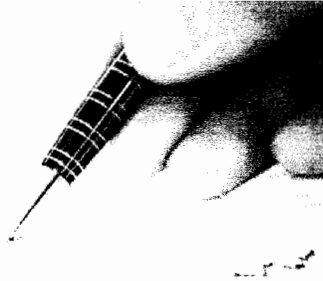




- Type 1
- Type 2
- Gestational
- Prevention
- Symptoms
- Diagnosis
- Diabetes Statistics**
- Genetics of Diabetes
- Tips
- Common Terms
- Diabetes Myths

Diabetes Statistics



FREE Diabetes Support



Receive info, recipes, tips and reminders from **Care4Life** when you enroll in the **Living With Type 2 Diabetes** program for free.

Data from the 2011 National Diabetes Fact Sheet (released Jan. 26, 2011)

Total prevalence of diabetes

Total: 25.8 million children and adults in the United States—8.3% of the population—have diabetes.

Diagnosed: 18.8 million people

Undiagnosed: 7.0 million people

Prediabetes: 79 million people*

New Cases: 1.9 million new cases of diabetes are diagnosed in people aged 20 years and older in 2010.

* In contrast to the 2007 National Diabetes Fact Sheet, which used fasting glucose data to estimate undiagnosed diabetes and prediabetes, the 2011 National Diabetes Fact Sheet uses both *fasting glucose and A1C levels to derive estimates for undiagnosed diabetes and prediabetes*. These tests were chosen because they are most frequently used in clinical practice.

Under 20 years of age

- 215,000, or 0.26% of all people in this age group have diabetes
- About 1 in every 400 children and adolescents has diabetes

Age 20 years or older

- 25.6 million, or 11.3% of all people in this age group have diabetes

Age 65 years or older

- 10.9 million, or 26.9% of all people in this age group have diabetes

Men

- 13.0 million, or 11.8% of all men aged 20 years or older have diabetes

Women

- 12.6 million, or 10.8% of all women aged 20 years or older have diabetes

Race and ethnic differences in prevalence of diagnosed diabetes

After adjusting for population age differences, 2007-2009 national survey data

Over 150 recipes to get you out of the store in a snap!



SUPPORT A CURE TODAY

Make a **Tax-Deductible Gift** to get us closer to a cure!

STOP DIABETES **MAKE YOUR MARK WITH YOUR GIFT**

Order Diabetes Forecast today! Have a healthy holiday feast!



for people diagnosed with diabetes, aged 20 years or older include the following prevalence by race/ethnicity:

- 7.1% of non-Hispanic whites
- 6.4% of Asian Americans
- 12.6% of non-Hispanic blacks
- 11.8% of Hispanics

Among Hispanics rates were:

- 7.6% for Cubans
- 13.3% for Mexican Americans
- 13.8% for Puerto Ricans.

Morbidity and Mortality

- In 2007, diabetes was listed as the underlying cause on 71,382 death certificates and was listed as a contributing factor on an additional 160,022 death certificates. This means that diabetes contributed to a total of 231,404 deaths.

Complications

Heart disease and stroke

- In 2004, heart disease was noted on 68% of diabetes-related death certificates among people aged 65 years or older.
- In 2004, stroke was noted on 16% of diabetes-related death certificates among people aged 65 years or older.
- Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.
- The risk for stroke is 2 to 4 times higher among people with diabetes.

High blood pressure

- In 2005-2008, of adults aged 20 years or older with self-reported diabetes, 67% had blood pressure greater than or equal to 140/90 mmHg or used prescription medications for hypertension.

Blindness

- Diabetes is the leading cause of new cases of blindness among adults aged 20–74 years.
- In 2005-2008, 4.2 million (28.5%) people with diabetes aged 40 years or older had diabetic retinopathy, and of these, almost 0.7 million (4.4% of those with diabetes) had advanced diabetic retinopathy that could lead to severe vision loss.

Kidney disease

- Diabetes is the leading cause of kidney failure, accounting for 44% of new cases in 2008.
- In 2008, 48,374 people with diabetes began treatment for end-stage kidney disease in the United States.
- In 2008, a total of 202,290 people with end-stage kidney disease due to diabetes were living on chronic dialysis or with a kidney transplant in the United States.

Nervous system disease (Neuropathy)

- About 60% to 70% of people with diabetes have mild to severe forms of nervous system damage.

Amputation

- More than 60% of nontraumatic lower-limb amputations occur in people with diabetes.
- In 2006, about 65,700 nontraumatic lower-limb amputations were performed in people with diabetes.

Cost of Diabetes

Updated March 6, 2013

- \$245 billion: Total costs of diagnosed diabetes in the United States in 2012
- \$176 billion for direct medical costs
- \$69 billion in reduced productivity

After adjusting for population age and sex differences, average medical expenditures among people with diagnosed diabetes were 2.3 times higher than what expenditures would be in the absence of diabetes.

For Additional Information

These statistics and additional information can be found in the [Diabetes in America 2011](#), the most recent comprehensive assessment of the impact of diabetes in the United States, jointly produced by the CDC, NIH, ADA, and other organizations.

Want to Do Something About It?

Don't like these numbers? We don't either.

Join the Millions™ in the fight to

to help fund leading-edge research that affects the health and well-being of millions of people living with diabetes. Your funds are put to work immediately to support important research efforts and help provide much needed services to people with diabetes.

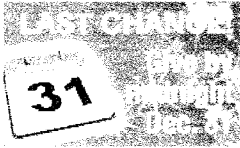
Last Reviewed: June 8, 2013
Last Editor: December 11, 2013

DIAGNOSIS



Check out our FREE program for tips on living with type 2.

TAXES



Make your tax-deductible, year-end donation before midnight on December 31st.

DIET



New tools for meal preparation made easy!

DIABETES LIFESTYLES



Bee Well for Life gives fitness tips and helps Stop Diabetes!

FOOD & FITNESS



Great recipes tap the salad bar, deli, and freezer case to get food on the table.

Follow us on



and



Copyright 1995-2012, American Diabetes Association. All rights reserved. Use of this Web site constitutes acceptance of our

and



Sign In

American Diabetes Association



- Home
- Living With Diabetes
- Food
- Planning Meals
- Create Your Plate**

Create Your Plate

Listen

Often when people are diagnosed with diabetes,

one way is to manage the amount of food you are already eating. Focus on filling your plate with non-starchy vegetables and having smaller portions of starchy foods and meats.

Creating your plate is an easy way to get started with managing blood glucose levels.

You don't need any special tools or have to do any counting. It's simple and effective—draw an imaginary line on your plate, select your foods, and enjoy your meal!

Once you've changed your portion sizes, you can work on making healthier food choices from each food group.

FREE Diabetes Support



Know what to do? We are here to help. From Care4Life meal planners to the Living With Type 2 Diabetes program for...



Six Easy Steps to Create Your Plate

It's simple and effective for both managing diabetes and losing weight. Creating your plate lets you still choose the foods you want, but changes the portion sizes so you are getting larger portions of non-starchy vegetables and a smaller portion of starchy foods. When you are ready, you can try new foods within each food category.

Try these six simple steps to get started:

- Using your dinner plate, put a line down the middle of the plate. Then on one side, cut it again so you will have 3 sections on your plate.
- Fill the largest section with _____ such as:
 - spinach, carrots, lettuce, greens, cabbage, bok choy
 - green beans, broccoli, cauliflower, tomatoes,
 - vegetable juice, salsa, onion, cucumber, beets, okra,

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

Over 150 recipes to get you out of the store in a snap!

SUPPORT A CURE TODAY

Make a **Tax-Deductible Gift** to get us closer to a cure.

Support the American Diabetes Association's research and education programs.

Make a tax-deductible gift today.

Support the American Diabetes Association's research and education programs.

Make a tax-deductible gift today.

How a nutrition expert can jump-start your healthy-eating plan.

Learn more about our nutrition experts and how they can help you create a healthy eating plan.

- mushrooms, peppers, turnip
3. Now in one of the small sections, put your _____ such as:
 - whole grain breads, such as whole wheat or rye
 - whole grain, high-fiber cereal
 - cooked cereal such as oatmeal, grits, hominy or cream of wheat
 - rice, pasta, dal, tortillas
 - cooked beans and peas, such as pinto beans or black-eyed peas
 - potatoes, green peas, corn, lima beans, sweet potatoes, winter squash
 - low-fat crackers and snack chips, pretzels and fat-free popcorn
 4. And then on the other small section, put your _____ such as:
 - chicken or turkey without the skin
 - fish such as tuna, salmon, cod or catfish
 - other seafood such as shrimp, clams, oysters, crab or mussels
 - lean cuts of beef and pork such as sirloin or pork loin
 - tofu, eggs, low-fat cheese
 5. Add an 8 oz glass of _____. If you don't drink milk, you can add another small serving of carb such as a 6 oz. container of light yogurt or a small roll.
 6. Add a piece of fruit or a 1/2 cup fruit salad and you have your meal planned. Examples are fresh, frozen, or canned in juice or frozen in light syrup or fresh _____.

Want to learn even more? [Click here for more information on meal planning.](#)

Last Reviewed: August 1, 2013

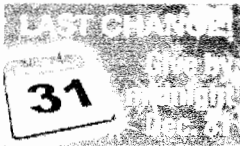
Last Edited: August 9, 2013

LIVING WITH



Check out our FREE program for tips on living with type 2.

FOOD



Make your tax-deductible, year-end donation before midnight on December 31.

TOOLS



New tools for meal preparation made easy!

LIVING WITH DIABETES



Bee Well for Life gives fitness tips and helps Stop Diabetes!

FOOD & FITNESS



Great recipes tap the salad bar, deli, and freezer case to get food on the table.

Follow us on



and



Sign In

**American
Diabetes
Association**



Food

What Can I Eat

Alcohol

Diabetes Superfoods

Cutting Back on Sodium

Carbohydrates

Eating Out

Fats

Fruits

Making Healthy Food Choices

Dairy

What Can I Drink?

Non-starchy Vegetables

Protein Foods

Sugar and Desserts

Artificial Sweeteners

Sugar Alcohols

Grains and Starchy Vegetables

Taking a Closer Look At Labels

Nutrient Content Claim and Percentage

FREE Diabetes Support



Receive info, recipes, tips and reminders from **Care4life** when you enroll in the **Living With Type 2 Diabetes** program for free.

Sugar and Desserts

Listen

It's best to save sweets and desserts for special occasions so you don't miss out on the more nutritious foods your body needs. If you need something to satisfy a sweet craving, try eating a piece of fresh fruit or fruit salad. When you do decide to include a treat in your meal plan, make sure you keep portions small.

Having diabetes doesn't mean you will never have birthday cake or pumpkin pie again. With a little planning, you can have a small serving of your favorite dessert once in a while and still manage your diabetes.

- See also

The Hype About Sugar

The myth that sugar causes diabetes is commonly accepted by many people. This is a complicated issue. Eating sugar has nothing to do with developing type 1 diabetes. Type 1 is caused by genetics and other unknown factors that trigger the disease.

One of the biggest risk factors for type 2 diabetes is being overweight, and a diet high in calories from any source contributes to weight gain. However, research has shown that drinking [sugar-sweetened beverages](#) is linked to type 2 diabetes, and the American Diabetes Association recommends that people limit their intake of sugar-sweetened beverages to help prevent diabetes.

In the past, people with diabetes were told to completely avoid sugar. Experts thought that eating sugar would raise blood glucose levels very high.

Research around this issue has shown that while the type of carbohydrate can affect how quickly blood glucose levels rise, the total amount of carbohydrate you eat affects blood glucose levels more than the type. Now experts agree that you can substitute small amounts of sugar for other carbohydrate containing foods into your meal plan and still keep your blood glucose levels on track.

That doesn't mean you can eat all the sugar you may want. Most sweets contain a large amount of carbohydrate in a very small serving. So you need to be sure to have a small serving.

Saving sweets for a special occasion is the most healthful way to eat so you focus your meal plan on the most nutrient dense foods such as vegetables, beans, whole grains, fruit, non-fat dairy, fish and lean meats.

If you tend to overeat on sweets, don't buy them. Instead, plan to have dessert only when you are away from home. Split the dessert with a friend to keep yourself on track.

If you are looking for some diabetes-friendly dessert recipes to make for a special occasion, you may be interested in our [cookbook](#).

Including Sweets into Your Meal Plan

Most sweeteners have calories and carbohydrates. Examples are:

- Table sugar (also called white sugar or sucrose)
- Raw sugar
- Cane sugar
- Sugar cane syrup



Introducing Medical ID bracelets that will fit any style

SUPPORT A CURE TODAY

Make a **Tax-Deductible Gift** to get us closer to a cure.

NEW! **FREE GIVE AWAY** with every gift.



How a nutrition expert can jump-start your healthy-eating plan.

- Beet sugar
- Honey
- Brown sugar
- Molasses
- Fructose
- Maple syrup
- Cane sugar
- Agave nectar
- Confectioners sugar
- Powdered sugar
- Turbinado
- High fructose corn syrup (also called corn sugar)
- Rice syrup or brown rice syrup

The key to keeping your blood glucose levels on target is to substitute small portions of sweets and sweeteners for other carb-containing foods in your meals and snacks.

Carb-containing foods include (but are not limited to):

- bread
- tortillas
- rice
- crackers
- cereal
- fruit
- juice
- milk
- yogurt
- potatoes
- corn
- peas

For many people, having about 45 to 60 grams at meals is about right. **Serving sizes make a difference.** To include sweets in your meal, you can cut back on the other carb-containing foods at the same meal.

For example, if you'd like to have cookies with your lunch, you need to substitute for another carb-containing food. If your lunch is a turkey sandwich with two slices of bread, here are the steps you would take to make the substitution:

1. Your first step is to identify the carb foods in your meal. Bread is a carb.
2. You decide to swap two slices of regular bread for two slices of low-calorie bread (with ½ the carbohydrate) and have the cookies—it's an even trade.
3. Your total amount of carbohydrate remains the same for the meal.

Using the Nutrition Facts Label

You can also use the [Nutrition Facts label](#) on foods to guide you. The first thing to check is the serving size. The second is the total carbohydrate. The total carbohydrate tells you how much carbohydrate is in one serving of the food.

Label claims

Foods labeled as sugar-free, no sugar added, reduced sugar, and dietetic may still contain carbohydrate. Sugar is only one [type of carbohydrate](#) that affects blood glucose levels. To get the complete amount of carbohydrate, look at the [total carbohydrate](#) instead of relying on claims on the front of the box.

Sugar on the label

Sugar is listed under the Total Carbohydrate on the Nutrition Facts Label. Keep in mind that it includes both added sugars and naturally occurring sugars, such as the natural sugar in raisins.

Sugar listed on the label does not include sugar alcohols that are in the product. It is voluntary for food manufacturers to list sugar alcohols on the label. (Total carbohydrate does include sugar alcohols in the total.) Some manufacturers list sugar alcohols on the label and some do not. If a food doesn't list sugar alcohols on the label, you can look for it in the ingredient list. Look for ingredients that end in "ol" like maltitol or sorbitol.

The Most Important Thing to Look For

If you don't have a lot of time when reading labels, simply look at the total carbohydrate in a food. The total carbohydrate includes starch, fiber, sugar and sugar alcohols. Using the amount of total carbohydrate will give you a pretty good number to use for carbohydrate counting.

It is more helpful to check the total carbohydrate because **it includes both sugar and starch**. If you only look at the sugar content, you are not accounting for the starch in a food.

Last Reviewed: August 1, 2013

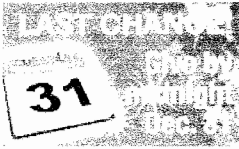
Last Edited: August 9, 2013

LEARN MORE



Check out our FREE program for tips on living with type 2.

NOTICE



Make your tax-deductible, year-end donation before midnight on December 31.

TOOLS



New tools for meal preparation made easy!

LIVING WITH DIABETES



Bee Well for Life gives fitness tips and helps Stop Diabetes!

FOOD & FITNESS

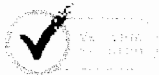


Great recipes tap the salad bar, deli, and freezer case to get food on the table.

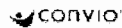
Follow us on



and



Copyright 1995-2013, American Diabetes Association. All rights reserved. Use of this website constitutes acceptance of our Terms of Use and Privacy Policy.



Sign In

American Diabetes Association



Food

What Can I Eat

Alcohol

Diabetes Superfoods

Cutting Back on Sodium

Carbohydrates

Eating Out

Fats

Fruits

Making Healthy Food Choices

Dairy

What Can I Drink?

Non-starchy Vegetables

Protein Foods

Sugar and Desserts

Artificial Sweeteners

Sugar Alcohols

Grains and Starchy Vegetables

Taking a Closer Look At Labels

Nutrient Content Claim and Percentage

Carbohydrates

Nowadays, we hear about carbohydrate all the time.

Foods that contain carbohydrate raise blood glucose. and setting a limit for your maximum amount to eat, you can help to keep your blood glucose levels in your target range. You may also be interested in our book,

Did you know there are three main types of carbohydrate? There are

- (also known as complex carbohydrates)
-
-

You'll also hear terms like naturally occurring sugar, added sugar, low-calorie sweeteners, sugar alcohols, reduced-calorie sweeteners, processed grains, enriched grains, complex carbohydrate, sweets, refined grains and whole grains.

No wonder knowing what kind and how much carbohydrate to eat can be confusing!

On the nutrition label, the term "total carbohydrate" includes all three types of carbohydrates. This is the number you should pay attention to if you are carbohydrate counting.

Starch

Foods high in starch include:

- Starchy vegetables like peas, corn, lima beans and potatoes
- Dried beans, lentils and peas such as pinto beans, kidney beans, black eyed peas and split peas
- Grains like oats, barley and rice. (The majority of grain products in the US are made from wheat flour. These include pasta, bread and crackers but the variety is expanding to include other grains as well.)

The grain group can be broken down even further into whole grain or refined grain.

A grain, let's take wheat for example, contains three parts:

- bran
- germ
- endosperm

The bran is the outer hard shell of the grain. It is the part of the grain that provides the most fiber and most of the B vitamins and minerals.

The germ is the next layer and is packed with nutrients including essential fatty acids and vitamin E.

The endosperm is the soft part in the center of the grain. It contains the starch. Whole grain means that the entire grain kernel is in the food.

If you eat a whole grain food, it contains the bran, germ, and endosperm so you get all of the nutrients that whole grains have to offer. If you eat a refined grain



Over 150 recipes to get you out of the store in a snap!

SUPPORT A CURE TODAY

Make a Tax-Deductible Gift to get us closer to a cure.

STOP DIABETES. RISE WITH US. MAKE YOUR MOVE.



How a nutrition expert can jump-start your healthy-eating plan.

FREE Diabetes Support



Receive info, recipes, tips and reminders from Care4life when you enroll in the Living With Type 2 Diabetes program for free.

food, it contains only the endosperm or the starchy part so you miss out on a lot of vitamins and minerals. Because whole grains contain the entire grain, they are much more nutritious than refined grains.

Sugar

Sugar is another type of carbohydrate. You may also hear sugar referred to as simple or fast-acting carbohydrate. There are two main types of sugar:

- naturally occurring sugars such as those in milk or fruit
- added sugars such as those added during processing such as fruit canned in heavy syrup or sugar added to make a cookie

On the nutrition facts label, the number of sugar grams includes both added and natural sugars.

There are many different names for sugar. Examples of common names are table sugar, brown sugar, molasses, honey, beet sugar, cane sugar, confectioner's sugar, powdered sugar, raw sugar, turbinado, maple syrup, high-fructose corn syrup, agave nectar and sugar cane syrup.

You may also see table sugar listed by its chemical name, sucrose. Fruit sugar is also known as fructose and the sugar in milk is called lactose. You can recognize other sugars on labels because their chemical names also end in "-ose." For example glucose (also called dextrose), fructose (also called levulose), lactose and maltose.

If you are looking for information about artificial sweeteners, see [Artificial Sweeteners](#).

Fiber

Fiber comes from plant foods so there is no fiber in animal products such as milk, eggs, meat, poultry and fish.

Fiber is the indigestible part of plant foods, including fruits, vegetables, whole grains, nuts and legumes. When you consume dietary fiber, most of it passes through the intestines and is not digested.

For good health, adults need to try to eat 25 to 30 grams of fiber each day. Most Americans do not consume nearly enough fiber in their diet, so while it is wise to aim for this goal, any increase in fiber in your diet can be beneficial. Most of us only get about 1/3 what is recommended.

Fiber contributes to digestive health, helps to keep you regular and helps to make you feel full and satisfied after eating. Additional health benefits, of a diet high in fiber — such as a reduction in cholesterol levels — have been suggested by some so may be an additional benefit.

Good sources of dietary fiber include:

- Beans and legumes. Think black beans, kidney beans, pintos, chick peas (garbanzos), white beans, and lentils.
- Fruits and vegetables, especially those with edible skin (for example, apples, corn and beans) and those with edible seeds (for example, berries).
- Whole grains such as:
- Whole wheat pasta
- Whole grain cereals (Look for those with three grams of dietary fiber or more per serving, including those made from whole wheat, wheat bran, and oats.)
- Whole grain breads (To be a good source of fiber, one slice of bread should have at least three grams of fiber. Another good indication: look for breads where the first ingredient is a whole grain. For example, whole wheat or oats.) Many grain products now have "double fiber" with extra fiber added.
- Nuts — try different kinds. Peanuts, walnuts and almonds are a good source of fiber and healthy fat, but watch portion sizes, because they also contain a lot of calories in a small amount.

In general, an excellent source of fiber contains five grams or more per serving, while a good source of fiber contains 2.5 - 4.9 grams per serving.

It is best to get your fiber from food rather than taking a supplement. In addition to the fiber, these foods have a wealth of nutrition, containing many important vitamins and minerals. In fact, they may contain nutrients that haven't even been discovered yet!

It is also important that you increase your fiber intake gradually, to prevent stomach irritation, and that you increase your intake of water and other liquids, to prevent constipation.

Sign In

American Diabetes Association



Food

What Can I Eat

Alcohol

Diabetes Superfoods

Cutting Back on Sodium

Carbohydrates

Eating Out

Fats

Fruits

Making Healthy Food Choices

Dairy

What Can I Drink?

Non-starchy Vegetables

Protein Foods

Sugar and Desserts

Artificial Sweeteners

Sugar Alcohols

Grains and Starchy Vegetables

Taking a Closer Look At Labels

Nutrient Content Claim and Percentage

Sugar Alcohols

Reduced Calorie Sweeteners

Listen

Sugar alcohols are one type of reduced-calorie sweetener. You can find them in ice creams, cookies, puddings, candies and chewing gum that is labeled as "sugar-free" or "no sugar added." Sugar alcohols provide fewer calories than sugar and have less of an effect on blood glucose (blood sugar) than other carbohydrates.

Examples of sugar alcohol are:

- Erythritol
- Glycerol (also known as glycerin or glycerine)
- hydrogenated starch hydrolysates
- isomalt
- lactitol
- maltitol
- mannitol
- sorbitol
- xylitol

Even though they are called sugar alcohols, they do not contain alcohol.

Advantages

Foods with low- or reduced-calorie sweeteners can have fewer calories than foods made with sugar and other caloric sweeteners. That can be helpful if you're trying to lose weight or even to prevent weight gain. These products often times also have less carbohydrate which can be helpful in managing blood glucose levels.

Low-calorie sweeteners are useful for adding extra flavor or sweetness to your food, with few if any extra calories. In addition, these sweeteners are useful for reducing calories and carbohydrates when used instead of sugar in coffee, tea, cereal and on fruit. You can experiment with your own recipes to include low-calorie sweeteners.

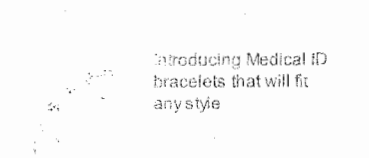
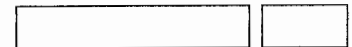
Disadvantages

When you're considering foods with low- or reduced-calorie sweeteners, always check the Nutrition Facts on the label. Many of the food products containing these types of sweeteners still have a significant amount of carbohydrate, calories and fat, so never consider them a "free food" without checking the label. By comparing the calories in the sugar-free version to the regular version, you'll see whether you're really getting fewer calories.

You'll also want to compare the fat content of the labels. There is often more saturated and or trans fat in sugar free baked products.

Sugar alcohols can have a laxative effect or other gastric symptoms in some people, especially in children.

Some people prefer to use the regular version of a food and cut back on the serving size instead of buying the sugar-free version. Consider price as well. Sugar-free versions often cost more.



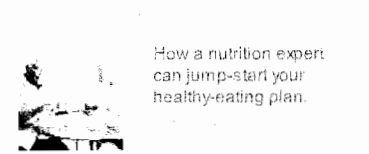
Introducing Medical ID bracelets that will fit any style

SUPPORT A CURE TODAY

Make a **Tax-Deductible Gift** to get us closer to a cure.

BACK DONATIONS

THANK YOU FOR HELPING US WITH YOUR GIFT



How a nutrition expert can jump-start your healthy-eating plan.

FREE Diabetes Support



Receive info, recipes, tips and reminders from **Care4Life** when you enroll in the **Living With Type 2 Diabetes** program for free.

Taking control of your diabetes can help you feel better and stay healthy. Keeping blood sugar close to normal reduces your chances of having heart, eye, kidney and nerve problems that can be caused by diabetes. To control your diabetes, you need to know your blood glucose numbers and your target goals.

There are two different tests to measure your blood glucose.

1. The A1C (pronounced A-one-C) test
2. The blood glucose test you do yourself – also called self-monitoring of blood glucose (SMBG)

You and your health care team need to use both the A1C and SMBG tests to get a complete picture of your blood glucose control.

What is the A1C test?

The A1C test is a simple lab test that measures average blood glucose levels over the past 3 months. A small blood sample to check your A1C can be taken at any time of the day.

Why should I have an A1C test?

The A1C test is the best test for you and your doctor or health care provider to know how well your treatment plan is working over time. The test shows if your blood glucose levels have been close to normal or too high. The higher the amount of glucose in your blood, the higher your A1C result will be. A high A1C test result will increase your chances for health problems.

What is a good A1C goal?

You and your doctor or health care provider should discuss an A1C goal that is right for you. For most people with diabetes, the A1C goal is less than 7. An A1C higher than 7 means that you have a greater chance of eye disease, kidney disease, heart disease, or nerve damage. Lowering your A1C by any amount can improve your chances of staying healthy.

If your number is 7 or more, or above your A1C goal, ask your doctor or health care provider about changing your treatment plan to bring your A1C number down.

Level of control	A1C number
Normal	6 or less
Goal	Less than 7
Take Action	7 or more

How often do I need an A1C test?

Ask for an A1C test at least twice a year. Get the test more often if your blood glucose stays too high or if your treatment plan changes.

Why should I check my blood glucose?

Self monitoring of blood glucose, or SMBG, with a meter helps you see how food, physical activity, and medicine affect your blood glucose levels. The readings you get can help you manage your diabetes day by day or even hour by hour. Keep a record of your test results and review it at each visit with your doctor or health care provider.

How do I test my own blood glucose?

To do SMBG, you use a tiny drop of blood and a meter to measure your blood glucose level. Ask your doctor or health care provider to show you how to use the meter. Also, ask whether your meter gives the results as plasma or whole blood glucose. Most new meters provide the results as plasma glucose.

What is a good self-testing blood glucose goal?

Set your goals with your doctor or health care provider. Blood and plasma glucose goals for most people with diabetes are on these charts.

	Plasma Values (used by most meters)	Whole Blood Values
Before meals	90-130	80-120
After meals	Less than 180	Less than 170

How often should I check my blood glucose?

Self-tests are usually done before meals, after meals, and/or at bedtime. People who take insulin usually need to test more often than those who do not take insulin. Ask your doctor or health care provider when and how often you need to check your blood glucose.

If I test my own blood glucose, do I still need the A1C test?

Yes. The results of both SMBG and A1C tests help you and your health care team to manage your diabetes and get a complete picture of your diabetes control.

Does my insurance pay for the A1C test, self-testing supplies, and education?

Most states, including NYS, have passed laws that require insurance coverage of SMBG supplies and diabetes education. Check your coverage with your insurance plan. Medicare and NYS Medicaid cover most or all of the cost of diabetes test strips, lancets (needles used to get a drop of blood), and blood glucose meters for people who have diabetes. Ask your doctor or health care provider for details about Medicare's coverage of the A1C test, diabetes supplies, diabetes education, and nutrition counseling. For more information, visit the Medicare website at www.medicare.gov.

How do blood glucose self-testing results compare with A1C test results?

Here is a chart from the American Diabetes Association to show you how your blood glucose testing results are likely to match up with your A1C results. As the chart shows, the higher your self-testing numbers are over a 3-month period, the higher your A1C result is going to be.

A1C level	Average self-test glucose numbers (plasma)
12	345
11	310
10	275
9	240
8	205
7	170
6	135

Return to top

Questions or comments: diabetes@health.state.ny.us

Revised: April 2008

Taking control of your diabetes can help you feel better and stay healthy. Keeping blood sugar close to normal reduces your chances of having heart, eye, kidney and nerve problems that can be caused by diabetes. To control your diabetes, you need to know your blood glucose numbers and your target goals.

There are two different tests to measure your blood glucose.

1. The A1C (pronounced A-one-C) test
2. The blood glucose test you do yourself – also called self-monitoring of blood glucose (SMBG)

You and your health care team need to use both the A1C and SMBG tests to get a complete picture of your blood glucose control.

What is the A1C test?

The A1C test is a simple lab test that measures average blood glucose levels over the past 3 months. A small blood sample to check your A1C can be taken at any time of the day.

Why should I have an A1C test?

The A1C test is the best test for you and your doctor or health care provider to know how well your treatment plan is working over time. The test shows if your blood glucose levels have been close to normal or too high. The higher the amount of glucose in your blood, the higher your A1C result will be. A high A1C test result will increase your chances for health problems.

What is a good A1C goal?

You and your doctor or health care provider should discuss an A1C goal that is right for you. For most people with diabetes, the A1C goal is less than 7. An A1C higher than 7 means that you have a greater chance of eye disease, kidney disease, heart disease, or nerve damage. Lowering your A1C by any amount can improve your chances of staying healthy.

If your number is 7 or more, or above your A1C goal, ask your doctor or health care provider about changing your treatment plan to bring your A1C number down.

Level of control	A1C number
Normal	6 or less
Goal	Less than 7
Take Action	7 or more

How often do I need an A1C test?

Ask for an A1C test at least twice a year. Get the test more often if your blood glucose stays too high or if your treatment plan changes.

Why should I check my blood glucose?

Self monitoring of blood glucose, or SMBG, with a meter helps you see how food, physical activity, and medicine affect your blood glucose levels. The readings you get can help you manage your diabetes day by day or even hour by hour. Keep a record of your test results and review it at each visit with your doctor or health care provider.

How do I test my own blood glucose?

To do SMBG, you use a tiny drop of blood and a meter to measure your blood glucose level. Ask your doctor or health care provider to show you how to use the meter. Also, ask whether your meter gives the results as plasma or whole blood glucose. Most new meters provide the results as plasma glucose.

What is a good self-testing blood glucose goal?

Set your goals with your doctor or health care provider. Blood and plasma glucose goals for most people with diabetes are on these charts.

	Plasma Values (used by most meters)	Whole Blood Values
Before meals	90-130	80-120
After meals	Less than 180	Less than 170

How often should I check my blood glucose?

Self-tests are usually done before meals, after meals, and/or at bedtime. People who take insulin usually need to test more often than those who do not take insulin. Ask your doctor or health care provider when and how often you need to check your blood glucose.

If I test my own blood glucose, do I still need the A1C test?

Yes. The results of both SMBG and A1C tests help you and your health care team to manage your diabetes and get a complete picture of your diabetes control.

Does my insurance pay for the A1C test, self-testing supplies, and education?

Most states, including NYS, have passed laws that require insurance coverage of SMBG supplies and diabetes education. Check your coverage with your insurance plan. Medicare and NYS Medicaid cover most or all of the cost of diabetes test strips, lancets (needles used to get a drop of blood), and blood glucose meters for people who have diabetes. Ask your doctor or health care provider for details about Medicare's coverage of the A1C test, diabetes supplies, diabetes education, and nutrition counseling. For more information, visit the Medicare website at www.medicare.gov.

How do blood glucose self-testing results compare with A1C test results?

Here is a chart from the American Diabetes Association to show you how your blood glucose testing results are likely to match up with your A1C results. As the chart shows, the higher your self-testing numbers are over a 3-month period, the higher your A1C result is going to be.

A1C level	Average self-test glucose numbers (plasma)
12	345
11	310
10	275
9	240
8	205
7	170
6	135

Return to top

Questions or comments: diabetes@health.state.ny.us

Revised: April 2008

Learning How to Change Habits

A lot of taking care of your health is up to you. You decide what to eat and how much to eat. You choose whether to exercise and what to do. You make choices all day long.

Maybe you'd like to do something to improve your health. Perhaps your goal is to lose weight. But to reach your goal, you know you'll need to change what you eat, what you do for exercise, or both. You will raise your chances of reaching your goal by making a plan that's specific, realistic, and practical. Start with 2 or 3 small steps. Make sure the changes fit with your likes, dislikes, and schedule. Choose things you're sure you can do.

Changing Habits: Getting Started

Think about your health and your habits. Then fill in your answers.

- **What's my goal?**

Example: I want to lose 10 pounds.

- **Why did I choose this goal?**

Example: I want to stay healthy and be around for my grandchildren.

- **What change would help me reach my goal?**

Example: I'll take a brisk walk for half an hour 5 days a week.

- **How important is it to me to reach my goal?**

Example: It's very important.

- **How sure am I that I can make this change?**

Circle the number on the line below that shows how sure you are. If you're very sure you can make the change, circle "10." Choosing "1" means you don't think you can do it. Or maybe you're somewhere in the middle.

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10
 Not sure at all Somewhat sure Very sure



You can make it easier to eat healthful foods by stocking up on fruits and vegetables.

If you're not sure you can make this change, choose another way to reach your goal. Being sure you can do something increases your chances of sticking with a new habit.

- **What part of this change would be hard for me?**

- **Why haven't I made this change before?**

- **How can I work around these problems?**

- **How ready am I to make this change?**

Circle the number below that shows how ready you are. If you're very ready to make the change, circle "7" or higher. Choosing "1" means you're not ready at all.

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10
 Not ready at all Somewhat ready Very ready

If you're not ready to make this change, think about how to get ready. Then write the steps here.

Making my plan

To change a habit, make a plan that's as specific and realistic as possible. Take a look at these examples.

- *Not specific:* I will eat less.
- *Specific:* I will eat 1 slice of toast for breakfast instead of 2 slices.
- *Not specific:* I will walk for at least 2 hours every day.
- *Realistic:* I will walk for 30 minutes, 3 days a week.

If you need help making a plan, talk with your health care team. Write your plan below. Make a copy for your health care provider. Talk with your health care provider in a month about how you're doing with your plan.

• **Here's what I'll do:**

Example: I'll take a brisk walk for half an hour 5 days a week.

• **Here's when I'll do it:**

Example: I'll walk after breakfast.

• **Here's what I need to get ready:**

Example: I'll need comfortable walking shoes.

• **This might get in the way of my plan:**

Example: If it's raining, I won't be able to walk outside.

• **If that happens, I'll do this instead:**

Example: I'll go to the recreation center or shopping mall and walk around inside.

• **Here's when I'll start:**

Example: I'll start my walks on Monday.

It takes time to make new habits, but your patience and persistence will pay off in the long run. If you sometimes slip up and go back to your old ways, don't despair. Start fresh tomorrow. You can do it!

Tips to help you stick with your new habit

Things to Do	Examples
Get rid of unhealthy foods in your kitchen so they won't tempt you when you're trying to make new habits.	Stock up on vegetables and fruit instead of high-fat snacks.
Find time for your new habit by changing your schedule.	If you like to walk in the morning before work, get up a little earlier so you'll have time. Put it on your calendar and buddy up with a friend or family member.
Plan ways to get around any roadblocks that might come up.	Bring snacks from home instead of hitting the vending machine.
Ask for support from family, friends, and your health care team.	Ask a family member to watch the kids while you go for a walk.
Keep track of your efforts by writing down what you're doing.	Ask for a copy of Tool Kit No. 28: <i>My Game Plan: Food and Activity Tracker</i> . Or use your calendar, a notebook, a pedometer, or an online food and activity tracker.
Vary your routine to keep it interesting.	Instead of walking around your neighborhood, walk inside the shopping mall.
Reward yourself for sticking with your plan.	Take time to do something special for yourself.



Provided By

All About Physical Activity

What can physical activity do for me?

Physical activity

- helps keep your blood glucose (sugar), blood pressure, HDL cholesterol, and triglycerides on target
- lowers your risk for pre-diabetes, type 2 diabetes, heart disease, and stroke
- relieves stress
- strengthens your heart, muscles, and bones
- improves your blood circulation and tones your muscles
- keeps your body and your joints flexible

Even if you've never exercised before, you can find ways to add physical activity to your day. You'll get benefits, even if your activities aren't strenuous. **Once physical activity is a part of your routine, you'll wonder how you did without it.**

If I haven't been very active lately, what should I do first?

If you have health problems, start with a check up from your health care provider. Your provider can recommend physical activities that will help you but won't make your conditions worse.

What kinds of physical activity are best?

A complete physical activity routine includes 4 kinds of activities:

1. activity—walking, using the stairs, moving around—throughout the day
2. aerobic exercise, such as brisk walking, swimming, or dancing
3. strength training, such as lifting light weights
4. flexibility exercises, such as stretching

Being active throughout the day

Being active helps burn calories. Place a check mark next to the things you'd like to try:

- Walk instead of drive whenever possible.
- Take the stairs instead of the elevator.
- Walk around while you talk on the phone.
- Work in the garden, rake leaves, or wash the car.



Find an activity you enjoy, such as a dance aerobics class.

- Play with the kids.
- Carry things upstairs in two trips instead of one.
- Park at the far end of the shopping center lot and walk to the store.
- Others things I can do:

Aerobic exercise

Aerobic exercise makes your heart and bones strong, relieves stress, and improves blood circulation. It also lowers your risk for type 2 diabetes, heart disease, and stroke by keeping your blood glucose, blood pressure, and cholesterol levels on target.

Aim for about 30 minutes a day, at least 5 days a week. If you haven't been very active recently, start out with 5 or 10 minutes a day. Then work up to more time each week. Or split up your activity for the day—try a brisk 10-minute walk 3 times each day. If you're trying to lose weight, you may want to aim for more than 30 minutes a day.

Here are some ways to get aerobic exercise:

- Take a brisk walk every day.
- Go dancing or take a dance aerobics class.
- Swim or do water aerobics.
- Take a bicycle ride outdoors or use a stationary bicycle indoors.

My plan for aerobic exercise:

What I'll do:

What I need to get ready:

Which days and times:

How long each session will be:

How I'll warm up and cool down for each session:

Strength training

Strength training helps build strong bones and muscles and makes everyday chores like carrying groceries easier. With more muscle, you burn more calories, even at rest. Do your strength routine several times a week. Here are some ways to do strength training:

- Lift light weights at home.
- Join a class that uses weights, elastic bands, or plastic tubes.
- When you travel, make time to use the hotel fitness center. Or bring lightweight, easy-to-pack resistance bands with you.

My plan for strength training:

What I'll do:

What I need to get ready:

Which days and times:

How long each session will be:

Flexibility exercises

Flexibility exercises, also called stretching, help keep your joints limber and lower your chances of getting hurt. Gentle stretching for 5 to 10 minutes helps your body warm up and get ready for activities and cool down afterwards. Ask your health care team for information on how to stretch.

My plan for flexibility exercises:

What I'll do:

What I need to get ready:

Which days and times:

How long each session will be:

How to keep a record of your progress

Keep track of your activity. You might find that writing everything down helps keep you on target. Think about what works best for you. You might try a notebook, calendar, spreadsheet, cell phone, or online activity tracker to log and record your progress. Or ask for a copy of Toolkit No. 27: *My Game Plan: Food and Activity Tracker*.

How a support system can help

It may be helpful to meet on a regular basis with others who are also trying to be active. Think about joining a group for exercise or general support. Or find a walking buddy. Then work together to reach your goals.

For more information about making physical activity a part of your routine, ask your health care team for a copy of Toolkit No. 3: *Learning How to Change Habits*.

Provided By



Protect Your Heart by Losing Weight

Regular physical activity, like dancing, can help you lose weight. Losing weight lowers your risk of heart disease and stroke because it helps you control blood glucose (sugar), blood pressure, and cholesterol levels. You don't have to lose a lot of weight to see the benefits. Even a loss of 10 to 15 pounds can help a lot.

Weight loss can be hard because it means changing the way you eat and how much activity you get. The older we get, the harder it is for us to lose weight because we burn fewer calories. We also tend to be less active. Losing weight takes time—and that can be frustrating. **The good news is that you can lose weight and keep it off, even if you've never done it before.**

What strategies can help me lose weight?

Here's what works for people who have lost weight and kept it off:

- They cut back on calories and fat.
- They're physically active most days of the week.
- They eat breakfast every day.
- They keep a record of their weight, what they eat and drink, and what they do for physical activity.

The more of these you can fit into your weight loss plan, the more likely you will succeed. It's important to both eat fewer calories and be more active.

What's the secret to changing habits?

Every change involves several stages, and each stage is important. Here's an example.

1. Sue decided she wanted to lose some weight.
2. She thought about ways she could cut calories and exercise more. She decided that she wasn't ready for all of her ideas. But for some, she was ready.
3. At the time, she ate ice cream almost every night for her snack. She knew that one way to lower calories would be to eat something with fewer calories than ice cream. She decided that this was a change she was ready, willing, and able to make. She saved changes she wasn't ready, willing, and able to make until another time.



Regular physical activity, like dancing, can help you lose weight.

4. Next, Sue made a realistic plan. She'd have an apple instead of ice cream at least 4 times a week.
5. Then she took action. She bought some apples and started eating an apple for her evening snack 4 times a week.
6. Now, after more than 6 months, it's part of her routine and she's ready to try another change.

Think about a change you'd like to make. Decide what you're ready, willing and able to do. Then plan exactly how and when you'll do it.

Strategies for losing weight

Now it's time to get started. Put a check mark next to the things you're ready, willing, and able to do. Or write down your own ideas. Choose at least one eating goal and at least one exercise goal.

How to cut back on calories and fat

- Eat smaller servings of high-calorie favorites.
- Split a main dish with a friend or family member when eating out. Or take some home for another meal.
- Ask for salad dressings and sauces "on the side" and then use as little as possible.
- Include a fruit or a vegetable with every meal or snack.

- Cook in lower-calorie ways: roast, broil, grill, microwave, steam, or bake. Use nonstick pans or cooking sprays.
- Cut back on high-calorie toppings, such as butter, margarine, sour cream, regular salad dressing, mayonnaise, or gravy. Instead, season your food with herbs, spices, salsa, lemon juice, or other low-calorie choices.
- Check food labels. Choose foods with fewer calories than your usual choices.
- Keep serving sizes small for snacks. And, eat low-calorie snacks such as popcorn, pretzels, raw veggies, and fruit.
- Other things I can do: _____

How to be more physically active

- Take a 30-minute walk every day. Or split up your daily activity. Try a 10-minute walk after each meal. Start off with a 10- to 15-minute walk every other day, then little by little walk farther and walk more often.
- Find an activity you enjoy. Swim, dance, bike, or do the exercises on a TV fitness show.
- Be active around the house. Work in the yard, play with the kids, get up to change the TV channel, and walk around while you talk on the phone.
- Take the stairs instead of the elevator.
- Walk or ride your bike instead of driving whenever you can.
- Park at the far end of the parking lot and walk to the store or mall entrance.
- Other things I can do: _____

How to keep a record of your progress

- Keep track of your weight loss efforts. Many people find that writing everything down helps keep them on target.
- Keep a small notebook with you all day.
- Write down everything you eat and drink. Include the serving size. Some people set target levels of calories or grams of fat and keep track of their daily totals.
- Make a note of what kind of physical activity you've done and for how long.
- You may want to check your weight once a week and write it down.

How a support system can help

Many people find it helpful to meet each week with people who are also trying to lose weight. Think about joining a group for weight loss, exercise, or general support. Or create your own support system by talking with friends and family about your successes and your struggles. Find a walking buddy or friends who also want to improve their health. Then work together to reach your goals.

For more help, ask your health care team for copies of these titles:

- Toolkit No. 4: *Learning How to Change Habits*
- Toolkit No. 5: *All About Physical Activity*
- Toolkit No. 8: *Protect Your Heart: Make Smart Food Choices*
- Toolkit No. 18: *Getting Started with Physical Activity for People with Diabetes*



Provided By

Tips for making smart food choices

- Eat more whole grains, vegetables, and fruit.
- Eat fish 2 to 3 times a week.
- Choose healthy fats (in small amounts), such as olive oil, canola oil, or corn oil.
- Cut back on foods with saturated fat, such as high-fat meats and high-fat dairy foods.
- Cut back on serving sizes.
- Eat less salt and fewer high-sodium foods.
- Check out www.diabetes.org/MyFoodAdvisor.

Tips to increase your activity

- Take the stairs instead of the elevator.
- Park your car at the far end of the parking lot.
- Take a 30-minute walk, most days of the week.
- Work in the yard, do some housework, or wash the car.
- Find an activity you enjoy, such as biking or swimming.
- Take an exercise class.

For more information on diabetes, meal planning, or exercise, contact the American Diabetes Association at **1-800-DIABETES** (342-2383) or visit www.CheckUpAmerica.org.

Adapted from “Small Steps. Big Rewards. Prevent Type 2 Diabetes,” a campaign of the National Diabetes Education Program. Visit www.ndep.nih.gov for more information.

Toolkit No. 28 My Game Plan:
Food and Activity Tracker Go to Spanish

Name: _____

Date: From _____ to _____

MY GOALS THIS WEEK

For making smart food choices: _____

For getting more physical activity: _____

Sample Entry:

DAY: Monday	DAILY FOOD AND DRINK TRACKER
TIME	AMOUNT/NAME/DESCRIPTION
8:00 AM	½ cup oatmeal
	1 cup 1% milk

TO MAKE MORE WEEKLY TRACKERS: Make one (1) copy of this page and three (3) copies of the next page. Cut the pages in half, placing this page on top. Staple in the upper left-hand corner and fold to fit in your pocket or purse.

©2009 by the American Diabetes Association, Inc. 11/09

FOLD HERE

----- CUT HERE <-----

----- CUT HERE <-----

DAY:	DAILY FOOD AND DRINK TRACKER
TIME	AMOUNT/NAME/DESCRIPTION

FOLD HERE

DAILY FOOD AND DRINK TRACKER <i>(continued)</i>	
TIME	AMOUNT/NAME/DESCRIPTION

DAILY PHYSICAL ACTIVITY	
TYPE OF ACTIVITY	MINUTES
TOTAL	

Getting Started with Physical Activity for People with Diabetes

What can physical activity do for me?

Physical activity

- helps keep your blood glucose (sugar), blood pressure, and cholesterol levels on target
- lowers your risk for heart disease and stroke
- relieves stress
- helps insulin work better
- strengthens your heart, muscles, and bones
- improves your blood circulation and tones your muscles
- keeps your body and your joints flexible

Even if you've never exercised before, you can find ways to add physical activity to your day. You'll get benefits, even if your activities aren't hard to do. Once physical activity is a part of your routine, you'll wonder how you did without it.

If I haven't been very active lately, what should I do first?

Start with a check up. Your health care provider will check your heart, blood vessels, eyes, kidneys, feet, and nervous system. If you have health problems, your provider can recommend physical activities that will help you but won't make your conditions worse.

What kinds of physical activity are best?

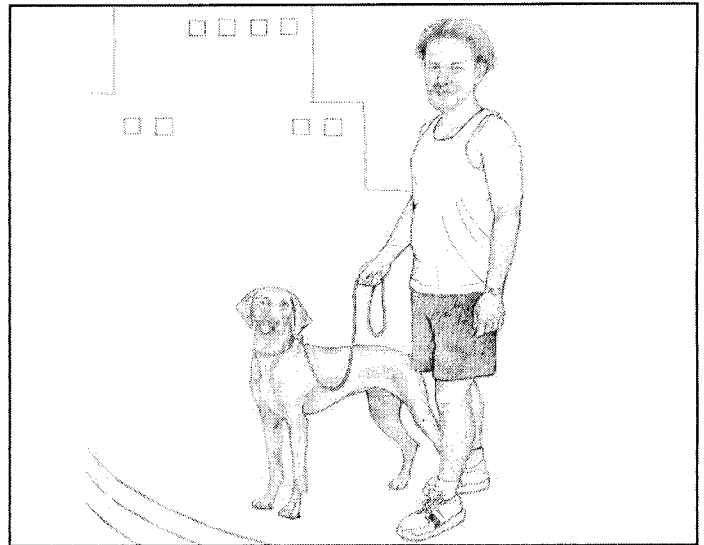
A complete physical activity routine includes 4 kinds of activities:

- activity—walking, using the stairs, moving around—throughout the day
- aerobic exercise, such as brisk walking, swimming, or dancing
- strength training, such as lifting light weights
- flexibility exercises, such as stretching

Being active throughout the day

Being active helps burn calories. Place a check mark next to the things you'd like to try:

- Walk instead of drive whenever possible.
- Take the stairs instead of the elevator.



Find an activity you enjoy, such as walking.

- Walk around while you talk on the phone.
- Work in the garden, rake leaves, or wash the car.
- Play with the kids.
- Park at the far end of the shopping center lot and walk to the store.
- Others things I can do:

Aerobic exercise

Aerobic exercise makes your heart and bones strong, relieves stress, helps your insulin work better, and improves blood circulation. It also lowers your risk for heart disease by keeping your blood glucose, blood pressure, and cholesterol levels on target.

For most people with diabetes, it's best to aim for a total of about 30 minutes a day, at least 5 days a week (a total of at least 150 minutes each week). If you haven't been very active recently, start with 5 or 10 minutes a day. Then work up to more time each week. Or split up your activity for the day—try a brisk 10-minute walk 3 times a day. Your health care team can show you how to warm up and stretch before aerobic exercise and how to cool down afterward.

Here are some ways to get aerobic exercise:

- Take a brisk walk every day.
- Go dancing or take a dance aerobics class.
- Swim or do water aerobic exercises.
- Take a bicycle ride outdoors or use a stationary bicycle indoors.

My plan for aerobic exercise:

What I'll do:

What I need to get ready:

Which days and times:

How long each session will be:

How I'll warm up and cool down:

Strength training

Strength training helps build strong bones and muscles and makes everyday chores like carrying groceries easier for you. With more muscle, you burn more calories, even at rest. Strength training also helps your insulin work better.

Do your strength routine 3 times a week. Here are some things to try:

- Lift light weights at home.
- Join a strength training class that uses weights, elastic bands, or plastic tubes.
- When you travel, make time to use the hotel fitness center.

My plan for strength training:

What I'll do:

What I need to get ready:

Which days and times:

How long each session will be:

Flexibility exercises

Flexibility exercises, also called stretching, help keep your joints limber and reduce your chances of injury during activities. Gentle stretching for 5 to 10 minutes helps your body warm up and get ready for aerobic activities and cool down after your activity. Ask your health care team about how to stretch.

My plan for flexibility exercises:

What I'll do:

What I need to get ready:

Which days and times:

How long each session will be:

How to keep a record of your progress

Keep track of your efforts to be active. You might find that writing everything down helps keep you on target. Think about what works best for you:

- Keep a small notebook with you all day. Write down what kind of physical activity you've done and for how long.
- Mark your activity program on a calendar or daily planner and chart your progress.
- Surf the web and find an Internet-based exercise-tracking log and record how you are doing online.

How a support system can help

You might find it helpful to meet on a regular basis with people who are also trying to be active. Think about joining a group for exercise or general support. Or find a walking buddy. Then work together to reach your goals.

For more help, ask your health care team for copies of these brochures:

- Toolkit No. 4: *Learning How to Change Habits*
- Toolkit No. 5: *All About Physical Activity*

Provided By

