Kitchen Creations Checklist:

Name: ____________________    Date: _______________________
County: ___________________ Date of Class: ______________

_______ Demographic Survey
_______ Session 1 Comment Sheets
_______ Session 2 Comment Sheets
_______ Session 3 Comment Sheets
_______ Session 4 Comment Sheets
_______ Sign in Sheets
_______ Program Evaluations
_______ Expense Sheet & Procurement Card
     Transaction Confirmations

*Please check off items as they should all be included and mailed to K’Dawn at NMSU. If for some reason you do not have an item included, please state the reason.
*Please paperclip forms together and keep separate from differing forms.
*If sending information for more than one class, please make sure dates on are all forms and that you have a check list for each class.

Thank you☺
Kitchen Creations

Your birth date___________________ County______________ Date___________

To help us learn more about you, please check the one best response to each of the following questions:

1. **Do you have diabetes?**
   
   ____ Yes
   ____ No
   ____ No, but a member of my family has diabetes
   ____ I don’t know

2. **Do you prepare most of the food eaten in your home?**
   
   ____ Yes
   ____ No

3. **What is your age?__________**

4. **Are you:**
   
   ____ Hispanic/Latino
   ____ Native American/American Indian
   ____ White (non-Hispanic)
   ____ African-American/Black
   ____ Asian-American
   ____ Other____________________________

5. **Are you:**
   
   ____ Female
   ____ Male

6. **How would you describe your general health?**
   
   ____ Excellent
   ____ Good
   ____ Fair
   ____ Poor
Kitchen Creations – Meal Planning (session 1)

Your birth date__________________  County__________________  Date___________

COMMENTS:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

Kitchen Creations – Balancing Carbohydrates (session 2)

Your birth date__________________  County__________________  Date___________

COMMENTS:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
**Kitchen Creations**

**PROGRAM EVALUATION**

*(Given out after session 4)*

1. What did you like the **most** about *Kitchen Creations*?

2. How has participating in *Kitchen Creations* helped you manage your diabetes?  
   *(please check all that apply)*
   - I use the Diabetes Food Guide Pyramid to plan a day’s meal
   - I measure food portions
   - I use the 50/50 method to control the amount of carbohydrates I eat at a meal
   - I read food labels to find the amount of carbohydrates in a serving
   - I eat at least 2 servings of whole grains per day
   - I eat at least 2 servings of non-starchy vegetables at dinner
   - I use more herbs and spices to flavor foods instead of salt and fat

3. What are some of the things you learned that you did not know or that surprised you?

4. What things do you still want or need to learn about meal planning or cooking for people with diabetes?

5. Do you have any suggestions about how we could change *Kitchen Creations* to make it better?

6. How did you hear about *Kitchen Creations*? Please check as many as apply.
   - Department of Health Diabetes website, [www.diabetesnm.org](http://www.diabetesnm.org)
   - Word of mouth
   - Newspaper
   - Flyer in the community
   - Radio
Creaciones de la Cocina

Fecha de nacimiento______________ Condado______________ Fecha_____________

Ayúdenos a saber más acerca de usted. Por favor, ponga una palomita junto a la respuesta que mejor aplique en cada de las siguientes preguntas:

1. ¿Tiene diabetes?
   ___ Sí
   ___ No
   ___ No, pero un miembro de mi familia tiene diabetes
   ___ No sé

2. ¿Es usted quien prepara la mayoría de la comida que se consume en su hogar?
   ___ Sí
   ___ No

3. ¿Cuántos años tiene? ________

4. ¿Es usted…?
   ___ Hispano/Latino
   ___ Americano Nativo/Indio Americano
   ___ Anglo (no-hispano)
   ___ Afro-Americano/Negro
   ___ Asiático-Americano
   ___ Otro _______________________

5. ¿Es usted…?
   ___ De sexo femenino
   ___ De sexo masculino

6. ¿Cómo describiría su estado de salud en general?
   ___ Excelente
   ___ Buena
   ___ Más o menos buena
   ___ Mala
Creaciones de la Cocina – Planear las comidas (sesión 1)

Fecha de nacimiento___________ Condado__________________ Fecha__________

COMENTARIOS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Creaciones de la Cocina – Balancear los Carbohidratos (sesión 2)

Fecha de Nacimiento___________ Condado___________ Fecha__________

COMENTARIOS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Creaciones de la Cocina – Verduras, Frijoles, y Grano (sesión 3)

Fecha de Nacimiento_________  Condado_______________  Fecha_________

COMENTARIOS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Creaciones de la Cocina – Cocinar para un Corazón Saludable (sesión 4)

Fecha de Nacimiento___________  Condado_______________  Fecha_________

COMENTARIOS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Creaciones de la Cocina – Evaluación del Programa

1. ¿Qué fue lo que más le gusto acerca de Creaciones de la Cocina?

2. ¿Cómo le ha ayudado su participación en Creaciones de la Cocina a manejar la diabetes?

3. ¿Cuáles son algunas de las cosas que usted aprendió que no sabía antes, o que le sorprendieron?

4. ¿Qué cosas aún quiero o necesita aprender acerca de planear comidas o cocinar para gente con diabetes?

5. ¿Tiene algunas sugerencias acerca de cómo pudiéramos cambiar Creaciones de la Cocina para mejorarlo?

6. ¿Cómo oyó usted acerca de Creaciones de la Cocina? Por favor marque todo que aplica.

   ___ Sitio web de programa de diabetes
   ___ La palabra de boca
   ___ Periódico
   ___ El folleto en la comunidad
   ___ Radio
Kitchen Creations Budgets

The index number that everyone will use this year is: **109449.**

Like last year, it will be critical for you to keep track of your expenditures so we can track them on the account. You will need to process the expenses in your county like any other expense. But at the end of your school please send us a list of expenses.

*We need the Expense Sheet with the itemized expenses and copies of the following: a Cardholder Transaction Confirmation for each expense from your P-card, a Purchase Order document and any invoices that go with it, and any Travel or Reimbursements used with this account. *Please DO NOT send receipts or copies of receipts, they are not necessary for us.*

There is a table provided on the second to last page for a summary of expenses. There is also an example on the last page of the Cardholder Transaction Confirmation. Please send the Expense Sheet plus the required documents mentioned above **within two weeks** of finishing a school. You will need to submit an addendum with the remaining expenses if you do a reunion.

Please send to K’Dawn Jackson by email (kjackson@nmsu.edu) or fax to (646-1889).

You may spend up to the amounts given below.

**Food/Supplies**

Food: $350  
Equipment (small kitchen-type equipment): $200 if this is the first cooking school in your county, $50 for repeat schools  
Supplies and misc. (including copying): $200

You are not tied to line items on the above so if you end up spending less on food and more on supplies (or vice versa) that is OK

**Assistant Pay**

There is funding to pay for an assistant to help you with the cooking school. You are allocated up to 10 hours per cooking school session for an assistant at a grade 6. (However, if you have an existing employee that is above a grade 6 that you would like to use, let me know. We have some flexibility on that.) If you are using an existing employee have them enter the extra hours in Banner. Print the Banner sheets that show the extra hours and fax those to us. We will charge the Kitchen Creations account for the extra hours worked.
If someone that is not an existing employee is hired, they can be paid as contract labor. To do this, you need to have them fill out a vendor form and then submit invoices, similar to how you pay your CDE. The rate for these assistants is $7.50 per hour.

CDE Pay

The payment for the CDE (or other diabetes professional as approved by Karen) will fall under professional services. So that means you will need to do a purchase order and the person you work with will need to give you invoices. The range for the CDE pay rate is $45-$55 per hour for a total up to 22 hours (5 hours per regular class session and 2 hours for the reunion). If the CDE you are working with requests a higher rate, contact Martha Archuleta for approval or negotiation of the standard rate. We can pay for travel for the CDE if they have to drive from out of town. We can also provide additional pay for travel time. This is typically a lower rate than the CDE consulting rate (e.g. $20 per hour). If your CDE is participating as part of their regular job and you are not paying them, you can provide them with some educational materials or supplies for their programs. The amount for these supplies is $200.

Misc. Expenses- space rental, travel

You may also need money for rental space for conducting Kitchen Creations sessions and travel if you are conducting the classes in a different town than the Extension office. If you are using space from another agency or a school classroom and they are not charging you, you can provide educational materials or supplies. The amount for these supplies is $100.

Compensation for Home Economist time

There will be $400 compensation for home economist’s time as in past years. This will be put in the same account as it was last year. This money must be used up yearly.

As always, please call if you have any questions.
KITCHEN CREATIONS – Expense Sheet

County_________________________  Date__________________________
Responsible Person___________________  Dates of Class__________________

Please fill out the following table for each Kitchen Creations class you do. List individual, itemized expenses in each category.

<table>
<thead>
<tr>
<th>Item</th>
<th>$ Amount</th>
<th>Vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food, supplies, and misc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant pay (only if contract labor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDE expenses (or materials for CDE if not paid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Space rental (or materials for space usage in not paid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel (for Extension employees)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

If you used an existing Extension employee for your assistance, provide their name and the number of hours worked below. Also please remember to fax a copy of the Banner forms that show the extra hours worked.

Name_____________________________________

Number of hours worked on Kitchen Creations_______________
Cardholder Transaction Confirmation

EXAMPLE ONLY

View Message

Date: Wed, 21 Jun 2006 15:43:16 +0000 (UT)
From: bpmprd@nmsu.edu Block Address
Subject: Cardholder Transaction Confirmation *** PLEASE DO NOT REPLY TO THIS MESSAGE ***
To: pbustama@nmsu.edu

These are your current approved transactions:

<----------------------------->
4439579319140010548690-1Cardholder:MARTHA ARCHULETA
2006/06/08 00:00:00 82.9300 WAL-MART #5155 737001
Purpose:Food items such as fruit, vegetables, cheese, salsa, beans, taco shells, water, and ice for the Fit Families class.
Comments:
<----------------------------->
4439579319140010548690-2Cardholder:MARTHA ARCHULETA
2006/06/08 00:00:00 64.5700 WAL-MART #5155 732001
Purpose:Supplies such as plates, tableclothes, jump ropes, magazines, and catch mitts for the Fit Families class.
Comments: