

MRN# _____ - _____ - _____ DOB _____

First Name *Initial* *Last Name*

Pre- and Post- Chapter 2 Survey
Rosa's Story: Eating Well

What is the most important thing you would like to learn from this chapter?

Please rate the following areas using the numbers below:

1 = I know this 2 = I need more instruction 3 = I need a full review

Before	After
<input type="checkbox"/> How carbohydrates, fats, and proteins affect blood glucose	<input type="checkbox"/>
<input type="checkbox"/> How calories affect my weight	<input type="checkbox"/>
<input type="checkbox"/> How to plan my meals	<input type="checkbox"/>
<input type="checkbox"/> How to select healthy snacks	<input type="checkbox"/>

Diabetes Self-Care Action Plan

At the end of this chapter, please choose a goal you want to focus on.

I will:

- Book an appointment to see the dietitian and write down everything I eat and drink for 3 days to bring to the appointment
- Use the plate method to plan at least 1 meal per day _____(choose a meal).
- Check my blood glucose two hours after _____(pick a meal) and bring the results to my next appointment.
- Choose whole grain, high-fiber _____, instead of _____.
- Eat _____servings of vegetables at _____(choose a meal).
- Modify my recipes by removing the fat from chicken and meat, buy low-fat dairy products and use herbs to season my foods
- Other_____.

Remember: Review your Diabetes Self-Care Action Plan with your healthcare provider. Keep food records for three days and bring it to the *dietitian's appointment*.