

Diabetes and You

Taking Charge of Your Health





Taking charge of your health

If you have diabetes, you're not alone. Millions of people today have diabetes. Diabetes cannot be cured, but it **can** be managed. This booklet offers tips and resources to help you take charge and manage your diabetes.

About this booklet

This booklet tells how to manage your diabetes. Read on to learn more about

- Understanding diabetes
- Making healthy choices
- Taking your medicine
- Keeping an eye on your health
- Managing high and low blood sugar
- Coping with changes

You'll find a glossary of some helpful terms on pages 36 and 37.

This patient education booklet was developed using information from the following sources: American Association of Diabetes Educators, American Diabetes Association, American Dietetic Association and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

This booklet does not replace the advice of your diabetes care team. Be sure to discuss your care plan with your provider and healthcare team.

Quotes reflect the opinions of the people quoted. Individual results may vary.



How to use this booklet

Keep this booklet in a handy place, and bring it to office visits. Write your questions and concerns on page 43. Share this booklet with family and friends who want to help you manage your diabetes.

The booklet is broken into 3 parts—managing your diabetes, making healthy choices, and taking your medicine. You may want to read this booklet from cover to cover. Or, you may want to turn to the section you want to learn about first. Read through the table of contents on the next page to learn more about what’s inside.

Changing habits takes time

Change can be tough, so be patient with yourself. Take small steps. Ask the people in your life to support you as you take charge of your health.

What’s inside

Part 1: Managing your diabetes

Get started.....	4
Learn about diabetes.....	8
Keep an eye on your health.....	10
Manage high and low blood sugar.....	14
Cope with changes.....	18

Part 2: Making healthy choices

Eat better.....	23
Be more active.....	26
Commit to quit.....	28
Lower stress.....	28

Part 3: Taking your medicine

How diabetes <u>pills</u> lower blood sugar.....	31
How diabetes <u>injections</u> lower blood sugar.....	32
Terms to know.....	36
My health goals.....	38
My care schedule.....	40
My notes.....	43

Part 1: Managing your diabetes

“I . . . have been recently diagnosed with type 2 diabetes. . . . I view this diagnosis as having a very large upside. I am now exercising more and eating better.”

—Richard C, Louisiana

You’ve just learned that you have diabetes. You may be feeling overwhelmed and not sure about what to do first.

Get started

Know that you don’t have to deal with diabetes alone. There are many resources in your area to help you.

Work with your diabetes care team

The goal of your diabetes care team is to help you stay as healthy as possible. This team may include doctors, nurses, nurse practitioners, physician’s assistants, case managers, counselors, and pharmacists. It may include dentists, foot doctors, eye doctors, dietitians, and educators. It also includes you and your friends and family.

Communication is key to your team’s success. So ask questions until you get answers you understand. Tell other members of your diabetes care team about any symptoms and side effects you have. Talk to them before making any changes in your care plan.



Make a care plan

You and your care team will create a diabetes care plan. The plan may set goals for

- Dealing with stress
- Eating better
- Getting more active
- Taking your medicine

The plan may also set goals for

- Checking your blood sugar
- Getting needed tests, checks, and vaccines
- Keeping your blood sugar and weight in a healthy range
- Keeping your blood pressure and cholesterol in a healthy range

Your blood sugar goals

The table below lists healthy blood sugar levels for most adults with diabetes. You and your care team will set goals that are right for you. Write your goals in the last column.

Time	Goals for most adults with diabetes	Your goals
Before meals	70 to 130 mg/dL	
1 to 2 hours after the start of a meal	Less than 180 mg/dL	
A1C (estimated average blood sugar over the last 2 to 3 months)	Less than 7%	

Adapted from the American Diabetes Association. Standards of medical care in diabetes — 2012. *Diabetes Care*. 2012;35(suppl 1):S11-S63.



Build your knowledge and skills

The more you know about diabetes, the better you'll be able to manage it. Reading this booklet is a great start. You may also want to take classes, and talk to your care team.

Get support to stay strong

We all need support at times. Never hesitate to ask family and friends or your care team for help—whether it's washing dishes, going to checkups with you, or answering questions about your medicines.

You can also get support from online or in-person support groups. Ask your care team or local hospital to suggest a group in your area. Or go to the American Diabetes Association website (diabetes.org) and click on "In My Community."



Learn about diabetes

“[My doctor] persuaded me to seek some education. I went to weekly support meetings, diabetes classes, nutrition classes, the works!”

—Ann P, Massachusetts

If you have diabetes, it's easy for your blood sugar (glucose) to get too high. Your body needs some sugar for energy. But too much sugar in your blood can make you sick.



It's likely that you have questions about diabetes. Here are answers to some common ones.

Q: What is insulin?

A: Insulin is a natural hormone that is made by the pancreas. It helps sugar move from the blood into the cells. This helps keep blood sugar in a healthy range throughout the day. Some people with diabetes need to inject insulin.

Q: What is the difference between type 1 and type 2 diabetes?

A: If you have **type 1** diabetes, your pancreas does not make insulin. So sugar stays in your blood. This means your blood sugar may get too high.

In most cases, type 1 starts in youth. But it can also start later in life.

If you have **type 2** diabetes, either your pancreas does not make enough insulin, or your body does not use it well (insulin resistance). In either case, your blood sugar may get too high.

Type 2 is the more common form of diabetes. You are more likely to get it if you are overweight, older than 45, or a member of a certain ethnic group, such as African American or Hispanic.

Q: How can diabetes affect my health over time?

A: High blood sugar can harm many parts of your body. These include your eyes, kidneys, feet, skin, and nerves. It can raise your risk of heart disease and stroke. Read on to learn ways to prevent these problems or slow them down.

Keep an eye on your health

To help manage your diabetes, you and your care team need to keep a close eye on your health. This allows all of you to see if your care plan is working—and, if it's not working, to improve it.



Check your blood sugar daily

Tracking your blood sugar each day helps keep your diabetes under control. Checking your blood sugar will tell you

- How your diet, activity level, and stress affect your blood sugar
- If your diabetes medicine is working

You'll usually feel better and have more energy when your blood sugar stays at or near your goal. Managing your blood sugar can also improve your odds of staying healthy in the future.

How to check your blood sugar

There are many types of blood sugar meters. Your care team can help you choose a meter and show you how to use it.

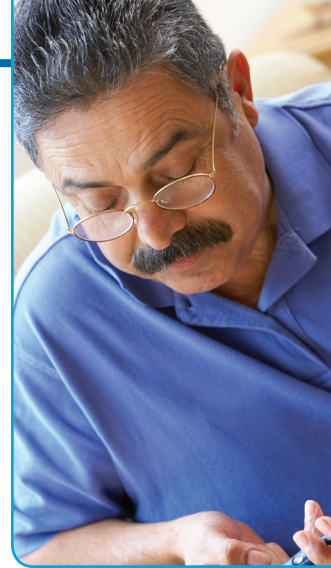
When to check your blood sugar

You and your care team will decide when and how often you should check your blood sugar. Here are some common times to check.

- **Before and after you sleep** to see if your blood sugar stays under control when you're asleep
- **Before you eat breakfast** to check your fasting blood sugar
- **Before and 1 to 2 hours after you eat** to see how food affects your blood sugar
- **Before and within minutes after you are active** to see how activity affects your blood sugar

How to record your blood sugar

It's important to write down your blood sugar each time you check it. That way, you can see what makes it go up and down. Some blood meters keep an electronic record of your blood sugar.



Get tests, checks, and vaccines as needed

From time to time, you will need to get certain tests, checks, and vaccines. Here are the most common ones.

A1C test. This test measures your estimated average blood sugar over the last 2 to 3 months. It shows how well you're controlling your blood sugar over time.

Blood pressure check. As many as 2 out of 3 adults with diabetes have high blood pressure. This can lead to heart attack, stroke, and kidney disease. Talk with your care team about a healthy target for you.

Healthy blood pressure level for most adults with diabetes	Write your goal here
Less than 130/80 mmHg	

Blood fat test. Many people with diabetes have unhealthy levels of certain fats in their blood. This can lead to heart attack, stroke, and kidney disease. Work with your care team to set goals and plan how to reach them.

Blood fat	Healthy blood fat goals for most adults with diabetes	Write your goals here
LDL (bad) cholesterol	Below 100 mg/dL	
HDL (good) cholesterol	Above 40 mg/dL (men) Above 50 mg/dL (women)	
Triglycerides	Below 150 mg/dL	



Other tests you will need. You should also get these tests.

- **Dental exam** to check your teeth and gums
- **Dilated eye exam** to check your sight and look at your retinas
- **Foot check** to make sure your feet are healthy
- **Kidney test** to see how well your kidneys are working
- **Weight check** to see if your weight is in a healthy range

Needed vaccines. Be sure to get these shots.

- **Flu shot** to prevent the seasonal flu or any new flu strains
- **Pneumonia shot** to prevent pneumonia

Ask your care team how often you should get each test, check, and vaccine (see page 40 for a suggested schedule).

Manage high and low blood sugar

“Think of your body as the engine in a car. It can’t run too high or too low . . . to operate properly.”

—Deborah C, Florida

Blood sugar that is too high or too low may harm your health over time. So it’s important to know how to get your blood sugar back to a healthy range. Ask your care team what range is healthy for you.

If you get high blood sugar

Without proper treatment, people with diabetes get high blood sugar. You may also get high blood sugar if you are less active than normal, sick, under stress, or on certain medicines. High blood sugar can also happen if you eat more than normal or skip a dose of diabetes medicine.

Signs of high blood sugar

Below are some signs of high blood sugar. If you have any of them, tell your care team.

- I am having trouble seeing
- I feel very thirsty, hungry, or tired
- I need to pass urine more often than normal
- My cuts are healing more slowly than normal
- My mouth or skin is dry

What to do about high blood sugar

If you have signs of high blood sugar, check your blood sugar level.

Also check your blood or urine for ketones. Your body makes ketones when it uses fat for energy instead of sugar.

If your blood sugar is high but you **don’t** have ketones

- Follow your activity plan
- Follow your meal plan
- Take your medicine as prescribed

Call your care team if

- Your blood sugar level has been above your goal for 3 days, and you don’t know why
- You have ketones in your blood or urine

More instructions from your care team: _____



If you get low blood sugar

You may get low blood sugar if you are more active than normal, take too much of certain medicines, or don't eat enough.

Signs of low blood sugar

Below are some signs of low blood sugar. If you have any of them, tell your care team.

- I am having trouble seeing
- I am sweating more than normal
- I feel hungry, nervous, weak, or dizzy
- I have a rapid heartbeat

In some cases, you may have no signs until your blood sugar gets very low. That's one reason to check your blood sugar often.

What to do about low blood sugar

If you have low blood sugar—or signs of low blood sugar—act right away. Eat or drink something high in sugar, such as

- 4 ounces (½ cup) of regular fruit juice
- 4 ounces (½ cup) of regular soda pop (not diet)
- 3 or 4 glucose tablets
- 5 or 6 hard candies that you can chew quickly (such as mints)
- 1 tablespoon of sugar or honey

Wait 15 minutes, and then check your blood sugar again. If it's still low, eat or drink something high in sugar again. Once your blood sugar gets back to a healthy range, eat a meal or snack. This can help keep low blood sugar from happening again.



If you pass out from low blood sugar

At times, your blood sugar may get so low that you pass out and can't take sugar by mouth. If this has happened to you, you may need a glucagon kit.

A glucagon kit allows someone else to inject you with glucagon—a hormone that helps move sugar into the blood. Keep it handy, and make sure family and friends know how to use it.

If your blood sugar often gets out of a healthy range, talk to your care team. Your care plan may need to change.

Cope with changes

“[I] just keep reminding myself that I can keep up with my successes—even if I have a day when I fail. There’s always a better day coming up.”

—Joy K, Washington

Diabetes can affect many areas of your life, from your feelings to your work life. The good news is that there are ways to deal with these changes.

When your care plan changes

Over time, there may be changes in your care plan. For instance, you may need to switch to a new medicine. Here are some tips for coping with these changes.

- **Get support.** Ask your family, friends, and care team for help. Or join a support group (see page 7)
- **Make lifestyle changes.** Ask your care team if you can lower your need for medicine by making lifestyle changes (see page 22)

When you feel burned out

It can be hard to attend to the many details of managing diabetes. At some point, this can lead to diabetes burnout.

This condition can make you feel

- Angry and negative
- Burdened
- Like diabetes runs your life

Diabetes burnout can sap your energy, motivation, and ability to take care of yourself. So it makes it more likely that you will skimp on or stop treatment.

Are you feeling burned out? Tell your care team. Ask them about ways to feel better.

When you feel down

Many people with diabetes feel down from time to time. If you keep feeling low, you may be depressed. This condition can make it hard for you to take care of yourself.

Try these tips to help cope with depression.

- **Keep blood sugar near your goal.** High and low blood sugar can lead to mood changes. So try to keep your blood sugar near your goal
- **See an expert.** Counseling, depression medicine—or both—can help
- **Take charge of your health.** Depression is often linked to feeling powerless. So get more active in managing your diabetes



When you travel

Diabetes doesn't have to tie you down! With a little planning, travel can fit into your care plan. Before you leave home

- **Ask your care team for extra prescriptions.** That way, you can get more medicine and supplies if you need them
- **Carry diabetes medicines and supplies with you.** Do not put them in checked baggage when you travel
- **Carry extra food and healthy snacks with you.** You may have trouble getting them on the road
- **Check your blood sugar often.** A change in schedule may mean changes in your usual patterns
- **Find out how to store your medicines.** Check the patient information, or ask your care team
- **Wear a medical ID** (see page 27)



When you work

Diabetes can affect you on the job. So it's a good idea to discuss your job with your care team. Tell them if you

- Do shift work
- Drive for a living
- Have a high-stress job
- Run dangerous equipment

Ask your care team how your job duties could affect your

- Activity plan
- Meal plan
- Medicine schedule

Change can be tough, but with support, you can get through it.

Part 2: Making healthy choices

“I count carbs and calories. . . . I am lucky that I have a great support team and with their help I know I can make it.”

—Patt B, Florida

“I began by simply walking around the block slowly every evening after supper. It took a lot of discipline just to do that! But I persisted. . . . Then, every 3 weeks, I added another block until before I knew it, I was walking a mile every night.”

—Jerry F, Texas



Eating better and getting more active are important for everyone. But for people with diabetes, they can be a lifesaver. Making healthy choices may

- Allow you to use less medicine
- Help you manage your weight
- Lower your blood sugar, blood pressure, and cholesterol
- Lower your risk of heart disease, stroke, and other health issues

Eat better

Ready to improve your health by eating better? Work with your care team to create a meal plan that includes some of your favorite foods. This will make it easier to stick to. The plan will guide you in making healthy food choices. It will also help you know **when** and **how much** to eat.

Choose less of these

You don't need to give up any foods. But you should **limit** items that are high in carbohydrates (carbs) or fat, especially fat that is solid at room temperature.

Foods to eat less of include butter, cookies, fried chicken, ice cream, potatoes, and white bread. You may also need to avoid items that are high in salt or alcohol.

Choose more of these

Instead, eat more of items that are high in fiber, protein, vitamins, and minerals. These include

Whole grains, such as

- Bran cereal
- Brown rice
- Oatmeal
- Whole grain bread, tortillas, and pasta



Beans, such as

- Black beans
- Garbanzo beans
- Pinto beans



Lean meats, such as

- Chicken without the skin
- Fish
- Lean cuts of beef, veal, and pork without the fat

Nonfat and low-fat dairy, such as

- Nonfat or 1% milk
- Nonfat or low-fat cottage cheese
- Nonfat or low-fat yogurt with no added sugar or corn syrup
- Reduced-fat cheese



Fruits that are high in fiber and low in carbs, such as

- Canned fruit with no added sugar or corn syrup
- Fresh or frozen fruit
- Oranges and other citrus
- Whole fruit, instead of juice



Vegetables that are high in fiber and low in carbs, such as

- Broccoli
- Peppers
- Spinach

Drinks that have no carbs or calories, such as

- Water
- Tea or coffee without cream or sugar

Keep track

Tracking **what** you eat, **how much** you eat, and **when** you eat is key to following your meal plan. Try these tips.

- **Count calories** to keep your weight in a healthy range
- **Count carbs** to keep your blood sugar near your goal
- **Watch the clock.** Eat small healthy meals every few hours to keep your blood sugar steady
- **Watch portion size** to make sure you eat the right amounts





Be more active

Want to improve your health by being more active? Work with your care team to create a plan that includes activities you enjoy doing. This will make it easier to stick to. Set goals for **how long** and **how often** you will do these activities.

Keeping your plan on track

Here are some ways to keep your activity plan on track. Check off the ones you'd like to try.

To fit in fitness, I will

- ☐ Get off the bus or subway a few stops early
- ☐ Mow the lawn, or clean the floor
- ☐ Park in a distant spot
- ☐ Take the stairs instead of the elevator
- ☐ Walk during my lunch break
- ☐ Walk in the mall while I shop

To keep myself honest each day, I will

- ☐ Keep an activity log
- ☐ Tell a friend or family member what I did to stay active

To make fitness fun, I will

- ☐ Join a hiking club or recreational team
- ☐ Put on music and dance
- ☐ Take a fitness or dance class
- ☐ Be active with a friend

To save money, I will

- ☐ Buy used fitness equipment
- ☐ Lift soup cans as light weights
- ☐ Take a walk
- ☐ Be active with a fitness video or game

Safety first

You can stay active when you have diabetes. Just follow these simple tips.

- Check your blood sugar before and after your activity (see page 11)
- Drink plenty of water so you don't get dehydrated
- If you're not feeling well, don't be active
- Keep a high-sugar snack handy in case your blood sugar drops (see page 16)
- Wear a medical ID

Wear a medical ID

You should wear a medical ID at all times. The ID should state that you have diabetes and what you might need in an emergency.

Protect your feet

Diabetes can make it hard for you to feel foot injuries. It can also slow healing. So take steps to protect your feet.

- **Before you are active.** Check inside your shoes and socks for anything that might hurt your feet
- **While you are active.** Wear comfortable shoes and socks that fit well
- **After you are active, and every day.** Check your feet for injuries. If you find any, tell your care team right away

Commit to quit

If you smoke, make plans to quit. Smoking raises your risk of heart attack, stroke, nerve damage, and kidney disease. While quitting can be hard, you can do it. Ask your care team for help getting started.

Lower stress

Cutting stress in your life can help you sleep better. It can also help you focus on taking charge of your health.

If you have type 2 diabetes, lowering stress may help you in another way. Studies show that it can help your body release insulin. And that's a good thing.

Talk with your care team about ways to reduce stress. These include deep breathing, yoga, positive thinking, and asking family and friends for help.



**Remember, small steps add up to big changes.
So be patient with yourself.**

Part 3: Taking your medicine

"I . . . was frightened to death by giving myself an injection. But . . . I am now doing fine with giving myself injections."

—Kaye D, Kentucky

"Don't go off your meds and don't give up. Many pharmacies and prescription companies have programs to help you out. Do whatever it takes."

—Ruth W, Florida

If you have type 1 diabetes, your body does not make insulin. So you will need to take it. You may need to take other diabetes medicines as well.

Do you have type 2 diabetes? Although lifestyle changes can help, they may not be enough to control your blood sugar. You may need to take medicine.



Some diabetes medicines are given as injections. Others come in pill form. Read pages 31 to 34 to learn more about diabetes medicines.

How diabetes pills lower blood sugar

Diabetes pills can lower blood sugar. They do this in different ways.

- **Some pills help your body release more insulin.** This lowers your blood sugar and keeps it near your goal
- **Some pills lower the amount of sugar your liver releases.** This helps your body use insulin better
- **Some pills help muscle and fat cells use insulin better.** This lowers your blood sugar
- **Some pills slow the breakdown of food into sugar.** This helps keep your blood sugar from getting too high after you eat

How diabetes injections lower blood sugar

Diabetes medicines can be given as an injection. Here are some ways injectable diabetes medicines help lower blood sugar.

Some injections contain insulin

If your body does not make enough insulin, you will need to take it. Insulin lowers your blood sugar by helping the sugar get into your body's cells, where it belongs.

If you are about to take insulin for the first time, you may have some questions. Here are some common questions about insulin.

Q: Why isn't insulin available as a pill?

A: Insulin is a hormone made of protein. If you took it as a pill, the acid in your stomach would break it down during digestion, just like it breaks down the protein in food. That's why you need to inject insulin.

Q: Why does my need for insulin go up and down?

A: Your body's need for insulin goes up and down all day. It depends on what you are doing and how much sugar is in your blood. For instance

- You need more insulin when you eat (especially around mealtime, when blood sugar is highest)
- You need less insulin when you sleep

Q: Can I get addicted to insulin?

A: Insulin is not addictive. It's a hormone the body makes naturally. Your body does not make enough of it.

Q: Why did my care team give me an insulin plan?

A: If you take insulin, you will need an insulin plan that is right for you and your lifestyle. It will help you take the amount of insulin your body would make if you did not have diabetes. Your plan will be based on

- How active you are
- When and how much you eat
- Your blood sugar

Between visits, it's a good idea to keep notes on how you're doing so you can share them with your care team. Be sure to check with your team before you change your insulin plan.

Q: I've heard there are different types of insulin. What are they?

A: There are many kinds of insulin. They each work at a different pace to mimic the way the body normally releases insulin. They vary based on

- When you take them
- When they start to work
- When their effect on blood sugar is strongest
- How long they work
- What ingredients are added
- Where they come from

Some injections do not contain insulin

A number of injectable medicines do not contain insulin. They lower blood sugar in other ways. These injections may

- Help your pancreas release more insulin
- Keep your liver from releasing too much sugar
- Slow down digestion after you eat, so sugar enters your blood more slowly
- Work with insulin to manage blood sugar

Ways to inject your medicine

Diabetes injections are not what they used to be. Today, there are a number of easy ways to inject your medicines.

Syringe. A syringe is a hollow tube with a plunger on one end and a needle on the other. You stick the needle into a bottle and draw up your dose. Then you inject yourself. It may not be convenient if you need the medicine many times a day.

Prefilled pen. A prefilled pen comes filled with medicine. It looks like the kind of pen you write with, so it's more discreet than a syringe. Pens are easy to carry with you, and you can dispose of them when you're done.

Pen needles are often shorter and thinner than those used on syringes. This makes them almost pain free. The dosing dial helps you take the right amount of medicine.

Insulin pump. Pumps deliver insulin through a small plastic tube. The tube has a small needle that is placed just under your skin and taped in place. You can change how much insulin the pump gives you. Some pumps allow you to test your blood sugar.



Reasons to be hopeful

It can be overwhelming to find out that you have diabetes. However, there are many reasons to be hopeful. Here are just a few of them.

- 1 You are not alone.** Millions of people are coping with diabetes and taking charge of their health. So can you!
- 2 Diabetes doesn't have to run your life.** Instead, you can control your diabetes.
- 3 If you manage your diabetes, you'll feel better and have more energy.** This will boost your odds of staying healthy in the years to come.

Terms to know

A1C. A test that measures your estimated average blood sugar over the last 2 to 3 months. It shows how well you're controlling your blood sugar over time.

Blood pressure. The force of blood against your artery walls.

Blood sugar level. The amount of glucose in a given amount of blood.

Cholesterol. A type of fat in the blood.

Glucagon. A hormone released by the pancreas. It helps move sugar into the blood from the liver. Glucagon is also a medicine that is used to treat low blood sugar.

Glucose. One of the simplest forms of sugar.

Hormone. A natural substance made by glands in the body. It controls what certain cells or organs do.

Hyperglycemia. High blood sugar.

Hypoglycemia. Low blood sugar.

Insulin. A hormone made by the pancreas. It helps sugar move from the blood into the cells. Insulin is also a medicine that is used to treat high blood sugar.

Insulin resistance. A condition where the body does not use insulin well.



Ketones. Substances that may be found in the blood or urine. Your body makes them when it uses fat for energy instead of sugar.

Pancreas. A large gland behind the stomach. The pancreas makes pancreatic juices to help the body digest food. It also makes the hormones insulin and glucagon.

Type 1 diabetes. Occurs when the pancreas does not make any insulin. People with type 1 diabetes need to inject insulin.

Type 2 diabetes. Occurs when the pancreas does not make enough insulin, or the body does not use insulin well.

My health goals

I want to enjoy better health and a better quality of life.
So I will work toward the goals on this page and take steps to reach them.

Use this chart to help you set your health goals and plan how to reach them.

My name (sign)

Date

Example		Goal 1	Goal 2	Goal 3
What I will do	I will do more to take control of my diabetes. I will use this booklet to keep track of my test results, write down my questions, and get ready for my visits.			
When I will start	I will start as soon as my most recent test results come back.			
How I will start	I will write down my results as soon as I get them.			
How I will continue	I will write down questions for my team so that I am ready for my visits.			
My roadblocks	I sometimes think of questions and then forget them when I'm at my visits.			
How I will get through my roadblocks	I will keep this booklet with me all the time. That way I can write down questions as soon as I think of them.			

My care schedule

Below is a suggested care schedule. Your care team may give you one that's right for you. Tear it out and post it as a handy reminder. Check off each test, check, and vaccine you have.

Every 3 months

- ☐ A1C test (if your blood sugar is not stable)
- ☐ Blood pressure check
- ☐ Foot check
- ☐ Regular office visit
- ☐ Weight check

Every 6 months

- ☐ A1C test (if your blood sugar is stable)
- ☐ Dental exam

Every year

- ☐ Blood fat and cholesterol tests (if your levels are near your goal)
- ☐ Complete foot exam
- ☐ Dilated eye exam
- ☐ Flu shot
- ☐ Kidney tests
- ☐ Physical exam

This suggested schedule is based on American Diabetes Association guidelines. Talk with your care team about what schedule is right for you.

This learning series is designed to help you work with your diabetes care team to manage your diabetes. The series includes these booklets.

- **Diabetes and You**
- **Your Guide to Better Office Visits**
- **Diabetes Medicines**
- **Carb Counting and Meal Planning**
- **Your Blood Sugar Diary**

The photos used in this booklet are for illustration only. The models in the photos may not have diabetes or other ailments.

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