



Center for Nutrition & Diabetes Management

HUNTERDON HEALTHCARE SYSTEM
The Heart of Modern Medicine

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Gestational Diabetes Pre-test/Post-test

1. I should avoid all foods with carbohydrate.
____ True ____ False

2. What food groups contain carbohydrate?

3. Label Reading

Please circle the Total Carbohydrate on the label.

Sugar is part of the total carbohydrate.
____ True ____ False

1 carbohydrate choice equals ____ grams of carbohydrate.

How many carbohydrate choices does the product to the right contain? _____

Please circle the serving size on the label.

4. Please give some examples of foods that are high in fiber.

5. How much calcium does this product contain? _____

12/05

Nutrition Facts			
Serving Size 1 cup (228g)			
Servings Per Container 2			
Amount Per Serving			
Calories 260		Calories from Fat 120	
		% Daily Value*	
Total Fat	13g		20%
Saturated Fat	5g		25%
Cholesterol	30mg		10%
Sodium	660mg		28%
Total Carbohydrate	31g		10%
Dietary Fiber	10g		40%
Sugar	5g		
Protein	5g		
Vitamin A	4%	Vitamin C	2%
Calcium	15%	Iron	4%
* Percent daily values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:			
		Calories: 2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2400mg	2400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g
Calories per gram:			
Fat 9 • Carbohydrate 4 • Protein 4			

Name: _____

Date: _____

NUTRITION SELF-ASSESSMENT

Height: _____ Weight: _____ Goal Weight: _____ Gain/Loss this year: _____

Who prepares your meals? _____

Do you ever delay / skip meals or snacks? No Yes – Explain: _____

Do you have a meal plan based on calories? No Yes

- Do you:
- use exchanges
 - count carbohydrates
 - other: _____

Please record a "usual" day. Include portions if known. See reverse side for sample.

BREAKFAST Time _____ 	MORNING SNACK Time _____
LUNCH Time _____ 	AFTERNOON SNACK Time _____
DINNER Time _____ 	EVENING SNACK Time _____