



Participant ID #

National Dining with Diabetes Pre-Program Survey

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 3/4

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

- Milk Hamburger patty Regular soft drink Banana 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.

On how many of the last 7 days did you...?	None	1	2	3	4	5	6	Every day
Exercise for 20 minutes or more?								
Eat a variety of fruits and vegetables?								
Consider portion sizes when making meal choices?								
Review the food label before eating?								
Check your feet?								

3. Check only one box for each statement.

Do you agree or disagree with the following statements?	Agree	Disagree	Unsure
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.			
I feel confident I can keep my diabetes under control, or help the person I care for keep their diabetes under control.			
Diabetes is not that serious, especially when you feel fine.			
I am feeling overwhelmed by the demands of living with diabetes or caring for someone living with diabetes.			

4. Check only one box for each statement.

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

5. Please tell us about yourself (check only one for each statement)

Do you have diabetes? Yes No I don't know

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

What is your gender? Female Male

What is your ethnicity? Hispanic Non-Hispanic

What is your race?
(circle your response)

White

Native Hawaiian or Pacific Islander

Black or African American

American Indian

Alaska Native

Asian

Two or more races

Some other race

What is your highest level of education? (circle your response)

Some high school

High school graduate or GED

Some college

Associate degree

Trade or technical degree

Bachelor's degree

Master's degree

Professional degree

Doctorate degree

What is your total household income? (circle your response)

less than \$25,000;

\$25,001 to \$50,000;

\$50,001 to \$75,000;

\$75,001 to \$100,000;

How many people live in your household (please circle)? 1 2 3 4 5 6 or more

If known, please list your most recent A1C level _____

Date of most recent A1C _____