Survey completion is voluntary and anonymous. Your name will not be shared.

1. Check the best answer(s) for each of the following questions.

Which food raises blood sugar levels the most? (check only one)

- □ 1/3c cheddar cheese
- □ 1oz pork bacon
- □ 3oz hamburger patty (no bun)
- □ 1 small apple

According to the Plate Method, non-starchy vegetables are how much of your plate? (check only one)

- □ 1/4
- □ 1/3
- □ 1/2
- □ ¾

Which of the following foods contain carbohydrates? (check all that apply)

- □ Milk
- □ Hamburger patty
- □ Regular soft drink
- □ Banana
- □ Potato Chips

Controlling blood glucose through diet may lower the risk of: (check all that apply)

- □ Stroke
- □ Nerve Damage
- □ Heart Disease
- □ Loss of Limb
- □ Kidney Failure
- □ Blindness

Which of the following are used to monitor the risk of diabetic complications? (check all that apply)

- □ Blood glucose (sugar)
- □ A1C
- □ Blood Pressure
- □ Microalbumin/eGFR
- □ Follicle Hair Test

Which of the following foods are sources of healthier fats? (check all that apply)

- □ Walnuts
- □ Butter
- □ Salmon
- □ Hamburger patty
- □ Canola oil

Fiber is important for the following reasons: (check all that apply)

- □ Increases fullness
- □ Provides energy
- □ Delays absorption of glucose
- □ Lowers cholesterol

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 20 minutes or more?</td>
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<tr>
<td>Eat a variety of fruits and vegetables?</td>
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<tr>
<td>Consider portion sizes when making meal choices?</td>
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<td>Review the food label before eating?</td>
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<td>Check your feet?</td>
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</tbody>
</table>

3. Check only one box for each statement

<table>
<thead>
<tr>
<th>Do you agree or disagree with the following statements?</th>
<th>Agree</th>
<th>Disagree</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>When it comes to diabetes and health, what I do can make a positive difference for me or the person I care for with diabetes.</td>
<td></td>
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<tr>
<td>I feel confident I can keep my diabetes under control, or help the person I care for keep their diabetes under control.</td>
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<tr>
<td>Diabetes is not that serious, especially when you feel fine.</td>
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<tr>
<td>I am feeling overwhelmed by the demands of living with diabetes or caring for someone living with diabetes.</td>
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</tbody>
</table>
4. Check only one box for each statement

<table>
<thead>
<tr>
<th>How often do you eat the following?</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fried Foods</td>
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<tr>
<td>Five or more servings of fruits and vegetables in a day</td>
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<tr>
<td>Three servings of dairy products in a day</td>
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<td>Sugary Beverages</td>
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<tr>
<td>Baked Fish (prepared with little or no added fat)</td>
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</tbody>
</table>

5. Which of the following have you done since participating in Dining with Diabetes? (check all that apply)

- [ ] Fit exercise into your daily routine
- [ ] Exercise continuously for at least 30 minutes at least 3 times per week
- [ ] Participate in physical activity such as walking on a daily basis

6. Please respond to these statements (as a result of attending the Dining with Diabetes lessons):

- I am cooking more at home. [ ] Yes [ ] No
- I am eating smaller portions. [ ] Yes [ ] No
- I am using recipes provided by this program. [ ] Yes [ ] No

7. Please indicate which lessons you attended in this series of Dining with Diabetes:

- **Lesson 1** (Living Well with Diabetes) [ ] Yes [ ] No
- **Lesson 2** (Carbohydrates and Sweeteners) [ ] Yes [ ] No
- **Lesson 3** (Fats and Sodium) [ ] Yes [ ] No
- **Lesson 4** (Putting It All Together) [ ] Yes [ ] No

8. As a result of attending the Dining with Diabetes program, would you please take a moment to share something you learned with us?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

If known, please list your most recent A1C level

[ ]

Date of most recent A1C

[ ]

Thank you for completing this survey.