

Participant ID: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**“What Can I Eat?” Healthy Choices for American Indians  
and Alaska Natives with Type 2 Diabetes  
Impact Evaluation Survey**

Thank you for participating in the “What Can I Eat?” Healthy Choices for American Indians and Alaska Natives with Type 2 Diabetes program. If you have any questions or concerns about this survey, please let a team member know.

**Part 1**

Please pick the answer that best describes what you usually do.

**During a typical week in the last month, how often did you: (Select only ONE answer)**

<i>During a typical week in the last month, how often did you:</i>	<b>More than once a day</b>	<b>Once a day</b>	<b>5-6 days a week</b>	<b>3-4 days a week</b>	<b>1-2 days a week</b>	<b>Never</b>	<b>I don't know</b>
1.1 Fill only 1 small part of your plate with carb foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Use the Diabetes Plate to plan the carb, protein, and veggie parts of your meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Fill most of your plate with vegetables (not including corn, peas, squash, or potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Drink water or unsweetened beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Drink regular soda, juice, sweetened tea, or other sugary beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Choose plant-based protein foods (like nuts, nut butters, beans, or legumes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Bake, broil, or grill foods, without adding <u>solid fats</u> (like butter or margarine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Eat <u>fried</u> foods (like fried chicken, fried fish, or fried potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Cook meals at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Eat out at restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11 Make choices that you think are healthy when eating out at restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12 Plan your meals for the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13 Make a grocery list and use it at the store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14 Choose oils (like olive or canola) rather than solid fats (like butter or margarine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>During a typical week in the last month, how often did you:</i>	<b>More than once a day</b>	<b>Once a day</b>	<b>5-6 days a week</b>	<b>3-4 days a week</b>	<b>1-2 days a week</b>	<b>Never</b>	<b>I don't know</b>
1.15 Eat processed foods (like Spam, potato chips, or Ramen noodles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16 Eat frozen or boxed meals (like frozen dinners, Rice-A-Roni, or boxed mac and cheese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.17 Eat traditional tribal foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.18 Try to make thoughtful choices about the foods you choose to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.19 Try to eat 800 mg or less of sodium (salt) at each meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.20 Read the food label on packaged foods to choose foods with less salt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.21 Read the food label on packaged drinks to choose drinks with no sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.22 Fit sweet or sugary foods (like cookies or desserts) into the carb section of the Diabetes Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.23 Help someone in your family or community eat healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.24 Set goals for yourself focused on what you will eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part 2

The next questions ask about your confidence in doing certain things.

**How confident, or sure, are you that you can do each of these activities: (Select only ONE answer)**

<i>How confident are you that you can:</i>	<b>Not at all confident</b>	<b>Not very confident</b>	<b>Somewhat confident</b>	<b>Very confident</b>
2.1 Know which foods are carb foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Use the Diabetes Plate to eat a healthy amount of carb foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Use the Diabetes Plate to fit sweet or sugary foods into your meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Choose to drink water or unsweetened drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Use the Diabetes Plate to fit healthy protein foods into your meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Plan healthy meals to cook at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>How confident are you that you can:</i>		<b>Not at all confident</b>	<b>Not very confident</b>	<b>Somewhat confident</b>	<b>Very confident</b>
2.7	Know which foods have healthy and unhealthy fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Know how to limit salt in your diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Know how to eat healthy meals outside of your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Get 30 minutes of physical activity every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Make thoughtful or mindful nutrition choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Set goals to eat healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*End of survey*