1/8	
 - c. Which of the following types of fat has the most saturated fat? (Check only one)

<input type="checkbox"/> Olive oil	<input type="checkbox"/> Vegetable oil
<input type="checkbox"/> Butter	<input type="checkbox"/> Canola oil
<input type="checkbox"/> Safflower oil	
 - d. Which of the following is not used to monitor the risk of diabetic complications? (Check only one)

<input type="checkbox"/> Blood glucose (sugar)	<input type="checkbox"/> Microalbumin/eGFR
<input type="checkbox"/> A1C	<input type="checkbox"/> Follicle hair test
<input type="checkbox"/> Blood pressure	
 - e. What is a recommendation for physical activity and diabetes? (Check only one)

<input type="checkbox"/> 10 minutes a day/ 5 days a week
<input type="checkbox"/> 150 minutes or more of accumulated moderate physical activity a week.
<input type="checkbox"/> 30 minutes of sustained (non-stop) vigorous activity at least 5 days a week
<input type="checkbox"/> 60 minutes of moderate physical activity a week
<input type="checkbox"/> 100 minutes or more of moderate physical activity
 - f. Which one is the least common risk associated with uncontrolled diabetes? (Check only one)

<input type="checkbox"/> Nerve damage	<input type="checkbox"/> Kidney failure
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Blindness
<input type="checkbox"/> skin cancer	
 - g. Which of the following foods contain approximately 15 grams of carbohydrate per serving? (Check all that apply)

<input type="checkbox"/> 1 cup milk	<input type="checkbox"/> 1 small apple
<input type="checkbox"/> 3 oz grilled chicken breast	<input type="checkbox"/> 1/2 cup carrots
<input type="checkbox"/> 1 cup orange juice	



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2. Check only one box for each statement.

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

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 ☐ High school or GED ☐ Some college
☐ Associate degree ☐ Trade/Technical ☐ Bachelor's degree
☐ Master's degree ☐ Professional/Doctorate 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: _____