Handouts for Workshop

How to Select or Create Materials Your Patients Will Actually Understand

Linda S. Gottfredson, PhD
University of Delaware

Kathy Stroh, MS, RD, LDN, CDE
Westside Health Center
Wilmington, DE

American Association of Diabetes Educators
Annual Meeting
San Diego, August 11, 2016

Table of Contents

5 Assessment Tools

Plain Language Word Suggestions

Assessment Tool 1 (3 pp)

INSTEAD OF	TRY	INSTEAD OF	TRY
a and/or b	a or b or both	consolidate	combine, join, merge
accompany	go with	constitutes	is, forms, makes up
accomplish	carry out, do	contains	has
accorded	given	convene	meet
accordingly	so	currently	(omit), now
accrue	add, gain	deem	believe, consider, think
accurate	correct, exact, right	delete	cut, drop
additional	added, more, other	demonstrate	prove, show
address	discuss	depart	leave
addressees	you	designate	appoint, choose, name
addressees are requested	(omit), please	desire	want, wish
adjacent to	next to	determine	decide, figure, find
advantageous	helpful	disclose	show
adversely impact on	hurt, set back	discontinue	drop, stop
advise	recommend, tell	disseminate	give, issue, pass, send
afford an opportunity	allow, let	due to the fact that	due to, since
aircraft	plane	during the period	during
allocate	divide	effect modifications	make changes
anticipate	expect	elect	choose, pick
a number of	some	eliminate	cut, drop, end
apparent	clear, plain	employ	use
appreciable	many	encounter	meet
appropriate	(omit), proper, right	endeavor	try
approximate	about	ensure	make sure
arrive onboard	arrive	enumerate	count
as a means of	to	equipments	equipment
ascertain	find out, learn	equitable	fair
as prescribed by	in, under	establish	set up, prove, show
assist, assistance	aid, help	evidenced	showed
attain	meet	evident	clear
attempt	try	exhibit	show
at the present time	at present, now	expedite	hasten, speed up
be advised	(omit)	expeditious	fast, quick
benefit	help	expend	spend
by means of	by, with	expertise	ability
capability	ability	expiration	end
caveat	warning	facilitate	ease, help
close proximity	near	failed to	didn't
combat environment	combat	feasible	can be done, workable
combined	joint	females	women
commence	begin, start	finalize	complete, finish
comply with	follow	for a period of	for
component	part	for example,_____etc.	for example, such as
comprise	form, include, make up	forfeit	give up, lose
concerning	about, on	forward	send
consequently	so	frequently	often

Source: http://www.plainlanguage.gov/howto/wordsuggestions/simplewords.cfm

Plain Language Word Suggestions

Assessment Tool 1 (3 pp)

function	act, role, work	magnitude	size
furnish	give, send	maintain	keep, support
has a requirement for	needs	maximum	greatest, largest, most
herein	here	methodology	method
heretofore	until now	minimize	decrease, method
herewith	below, here	minimum	least, smallest
however	but	modify	change
identical	same	monitor	check, watch
identify	find, name, show	necessitate	cause, need
immediately	at once	notify	let know, tell
impacted	affected, changed	not later than 10 May	by 10 May, before 11 May
implement	carry out, start	not later than 1600	by 1600
in accordance with	by, following, per, under	notwithstanding	inspite of, still
in addition	also, besides, too	numerous	many
in an effort to	to	objective	aim, goal
inasmuch as	since	obligate	bind, compel
in a timely manner	on time, promptly	observe	see
inception	start	on a _____basis	(omit)
incumbent upon	must	operate	run, use, work
indicate	show, write down	optimum	best, greatest, most
indication	sign	option	choice, way
initial	first	parameters	limits
initiate	start	participate	take part
in lieu of	instead	perform	do
in order that	for, so	permit	let
in order to	to	pertaining to	about, of, on
in regard to	about, concerning, on	portion	part
in relation to	about, with, to	possess	have, own
inter alia	(omit)	practicable	practical
interface	meet, work with	preclude	prevent
interpose no objection	don't object	previous	earlier
in the amount of	for	previously	before
in the event of	if	prioritize	rank
in the near future	shortly, soon	prior to	before
in the process of	(omit)	proceed	do, go ahead, try
in view of	since	procure	(omit)
in view of the above	so	proficiency	skill
is applicable to	applies to	promulgate	issue, publish
is authorized to	may	provide	give, offer, say
is in consonance with	agrees with, follows	provided that	if
is responsible for	(omit) handles	provides guidance for	guides
it appears	seems	purchase	buy
it is	(omit)	pursuant to	by, following, per, under
it is essential	must, need to	reflect	say, show
it is requested	please, we request, I request	regarding	about, of, on
liaison	discussion	relative to	about, on
limited number	limits	relocate	move

Source: http://www.plainlanguage.gov/howto/wordsuggestions/simplewords.cfm

remain	stay		warrant	call for, permit
remainder	rest		whereas	because, since
remuneration	pay, payment		with reference to	about
render	give, make		with the exception of	except for
represents	is		witnessed	saw
request	ask		your office	you
require	must, need		/ (slash)	and, or
requirement	need			
reside	live			
retain	keep			
said, some, such	the, this, that			
selection	choice			
set forth in	in			
similar to	like			
solicit	ask for, request			
state-of-the-art	latest			
subject	the, this, your			
submit	give, send			
subsequent	later, next			
subsequently	after, later, then			
substantial	large, much			
successfully complete	complete, pass			
sufficient	enough			
take action to	(omit)			
terminate	end, stop			
the month of	(omit)			
there are	(omit)			
therefore	so			
therein	there			
there is	(omit)			
thereof	its, their			
the undersigned	I			
the use of	(omit)			
this activity, command	us, we			
timely	prompt			
time period	(either one)			
transmit	send			
type	(omit)			
under the provisions of	under			
until such time as	until			
utilize, utilization	use			
validate	confirm			
viable	practical, workable			
vice	instead of, versus			

Checklist for CDC's Clear Communications Index

Before You Begin, Ask Yourself:

1. **Who is my primary audience?**
2. **What do I know about the health literacy skills of my audience?**
3. **What is my primary communication objective?**
4. **What is the main message statement in the material?**

Part A: Core (applies to all materials)

Main Message and Call to Action

	1. Does the material contain one main message statement?
	2. Is the main message at the top, beginning, or front of the material?
	3. Is the main message emphasized with visual cues?
	4. Does the material contain at least one visual that conveys or supports the main message?
	5. Does the material include one or more calls to action for the primary audience?

Language

	6. Do both the main message and the call to action use the active voice?
	7. Does the material always use words the primary audience uses?

Information Design

	8. Does the material use bulleted or numbered lists?
	9. Is the material organized in chunks with headings?
	10. Is the most important information the primary audience needs summarized in the first paragraph or section?

State of the Science

	11. Does the material explain what authoritative sources, such as subject matter experts and agency spokespersons, know and don't know about the topic?

Part B: Behavioral Recommendations

	12. Does the material include one or more behavioral recommendations for the primary audience?
	13. Does the material explain why the behavioral recommendation(s) is important to the primary audience?
	12. Does the behavioral recommendation(s) include specific directions about how to perform the behavior?

Part C: Numbers

	15. Does the material always present numbers the primary audience uses?
	16. Does the material always explain what the numbers mean?
	17. Does the audience have to conduct mathematical calculations? (NO gets a check)

Part D: Risk – if relevant

	18. Does the material explain the nature of the risk?
	19. Does the material address both the risks and benefits of the recommended behaviors?
	20. If the material uses numeric probability to describe risk, is the probability also explained with words or a visual?

Calculate the Total Score for the Material (90% "yes" for relevant items is good)

Source: Adapted from CDC's Clear Communication Index Score Sheet (https://www.cdc.gov/ccindex/pdf/full-index-score-sheet.pdf)

Assessment Tool 3

Bloom's Taxonomy of Learning Objectives

(2001 revision)

Bloom's levels = a continuum of cognitive complexity

Table 1. The cognitive processes dimension — categories, cognitive processes (and alternative names)

lower order thinking skills → higher order thinking skills

remember	understand	apply	analyze	evaluate	create
recognizing (identifying) recalling (retrieving)	interpreting (clarifying, paraphrasing, representing, translating) exemplifying (illustrating, instantiating) classifying (categorizing, subsuming) summarizing (abstracting, generalizing) inferring (concluding, extrapolating, interpolating, predicting) comparing (contrasting, mapping, matching) explaining (constructing models)	executing (carrying out) implementing (using)	differentiating (discriminating, distinguishing, focusing, selecting) organizing (finding coherence, integrating, outlining, parsing, structuring) attributing (deconstructing)	checking (coordinating, detecting, monitoring, testing) critiquing (judging)	generating (hypothesizing) planning (designing) producing (construct)

(Table 1 adapted from Anderson and Krathwohl, 2001, pp. 67–68.)

Checklist for assessing cognitive burdens in learning and doing self-care

Check all items that apply to your educational material or plan.

Major sources of task complexity			
Needless complexity	Inherent (inescapable) complexity		
	Increases difficulty beginning at this Bloom level		Increases difficulty at all Bloom levels
Poor writing	*Remember*		*Change*
☐ Written for wrong audience	☐ Recall key facts		☐ Circumstances change
☐ Uses passive voice	*Understand*		☐ Situation not as expected
☐ Not concise, wordy	☐ Recognize operation of unseen physical processes		☐ Situation changing rapidly
☐ Awkward, confusing sentences	☐ Explain timing & sequencing of interdependent tasks		☐ New & evolving knowledge
☐ Uses big words when simple ones will do	☐ Correctly interpret specialized terms & concepts		☐ New opportunities
☐ Uses abstract ideas when concrete ones OK	☐ Identify relevant similarities and differences		☐ New risks
☐ Specialized terms not explained	☐ Anticipate lag times		☐ New rules
☐ Abbreviations not explained	*Apply*		*Uncertainty*
☐ Numbers not explained	☐ Use familiar procedures in familiar situations		☐ Ambiguity
☐ Information not put in context	☐ Calculate amounts		☐ Novelty
Poor selection of information	☐ Select appropriate tool or procedure		☐ Unpredictability
☐ Unnecessary background info	☐ Carry out all steps in a procedure		☐ Inadequate information
☐ Too much theory	☐ Carry out steps in proper order & at proper time		☐ Inexact relation of means to ends
☐ Visuals not used when would clarify text	☐ Respond quickly to unexpected problems		☐ Uncertain or unknown outcomes
☐ Visuals are irrelevant or confusing	☐ Coordinate interdependent tasks		☐ Frequent false alarms
☐ Little or no "to do" advice	☐ Make if-then decisions (use decision tree)		☐ Harm not visible
☐ "To do" advice not specific	*Analyze*		*Functional interdependence*
☐ No way given to get more information	☐ Adjust solutions to fit evolving problems		☐ Processes interdependent
Poor organization of information	☐ Update knowledge independently		☐ Tasks conflict (tradeoffs)
☐ Main point not clear at outset	☐ Identify potential causes		☐ Unintended effects (side effects)
☐ Little or no chunking of ideas	☐ Detect relationships & patterns		*More to do*
☐ Chunking not logical or systematic	☐ Weigh pros & cons		☐ More information to consider
☐ Content does not match headings	☐ Integrate multiple sources of information		☐ More tasks to coordinate
☐ Too few headings	☐ Pick out most important information		☐ Not adequate time to do them
☐ Headings not informative	☐ Predict results of interdependent processes		☐ Complex system to control
☐ Lists not bulleted	*Evaluate (against an external standard)*		*Need to block ingrained responses*
	☐ Monitor results		☐ Outdated knowledge
	☐ Identify problem situations quickly		☐ Misconceptions
	☐ Detect anomolies		☐ Bad habits
	☐ Detect hazards		☐ Expecting the usual in new situations
	☐ Spot signs and symptoms		☐
	Create		
	☐ Plan ahead		
	☐ Create contingency plans		
	☐ Combine information to create something new		
	☐ Develop hypotheses to explain results		
Eliminate needless burdens	**Teach basics before the more complex**		**Anticipate errors**

Checklist for assessing patient's cognitive resources, help, & drains in learning and doing self-care tasks

Check all items that apply to this patient or group.

Cognitive resources available to patient

Own cognitive ability level (under favorable conditions)

Single Item Literacy Screen

"How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?"

	Patient's response (check one)	**Literacy level**	**Extra cognitive help needed**	**Risk of critical error**
	Always	Very low	Strong	Very high
	Often Sometimes	Low	Moderate	High
	Rarely Never	Moderate to high	Minimal	Occasional

Cognitive help from other people

	Family
	Good
	So-so
	None
	Negative (confuse, burden, discourage, misinform, etc.)

	Neighborhood & friends
	Good
	So-so
	None
	Negative

	Support groups
	Good
	So-so
	None
	Negative

	Health care providers
	Good
	So-so
	None
	Negative

Cognitive drains likely to interfere with patient fully using available cognitive resources

	Emotional
	Anger
	Anxiety
	Depression
	Famiy conflict
	Fear
	Frustration
	Shame
	Worry
	Other (please specify)

	Physical
	Alcohol & drugs
	Fatigue
	Hunger
	Illness
	Medication
	Pain
	Sleep deprived
	Other (please specify)

	Situational
	Distractions
	Interruptions
	Lack of privacy
	Noise polution
	Temperature too hot or cold
	Time pressure
	Difficult work or family schedule
	Other (please specify)

Examples for Discussion

Using insulin: Version 1

Starting Insulin – a patient guide

Using insulin to treat your diabetes: *What it means for you*

Insulin is a hormone that helps your body use the sugar (glucose) you get from the food you eat. Insulin levels rise and fall in response to the level of glucose in your blood. Insulin's main job is to help glucose get from your blood into the cells of your body, where it is used as fuel to keep the cells working normally.

The pancreas is the organ in your body that produces insulin throughout the day.

- When you have type 1 diabetes, you do not produce insulin
- When you have type 2 diabetes, you either do not produce enough insulin or your body's cells do not respond to the insulin properly, called insulin resistance

When you need to take insulin, there are different types. In some cases, you may use a mixture of different types, such as short-acting and long-acting insulins.

People with type 1 diabetes must use insulin injections to keep their blood sugar at a normal or close to normal level.

People with type 2 diabetes often need to add insulin to control their blood sugar when oral medications or non-insulin injectable medications (exenatide and liraglutide) are not enough.

Starting Insulin – a patient guide

Using insulin to treat your diabetes: *What it means for you*

The number of insulin injections you take may vary from once a day to using different types of insulin at different times of the day. When you first start taking insulin, your healthcare provider will decide on the type, the amount, and frequency of the injections of insulin you need. This will be based on your lifestyle, blood sugar level, and any other diabetic medications you may be taking. Monitoring your diet along with your blood sugar levels will be important in deciding if any changes are needed in your insulin dose.

Remember that insulin injections will lower your blood sugar level whether you have eaten or not. Very low blood sugar, known as hypoglycemia, can cause serious problems. Eating regular meals is very important when taking insulin.

Most people have no problem getting used to taking insulin injections. They feel better when their blood sugar is well controlled.

All people with diabetes need to help control their blood sugar by

- Eating a healthy diet
- Doing moderate exercise
- Losing weight or maintaining a normal weight

Using insulin: Version 2

Starting Insulin – a patient guide

Using insulin to treat your diabetes: *What it means for you*

Insulin helps your body get energy from the food you eat. If you do not have enough insulin, or the insulin you have is not working right, you have diabetes and need to take medicine.

- People with type 1 diabetes do not make any insulin and MUST inject insulin.
- People with type 2 diabetes do not make enough insulin or need help using the insulin they have. They need to use pills, insulin shots or both.

The only way to get insulin into your body is with a shot. Many people with diabetes use insulin shots.

There are many kinds of insulin, some work fast, others do not.

Starting Insulin – a patient guide

Using insulin to treat your diabetes: *What it means for you*

You may need one shot of insulin a day, or you may need more. Your healthcare provider will explain what kind of insulin, the amount, and when you need it.

Your weight, diet and other medicines are important when deciding how much insulin you will need.

It is important to eat regular meals when you take insulin. Insulin shots help your blood sugar levels stay normal. If you take too much insulin or have not eaten, your blood sugar can drop too low. This is called "hypoglycemia."

Most people get used to using shots to take their insulin.

When you have diabetes it is important to:

- Eat a healthy diet
- Exercise
- Keep your weight down

These **Starting Insulin** fact sheets will help you learn more about insulin.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time (breakfast)							
Blood Sugar							
Medicine							
Time (lunch)							
Blood Sugar							
Medicine							
Time (dinner)							
Blood Sugar							
Medicine							
Time (bed)							
Blood Sugar							
Medicine							

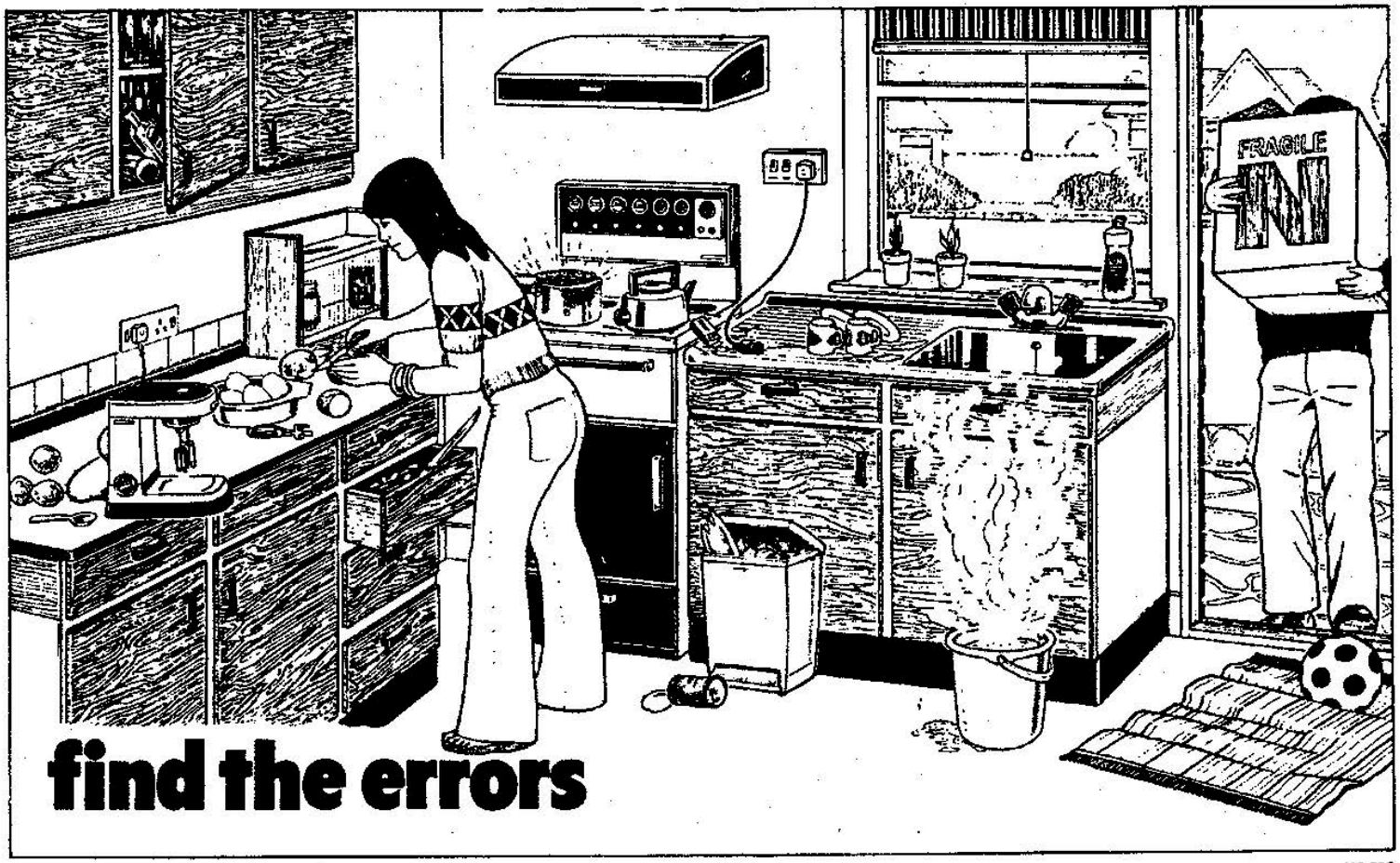


Figure 4.4. RoSPA hazard spotting picture Handout for discussion

Typical literacy items, by difficulty level

Daily self-maintenance in modern literate societies

NALS difficulty level (& scores)	% US adults peaking at this level			Simulated everyday tasks National Adult Literacy Survey (NALS), 1993)
	Prose	**D**ocu	**Q**uant	
5 **(375-500)**	3%	3%	4%	▪ Use calculator to determine cost of carpet for a room (Q) ▪ Use table of information to compare 2 credit cards (D)
4 **(325-375)**	17%	15%	17%	▪ Use eligibility pamphlet to calculate SSI benefits (Q) ▪ Explain difference between 2 types of employee benefits (P)
3 **(275-325)**	32%	31%	31%	▪ Calculate miles per gallon from mileage record chart (Q) ▪ Write brief letter explaining error on credit card bill (P)
2 **(225-275)**	27%	28%	25%	▪ Determine difference in price between 2 show tickets (Q) ▪ Locate intersection on street map (D)
1 **(0-225)**	21%	23%	22%	▪Total bank deposit entry (Q) ▪ Locate expiration date on driver's license (P)

What makes some items more difficult? "Information processing complexity"

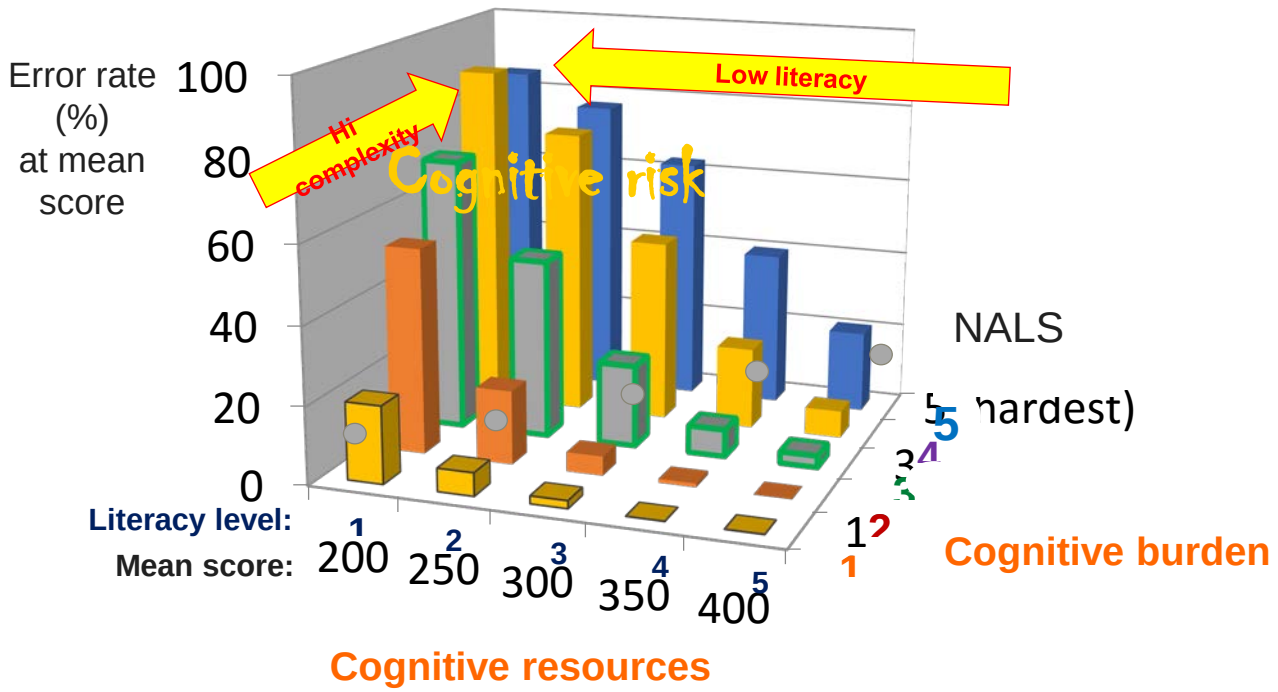
NALS difficulty level (scores)	Three scales, same results: Prose	Docu	Quant	Adult Literacy Survey, 1993)
5 (375-500)	3%	3%	4%	▪ Use calcula ▪ Use table o
4 (325-375)	17%	15%	17%	▪ Use eligibili ▪ Explain diff
3 (275-325)	32%	31%	31%	▪ Calculate m ▪ Write brief l
2 (225-275)	27%	28%	25%	▪ Determine ▪ Locate inte
1 (0-225)	21%	23%	22%	▪Total bank d ▪ Locate expi

Elements of "process complexity"

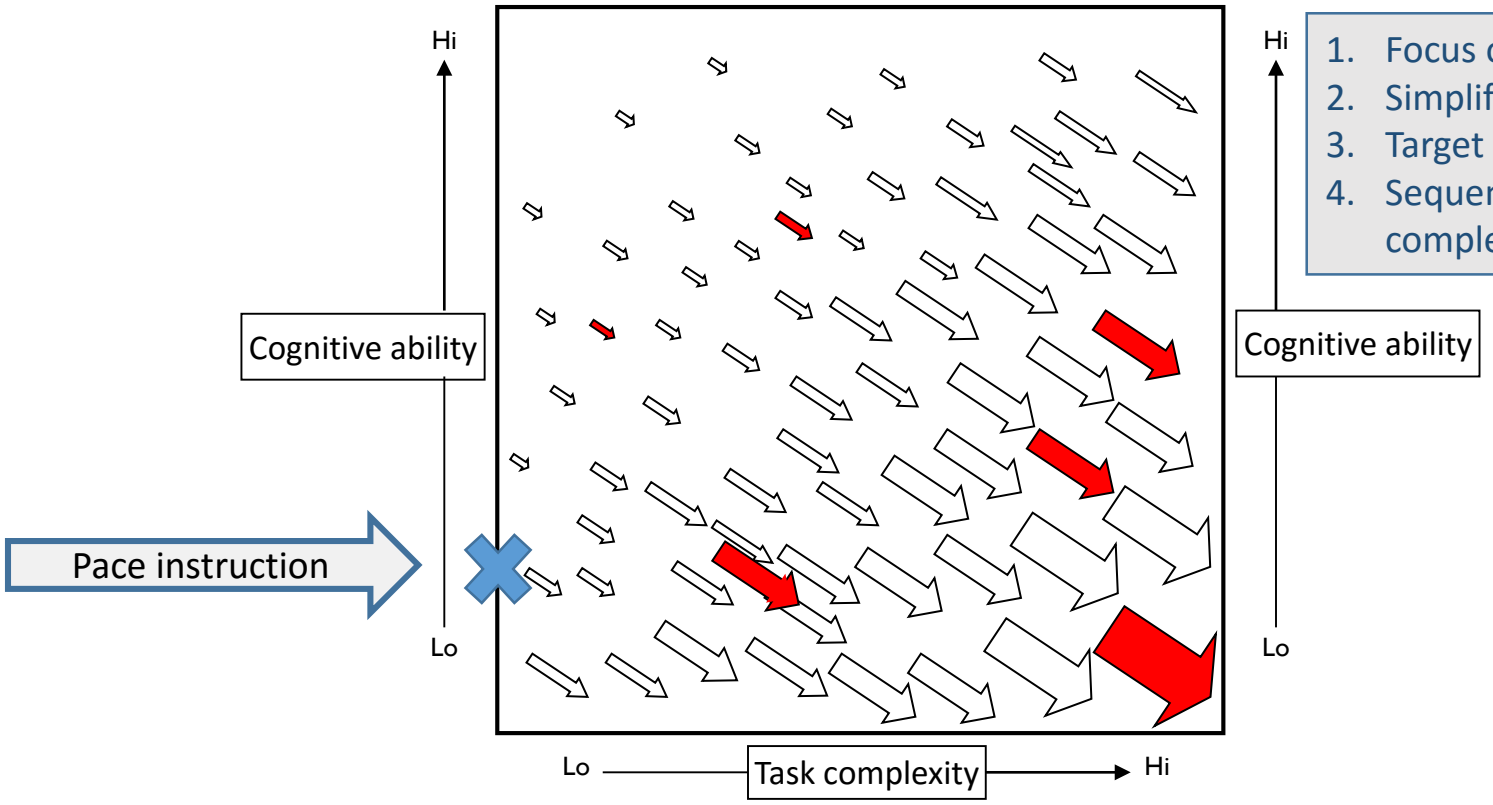
- number of features to match
- level of inference
- abstractness of info
- distracting information

Not reading per se, but "problem solving"

Matrix of cognitive risk

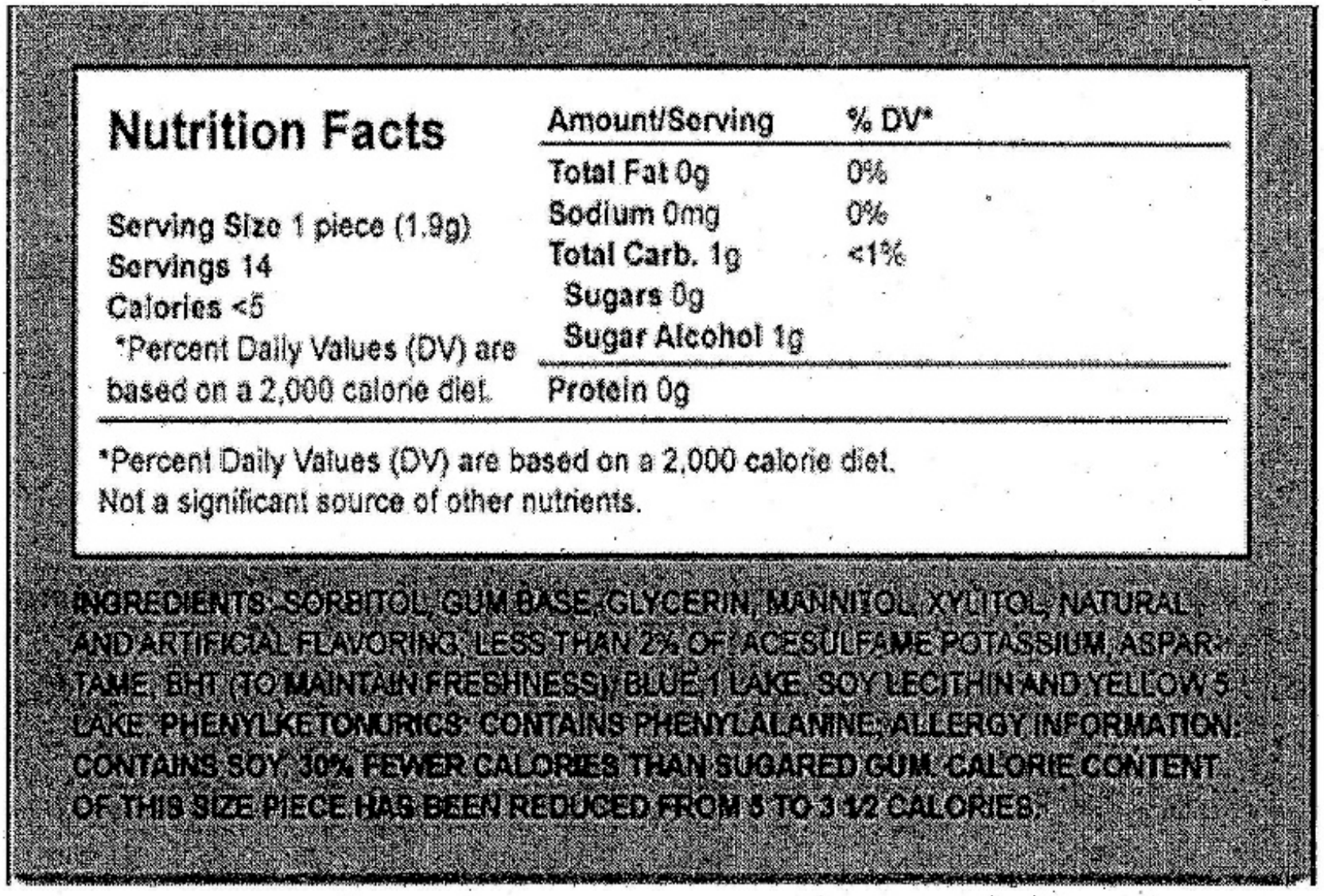


Strategy for DSME/T



1. Focus on patient's biggest risks
2. Simplify task, if possible
3. Target instruction to ability level
4. Sequence learning objectives by complexity of cognitive processes

How?



Nutrition Facts

Serving Size 1 piece (1.9g)
Servings 14
Calories <5
*Percent Daily Values (DV) are based on a 2,000 calorie diet.

Amount/Serving	% DV*
Total Fat 0g	0%
Sodium 0mg	0%
Total Carb. 1g	<1%
Sugars 0g	
Sugar Alcohol 1g	
Protein 0g	

*Percent Daily Values (DV) are based on a 2,000 calorie diet.
Not a significant source of other nutrients.

INGREDIENTS: SORBITOL, GUM BASE, GLYCERIN, MANNITOL, XYLITOL, NATURAL AND ARTIFICIAL FLAVORING, LESS THAN 2% OF: ACESULFAME POTASSIUM, ASPARTAME, BHT (TO MAINTAIN FRESHNESS), BLUE 1 LAKE, SOY LECITHIN AND YELLOW 5 LAKE. PHENYLKETONURICS: CONTAINS PHENYLALANINE. ALLERGY INFORMATION: CONTAINS SOY. 30% FEWER CALORIES THAN SUGARED GUM. CALORIE CONTENT OF THIS SIZE PIECE HAS BEEN REDUCED FROM 5 TO 3 1/2 CALORIES.

Sugar Free
Chocolate Chip

Nutrition Facts

Serv. Size 3 Cookies (32g)
Servings About 5
Calories 160
Calories from Fat 80
*Percent Daily Values (DV) are based on a 2,000 calorie diet.

Amount/Serving	%DV*	Amount/Serving	%DV*
Total Fat 9g	14%	**Total Carbohydrate** 20g	7%
Saturated Fat 3.5g	18%	Dietary Fiber 1g	4%
Trans Fat 0g		Sugars 0g	
Cholesterol less than 5mg	1%	Sugar Alcohol 7g	
Sodium 130mg	5%	**Protein** 2g	

Vitamin A 0% • Vitamin C 0% • Calcium 0% • Iron 6%

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, THIAMIN MONONITRATE [VITAMIN B_1], RIBOFLAVIN [VITAMIN B_2], FOLIC ACID), VEGETABLE OIL (SOYBEAN, PALM AND PALM KERNEL OIL WITH TBHQ FOR FRESHNESS), SUGAR FREE CHOCOLATE FLAVORED CHIPS (MALTITOL, CHOCOLATE PROCESSED WITH ALKALI, COCOA BUTTER, SOY LECITHIN, NATURAL FLAVOR), MALTITOL, LACTITOL, POLYDEXTROSE, MALTODEXTRIN, SORBITOL**, CONTAINS TWO PERCENT OR LESS OF SALT, NATURAL AND ARTIFICIAL FLAVOR, LEAVENING (BAKING SODA, SODIUM ACID PYROPHOSPHATE), EGG, SOY LECITHIN, XANTHAN GUM, SODIUM STEAROYL LACTYLATE, ACESULFAME POTASSIUM, CARAMEL COLOR, SUCRALOSE.
**EXCESS CONSUMPTION MAY HAVE A LAXATIVE EFFECT.

Sugar Free Cookies
Shortbread

Nutrition Facts

Serving Size 8 Cookies (30g)

Calories 130
Calories from Fat 50

*Percent Daily Values (DV) are based on a 2,000 calorie diet.

Amount Per Serving	%DV*	Amount Per Serving	%DV*
Total Fat 5g	8%	**Total Carbohydrate** 22g	7%
Saturated Fat 1.5g	8%	Dietary Fiber 2g	8%
Trans Fat 0g		Sugars 0g	
Cholesterol 0mg	0%	Sugar Alcohol 4g	
Sodium 140mg	6%	**Protein** 2g	

Vitamin A 0% • Vitamin C 0% • Calcium 0% • Iron 4%

INGREDIENTS: ENRICHED FLOUR (WHEAT FLOUR, NIACIN, REDUCED IRON, VITAMIN B_1 [THIAMIN MONONITRATE], VITAMIN B_2 [RIBOFLAVIN], FOLIC ACID), SOYBEAN AND PALM OIL, SORBITOL*, MALTITOL, POLYDEXTROSE, MALTODEXTRIN, CONTAINS 2% OR LESS OF OAT FIBER, NATURAL AND ARTIFICIAL FLAVORS, SALT, LEAVENING (BAKING SODA, SODIUM ACID PYROPHOSPHATE), WHEY PROTEIN CONCENTRATE, DATEM, SOY LECITHIN, ANNATTO EXTRACT FOR COLOR, XANTHAN GUM, ACESULFAME POTASSIUM, SUCRALOSE.
***EXCESS CONSUMPTION MAY HAVE A LAXATIVE EFFECT.**
CONTAINS WHEAT, MILK AND SOY INGREDIENTS. MAY CONTAIN PEANUTS AND OTHER TREE NUTS.

Macaroni and cheese

Nutrition Facts

Serving Size 2
Servings Per Container: 2

Amount Per Serving

Calories 340	Calories from Fat 140
	% Daily Value *
Total Fat 16	25.00 %
Saturated Fat 7	35.00 %
Cholesterol 25mg	8.00 %
Sodium 820mg	34.00 %
Total Carbohydrate 33g	11.00 %
Dietary Fiber 3g	
Sugars 2g	
Protein 15g	
Vitamin A	0.00 %
Vitamin C	0.00 %
Calcium	30.00 %
Iron	4.00 %

Not a significant source of Saturated Fat, Trans Fat, Cholesterol, Calcium or Iron.

* The Percent Daily Values are based on a 2,000 calorie diet, so your values may change depending on your calorie needs. The values here may not be 100% accurate because the recipes have not been professionally evaluated nor have they been evaluated by the U.S. FDA.

Nutritional Information

Serving Size: 1oz
Servings Per Package: 1

Amount Per Serving:

Calories 300
Calories from Fat 50

				% Daily Value*
Total Fat (g)	**6**	**Cholesterol (mg)**	**20**	7%
Saturated Fat (g)	4	**Sodium (mg)**	**560**	23%
Trans Fat (g)	0	**Potassium (mg)**	**510**	15%
Polyunsaturated Fat (g)	0	**Total Carbohydrate (g)**	**48**	16%
Monounsaturated Fat (g)	1	Dietary Fiber (g)	2	8%
Protein (g)	13	Sugars (g)	5	

Diet Exchanges 1 ½ Lean Meat 1 ½ Starch

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

	Calories:	**2,000**	**2,500**
Total Fat	Less Than	65g	80g
Sat Fat	Less Than	20g	25g
Cholesterol	Less Than	300mg	300mg
Sodium	Less Than	2,400mg	2,400mg
Potassium	Less Than	3,500mg	3,500mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Nutritional information is subject to change. Please see label of product on store shelves for the most current information.

Grilled Chicken

Nutritional Information

Serving Size: 1oz
Servings Per Package: 1

Amount Per Serving:

Calories 250
Calories from Fat 45

				% Daily Value*
Total Fat (g)	**5**	**Cholesterol (mg)**	**40**	13%
Saturated Fat (g)	2	**Sodium (mg)**	**590**	25%
Trans Fat (g)	0	**Potassium (mg)**	**540**	15%
Polyunsaturated Fat (g)	1	**Total Carbohydrate (g)**	**33**	11%
Monounsaturated Fat (g)	1	Dietary Fiber (g)	3	12%
Protein (g)	19	Sugars (g)	6	

Diet Exchanges 1 ½ Lean Meat 1 ½ Starch

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

	Calories:	**2,000**	**2,500**
Total Fat	Less Than	65g	80g
Sat Fat	Less Than	20g	25g
Cholesterol	Less Than	300mg	300mg
Sodium	Less Than	2,400mg	2,400mg
Potassium	Less Than	3,500mg	3,500mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Nutritional information is subject to change. Please see label of product on store shelves for the most current information.

Grilled Chicken Bake

Nutrition Facts

Serving Size 1 meal (369g)
Servings Per Container 1

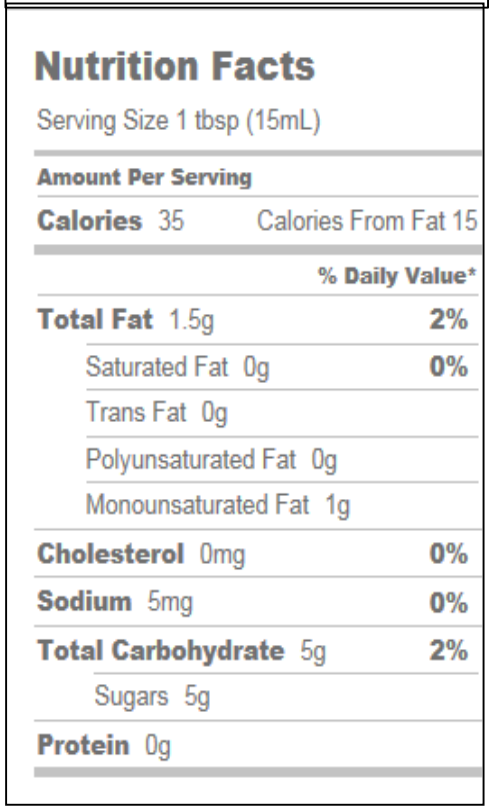
Amount Per Serving

Calories 480	Calories from Fat 190
	% Daily Value*
Total Fat 21g	32%
Saturated Fat 8g	40%
Trans Fat .5g	
Cholesterol 60mg	20%
Sodium 900mg	38%
Potassium 450mg	13%
Total Carbohydrate 45g	15%
Dietary Fiber 6g	24%
Sugars 4g	
Protein 28g	

Vitamin A 40%	Vitamin C 25%
Calcium 25%	Iron 10%
Riboflavin 20%	Niacin 15%
Folic Acid 20%	Vitamin B_{12} 15%
Pantothenic Acid 20%	Phosphorus 40%
Magnesium 15%	Manganese 30%

Product formulations and packaging may change. For the most current information regarding a particular product, please refer to the product package.

Hazelnut Liquid Creamer

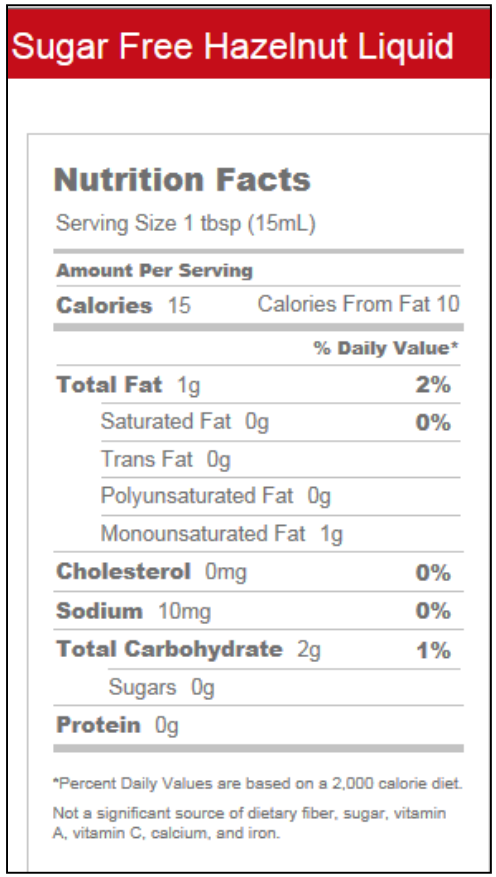


Nutrition Facts

Serving Size 1 tbsp (15mL)

Amount Per Serving	
Calories 35	Calories From Fat 15
	% Daily Value*
Total Fat 1.5g	**2%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Polyunsaturated Fat 0g	
Monounsaturated Fat 1g	
Cholesterol 0mg	**0%**
Sodium 5mg	**0%**
Total Carbohydrate 5g	**2%**
Sugars 5g	
Protein 0g	

Sugar Free Hazelnut Liquid



Nutrition Facts

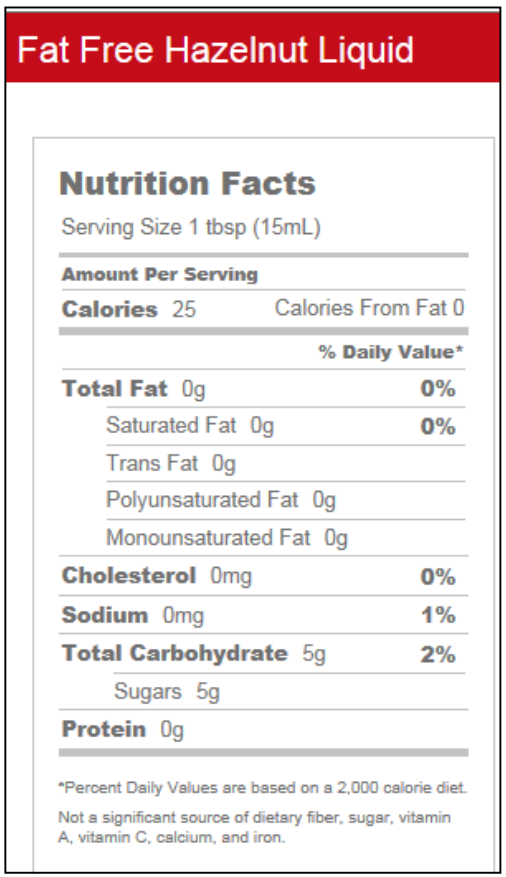
Serving Size 1 tbsp (15mL)

Amount Per Serving	
Calories 15	Calories From Fat 10
	% Daily Value*
Total Fat 1g	**2%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Polyunsaturated Fat 0g	
Monounsaturated Fat 1g	
Cholesterol 0mg	**0%**
Sodium 10mg	**0%**
Total Carbohydrate 2g	**1%**
Sugars 0g	
Protein 0g	

*Percent Daily Values are based on a 2,000 calorie diet.

Not a significant source of dietary fiber, sugar, vitamin A, vitamin C, calcium, and iron.

Fat Free Hazelnut Liquid



Nutrition Facts

Serving Size 1 tbsp (15mL)

Amount Per Serving	
Calories 25	Calories From Fat 0
	% Daily Value*
Total Fat 0g	**0%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Polyunsaturated Fat 0g	
Monounsaturated Fat 0g	
Cholesterol 0mg	**0%**
Sodium 0mg	**1%**
Total Carbohydrate 5g	**2%**
Sugars 5g	
Protein 0g	

*Percent Daily Values are based on a 2,000 calorie diet.

Not a significant source of dietary fiber, sugar, vitamin A, vitamin C, calcium, and iron.

Reading food labels

Can you find the facts on a food label? Whether you are counting "carbs" or finding fats, the Nutrition Facts panel helps you know just what you're eating. Take a look at the label shown here and find the key facts.

Serving size
The first thing to check on a label is the serving size. All of the nutrition facts listed on the label, such as the calories, fat, and carbs, relate to this serving size. But look carefully! The serving size listed may not match the serving size you usually eat. So, for example, if the serving size for pasta is 1/2 cup- and you are about to put 1 cups on your plate-you'll need to triple the nutrition facts to match your serving size.

Total fat
It is recommended that less than 30% of your total calories for the day come from fat. Based on the number of calories you eat, the chart below shows you how many grams of fat equals 30% of your total calories.

Total daily calories	Total daily fat grams
1400	47
1600	53
2000	67
2400	80

When you look at the total fat listed on a food label, compare this to your fat limit for the day. Look at labels of similar foods to find the lowest fat choice. Foods labeled "low fat" have 3 g (grams) or less of fat per serving.

Nutrition Facts

Serving Size pita (39g)
Servings Per Container 10

Amount Per Serving

Calories 105	Calories from Fat 10
	%Daily Value*
Total Fat 1g	**1%**
Saturated Fat 0g	**0%**
Cholesterol 0mg	**0%**
Sodium 255mg	**10%**
Total Carbohydrate 19g	**6%**
Dietary Fiber 2g	**9%**
Sugars 2g	
Protein 5g	

Vitamin A 0% • Vitamin C 0%
Calcium 2% • Iron 7%

*Percent Daily Values are based on a 2000-calorie diet. **Your daily values may be higher or lower depending on your calorie needs.**

Total carbohydrate
The total carbohydrate is a total of all the starch, sugars, and fiber in a serving of food. You don't need to single out sugar, just focus on the total carb number. One slice of bread has 15 grams of carbohydrate, or "1 carb choice." Use this number to get a better sense of what the amount of total carbohydrate means on a label. On the sample label shown, 1/2 pita has 19 grams of total carbohydrate, which is equal to about 1 carb choice.

Fiber
Eating 20 to 35 grams of dietary fiber a day can be good for your health. When shopping for crackers, breads, or cereals, compare labels to find one that is higher in dietary fiber. A food is a good source of fiber if it has 2.5 grams or more of fiber in a serving.

What's in a Word?

Here's what common terms mean when used on a label:

LIGHT

A **"light"** food has 1/3 the calories or 1/2 the fat of the food to which it is being compared. For example, 1 tablespoon of light mayo has 50 calories and 5 grams of fat, while 1 tablespoon of the real thing has 100 calories and 11 grams of fat.

LOW CALORIE

There still might be some calories in a serving of a **"low calorie"** food, but by law it has to be 40 calories or less.

SUGAR FREE

If something is labeled **"sugar free:'** it has only a half gram (0.5) of sugar or less per serving. Keep in mind, "sugar free" foods are not always low carbohydrate or lowfat foods. Read the label carefully.

Traditional American Cuisine—Reduced Calories

	1,200 Calories	1,600 Calories
Breakfast		
Whole wheat bread	1 med slice	1 med slice
Jelly, regular	2 tsp	2 tsp
Cereal, shredded wheat	½ cup	1 cup
Milk, 1%	1 cup	1 cup
Orange juice	¾ cup	¾ cup
Coffee, regular	1 cup	1 cup with 1 oz of 1% milk
Lunch		
Roast beef sandwich:		
Whole wheat bread	2 med slices	2 med slices
Lean roast beef, unseasoned	2 oz	2 oz
American cheese, low fat and low sodium	—	1 slice, ¾ oz
Lettuce	1 leaf	1 leaf
Tomato	3 med slices	3 med slices
Mayonnaise, low caloric	1 tsp	2 tsp
Apple	1 med	1 med
Water	1 cup	1 cup
Dinner		
Salmon	2 oz edible	3 oz edible
Vegetable oil	1½ tsp	1½ tsp
Baked potato	¾ med	¾ med
Margarine	1 tsp	1 tsp
Green beans, seasoned, with margarine	½ cup	½ cup
Carrots, seasoned	½ cup	—
Carrots, seasoned, with margarine	—	½ cup
White dinner roll	1 small	1 med
Ice milk	—	½ cup
Iced tea, unsweetened	1 cup	1 cup
Water	2 cup	2 cup
Snack		
Popcorn	2½ cup	2½ cup
Margarine	¾ tsp	½ tsp

Calories	1,247	Calories	1,613
Total carbohydrate, % calories	58	Total carbohydrate, % calories	55
Total fat, % calories	26	Total fat, % calories	29
*Saturated fat, % calories	7	*Saturated fat, % calories	8
Sodium, mg	1,043	Sodium, mg	1,341
Cholesterol, mg	96	Cholesterol, mg	142
Protein, % calories	19	Protein, % calories	19

Note: Calories have been rounded. No salt added in recipe preparation or as seasoning.
** At these reduced calorie levels, the amount of saturated fat is low even if the percent of calories from saturated fat is slightly over 7 percent.*

Increasing Physical Activity by using a Pedometer.

The goal is to track your steps to increase by 10% each week during the month.

- Do you have an activity tracker or pedometer?
- Now could be a good time to purchase an inexpensive option OR if not, you can always download a FREE pedometer app and keep your cell phone in your pocket.
- At the end of each week during the month, your goal is:

1. Increase steps by 10%

OR

2. Reach an average of 10,000 steps per day over the course of one week (TOTAL of 70,000 steps)

- How to track steps:
- Use a Pedometer, Activity Tracker, or Pedometer App on your phone to log steps at the end of each day
- Log TOTAL STEPS at the end of the week (if you reach at least 70,000 steps at the end of the week.
- Take your total steps and multiply by 1.1 (this increases that number by 10%)
- Your new goal for the next week is to INCREASE YOUR STEPS BY 10%

Pedometer Challenge

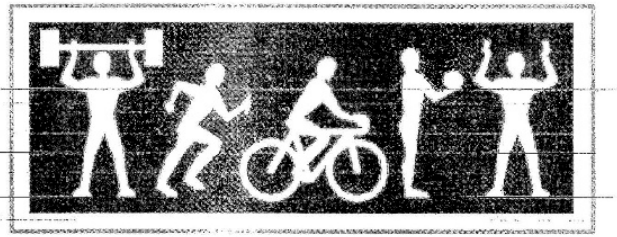
1. Fill in the date and steps at the end of each day.
2. At the end of each week, calculate the average steps per day and multiply by 1.2 to determine what would be a ***20% increase*** for the next week.
3. Check in with your nutritionist for tips and motivation.

Did you know there are approximately 10,000 steps in 5 miles?
Can you reach 10,000 steps by the end of 4 weeks?
The challenge is to try to beat last week's steps by 20%!

Week 1:

Date	**Total Daily Steps**
whenever possible!	
Weekly Total:	
Divide by 7 =	
Multiply by 1.2 = **This is your step goal per day for week #2**	

Live.Life.Healthy



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly TOTAL
5	6	7	8	9	10	11	TOTAL STEPS: _____ Multiply by 1.1 = _____
12	13	14	15	16	17	18	TOTAL STEPS: _____ Multiply by 1.1 = _____
19	20	21	22	23	24	25	TOTAL STEPS: _____ Multiply by 1.1 = _____
26	27	28	29	30	1	2	TOTAL STEPS: _____ Multiply by 1.1 = _____

Measuring blood sugar: Version 1

Starting Insulin – a patient guide

Measuring Your Blood sugar

Testing your blood sugar often can help you control your diabetes.

Check your blood sugar regularly when:

- Taking diabetes pills or insulin
- Pregnant
- Blood sugar is hard to control
- Blood sugar results are low
- Blood sugar results are high and your urine has ketones
- Low blood sugar occurs without the usual warning signs
- Changing eating habits
- Taking certain medications, such steroids or liquid medications

Check your blood sugar at different times during the day

- Upon waking, before breakfast
- Before meals
- 2 hours after the start of a meal
- When you feel blood sugar is too high or too low

A glucometer is a machine that measures your blood sugar.

Choosing a glucometer

- Does your healthcare provider prefer a certain glucometer?
- What is the cost of the glucometer, batteries, and test strips
  - Which glucometers are covered by your insurance company?
  - Is there a rebate toward the cost of the glucometer
- Ease of use
  - Some glucometers have more steps to follow than others.
  - Are the numbers easy to read?
  - Some glucometers allow you to stick your forearm, thigh, or fleshy part of your hand instead of your fingertip. Read the manufacturer's instructions.
  - Is the glucometer easy to clean?
- How to make sure the glucometer is accurate
  - Some glucometers have special coding or a computer chip that must be changed, or calibrated, with every new bottle of test strips.
  - Some glucometers have a "control" substance to check the machine.
  - Most glucometers are accurate and precise if used properly.

Starting Insulin – a patient guide

Measuring Your Blood sugar

Glucometers may be a little different in how they are used. Here are some general steps.

- Wash your hands.
- Insert a test strip in your glucometer. This often turns the glucometer on, but some glucometers may have an on-off switch.

- Using a lancet, prick your fingertip. You may want to prick the side of your fingertip near the fingernail to avoid soreness on the end of your finger.
- Gently squeeze or massage your fi until a drop of blood forms.
- Touch and hold the edge of the test strip to the drop of blood.
- Often your glucometer will "beep" when there is enough blood.
- Your blood sugar result will appear on the glucometer's display.

Write down your blood sugar results each time you take them. Most glucometers come with log books, or you can use a notebook. Some glucometers can store blood sugar results. Be sure you have the date and time set and know how to use a glucometer with a memory. Show your record to your healthcare provider at every visit.

Poor meter readings result from:

- Dirty glucometer
- Glucometer or test strip that is not at room temperature
- Old or outdated test strips
- Glucometer that is not calibrated to the bottle of test strips used by that glucometer
- Too much or too little blood on the test strip

Your healthcare provider can help you understand how to use your glucometer.

Measuring blood sugar: Version 2

Starting Insulin – a patient guide

Measuring Your Blood sugar

Checking your blood sugar is important when you have diabetes.

Check your blood sugar when:

- Taking diabetes pills or insulin
- Pregnant
- Traveling
- Changing eating habits
- On new medicines
- Starting new exercise
- Sick

Your healthcare provider may tell you to check your blood sugar:

- When you wake up before you eat
- Before meals
- Two hours after you eat
- If you feel like your blood sugar is too high or too low

A glucometer is a machine that measures your blood sugar.

Choosing a glucometer:

- Ask your healthcare provide which glucometer is best for you.
- How much does the glucometer cost?
- How much do the batteries and test strips cost?
- Does your insurance pay for the glucometer and supplies?
- Is it easy to use?
- Are the numbers clear to read?
- Is it easy to clean?
- Is it easy to program?
  - Some glucometers have special coding or a computer chip that must be changed with every new bottle of test strips.
  - Some glucometers have a "control" substance to check the machine.

Starting Insulin – a patient guide

Measuring Your Blood sugar

To use your glucometer:

1. Wash your hands
2. Put the test strip in your glucometer.
3. Using a sharp lancet, prick your fingertip.
4. Squeeze a small drop of blood out of your finger.
5. Touch the edge of the test strip to the blood.
6. Your machine might "beep" when there is enough blood.
7. Your results will show up on the glucometer.

Write down your blood sugar results and the time of day you tested in the glucometer log book or a notebook. Some glucometers can store blood sugar results. Be sure you have the date and time set and know how to use a glucometer with a memory.

Show your record to your healthcare provider at every visit.

Causes of incorrect results:

- Dirty glucometer
- Glucometer and test strip are not at room temperature
- Old or outdated test strips
- Glucometer that is not set to the bottle of test strips used by that glucometer
- Too much or too little blood on the test strip

Your healthcare provider can help you understand how to use your glucometer.

Blood Sugar Log for the Week of _____

	Breakfast			Lunch			Dinner			Bedtime			During the Night		
	blood sugar before	insulin	blood sugar after	blood sugar before	insulin	blood sugar after	blood sugar before	insulin	blood sugar after	blood sugar before	insulin	blood sugar after	blood sugar before	insulin	blood sugar after
Monday															
Tuesday															
Wednesday															
Thursday															
Friday															
Saturday															
Sunday															

Weekly blood sugar notes

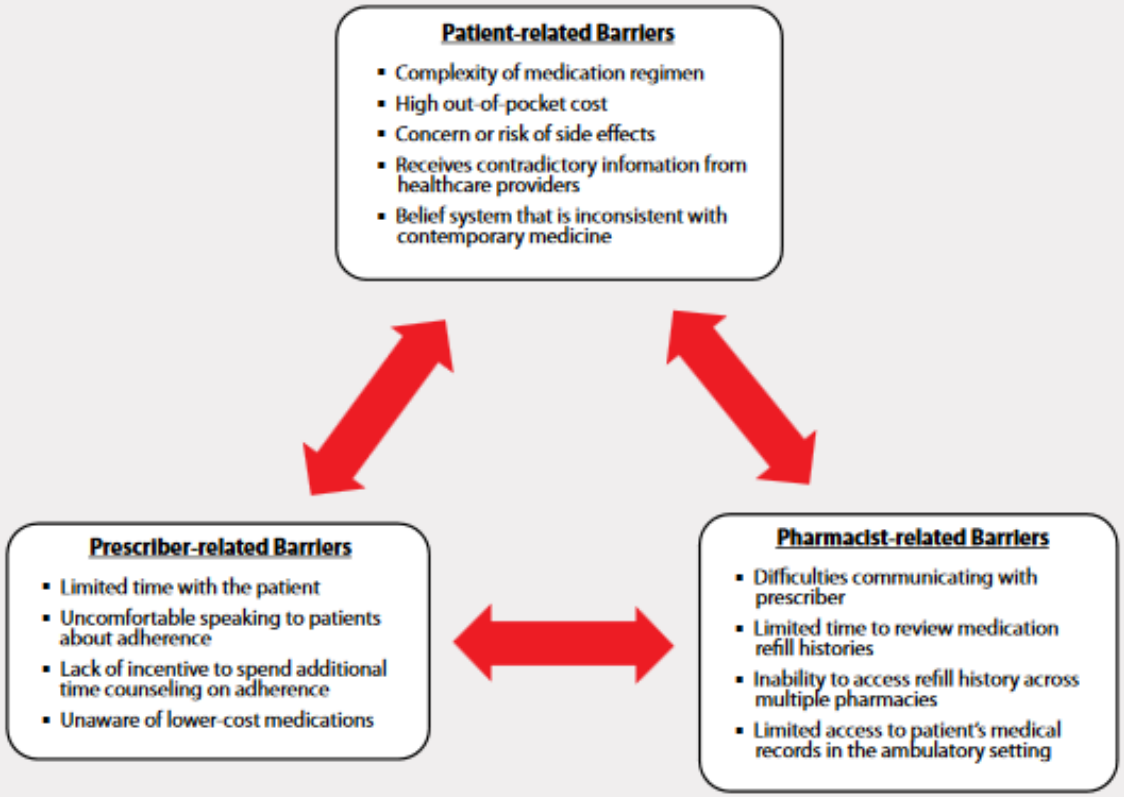
Date	Time	Blood Glucose	Other Information

Date	Before Breakfast	2 hours after breakfast	Before lunch	2 hours after lunch	Before dinner	2 hour after dinner	Bedtime
	✓				✓		

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time (breakfast)							
Blood Sugar							
Medicine							
Time (lunch)							
Blood Sugar							
Medicine							
Time (dinner)							
Blood Sugar							
Medicine							
Time (bed)							
Blood Sugar							
Medicine							

Section 2. Barriers to Medication Adherence

Patients face a multitude of barriers to taking their medication. Poor medication adherence is often viewed as the patient's problem but it is also important to recognize the role we, as health care professionals, play in supporting poor medication-taking behaviors. Poor medication adherence can be frustrating for both the health care professional, and the patient. Furthermore, evidence supports the notion that adherence decreases as the number of barriers for the patient **and** provider increases.[13]



Using syringes: Version 1

INSULIN SYRINGES AND PENS

Insulin is injected in the fat just under the skin, using:

- Syringes
- Insulin pens
- Insulin pumps

The most common way to inject insulin is with a ***syringe***.

- A syringe is a hollow plastic tube with a plunger inside and a short skinny needle attached.
- Insulin is injected into the fatty tissue just under the skin. This is called a subcutaneous tissue, or "sub-Q" injection.

Syringes come in different sizes.

- Each line on a 100-unit syringe marks 2 units of insulin.
- Each line on a 50-unit or 30-unit syringe marks 1 unit of insulin.
- Use a syringe large enough to hold the whole dose of insulin.

Starting Insulin – a patient guide

INSULIN SYRINGES AND PENS

- Use a 30-unit syringe if you take 30 units of insulin or less.
- Use a 50-unit syringe if you take 50 units of insulin or less.
- Use a syringe that shows 1/2-unit marks if you need 1/2 a unit of insulin.
- Be sure that you can clearly see the markings on your syringe.
- No prescription is needed for insulin syringes.
- If you have poor eyesight or arthritis in your hands, talk to your healthcare provider about using another method, such as an insulin pen.
- Your healthcare provider can show you the different sizes of syringes and help you choose what works best for you.

Needles are described by length and thickness ("gauge").

- The standard needle is 1/2-inch long.
- Needles also come in 5/16-inch and 3/16-inch lengths.
- The 3/16-inch length is often used for children.
- The thinner the needle, the higher its gauge. For example, a 31-gauge needle is thinner than a 28-gauge needle.

Insulin pens look like writing pens, except that there is a thin, short needle at the end.

- Some insulin pens can be refilled, while other pens are thrown away when empty.
- Pre-filled insulin pens come with either one type of insulin or a mixture of two types of insulin.
- Insulin pens with pre-mixes work if they match your prescription.
- You may need one insulin pen for each type of insulin if pre-mix does not match your prescription.

Insulin pumps are used by people who have type 1 diabetes. People with type 2 diabetes rarely use an insulin pump. Insulin pumps give a continuous dose of insulin. Talk to your healthcare provider if you think an insulin pump might be right for you.

Using syringes: Version 2

Starting Insulin – a patient guide

INSULIN SYRINGES AND PENS

There are no insulin pills. You must use a shot, a special kind of pen, or an insulin pump to get insulin into the body.

Using a shot is the most common way to get insulin into your body. The shot is given using a syringe.

The needle is smaller than most needles you may have seen.

The shot is given just under the skin in the fatty part of your arm, leg or belly.

Here is a picture of insulin syringes.

Starting Insulin – a patient guide

INSULIN SYRINGES AND PENS

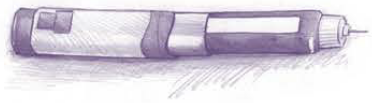
Syringes come in different sizes.

- If you take 30 units or less, use a 30 unit syringe
- If you take 50 units or less, use a 50 unit syringe
- If you take 100 units of less, use a 100 unit syringe
- Make sure you can see the markings on your syringe.

A prescription is not needed to buy the syringes.

Your healthcare provider can help you decide which is the best syringe for you.

Insulin pens look like a writing pen, but there is a small needled on the end. Some pens can be refilled; others are thrown away when empty.



Insulin pumps are most often used for people with type 1 diabetes. They give small amounts of insulin throughout the day. A pump is not usually used in people with type 2 diabetes.

Your healthcare provider will teach you about ways to take insulin.

Needle safety: Version 1

Starting Insulin – a patient guide

NEEDLE SAFETY

People with diabetes use sharp objects to check blood sugar and inject insulin. These sharp items should be thrown away safely.

You should:

- Always put the syringes and lancets – the piece that pricks your skin to check your blood sugar – in a heavy plastic or metal box with a tight lid or you can get a red "sharps" container at the pharmacy.
- Keep the container in a safe place in your house, away from children. On top of the refrigerator is a good place.
- When the container is filled, tighten the lid and tape it with heavy-duty tape before throwing it out.
- Some cities may allow you to put the container in the trash.
- Check with your local health department or clinic to find out how to get rid of your syringes and lancets.

Starting Insulin – a patient guide

NEEDLE SAFETY

Do <u>not</u>:

- Use a container that will allow the needle to punch through the side.
- Use a glass jar.
- Use a container that might go into the recycling.
- Put used syringes or lancets into the garbage or trash unless they are in a special container.

Syringes should be used only once:

- Needles are made for single use.
- Reused syringes are not sterile.

<u>NEVER</u> share used syringes with anyone else. You can pass diseases or spread infection by sharing needles.

Needle safety: Version 2

NEEDLE SAFETY

People with diabetes use sharp instruments to check blood sugar and inject insulin. It is important that you safely dispose of insulin needles and lancets, the sharp tools that pierce the skin for blood sugar checks.

Syringes and lancets must be handled carefully and treated as "medical waste."

- Right after injecting your insulin, put the syringe into your syringe disposal container.
- A syringe disposal container is a heavy-duty plastic or metal box that closes firmly or a heavy-duty plastic bottle with a screw top. A special "sharps container" may be provided by your pharmacy or clinic.
- Store the container in a safe place in your house, away from children. On top of the refrigerator is a good place.
- When the container is filled, tighten the lid and reinforce it with heavy-duty tape before disposing of it.
- Some areas may allow you to put the sealed container in the trash. You may want to use a drop box, supervised collection site, mail-back program, or syringe exchange program.
- Check with your local health department or clinic to find out how to dispose of medical waste in your area.

Starting Insulin – a patient guide

NEEDLE SAFETY

Do not do any of the following.

- Use a container that will allow the needle to punch through the side.
- Use a container made of glass.
- Use a container that could end up in the recycling bin.
- Put a used syringe or lancet directly into household garbage or a trashcan.

Syringes should be used only once.

- Newer thinner needles are made for single use.
- Reused syringes are not sterile.

Always check with your healthcare provider before deciding to reuse syringes to see if this practice is safe for you.

NEVER loan a used syringe to anyone else or share syringes. You can pass diseases or spread infection by sharing needles.

Calculating Your Insulin Doses

Continue your long-acting insulin: 11 units daily. Your goal is to wake up with blood sugars between 100-150 as much as possible. Cover food with 1:20 ratios at breakfast and lunch and 1:13 at dinner. Correct blood sugars higher than 120 (as long as it's been at least 3 hours since the last fast-acting insulin dose) with blood sugar minus 120 and divide by 60.

Blood Sugar Too High or Too Low?

Keeping your blood sugar in control helps you stay healthy and feel good.

"Hypoglycemia" is when your blood sugar is too low.
"Hypo" means "low" and "glycemia" means "sugar." Hypoglycemia can happen when you:

- Do not eat enough
- Skip a meal
- Exercise without eating
- Eat later than normal
- Drink alcohol
- Take too much medicine
- Get sick

This can make you feel dizzy, shaky, weak and cause your heart to beat fast. You might not be able to see well and your fingers may feel numb.

If you test your blood sugar and it is less than 70, then have some fruit juice, milk, crackers or something sweet.

Test your blood sugar again in 15 minutes. If your blood sugar is still low, then contact your healthcare provider.

"Hyperglycemia" is when your blood sugar is too high.
"Hyper" means "high" and "glycemia" means "sugar." Hyperglycemia can happen when you:

- Eat too much food
- Do not exercise
- Forget to take your medicine
- Take the wrong amount of medicine
- Are under stress
- Are sick

This can make you feel tired or thirsty, and can cause blurry vision, hunger, and headaches. Sometimes if your sugar is high for a long time, then you may have to pee a lot. It might take cuts or sores a longer time to heal.

If your blood sugar is high, then you need to think about what you ate, if you ate more than usual, if you took your medicine or the right amount of medicine, or if there was some change in your exercise. If your sugar is high, then your medicine might need to be changed. If your blood sugar is more than 400, then you need to see a healthcare provider right away.

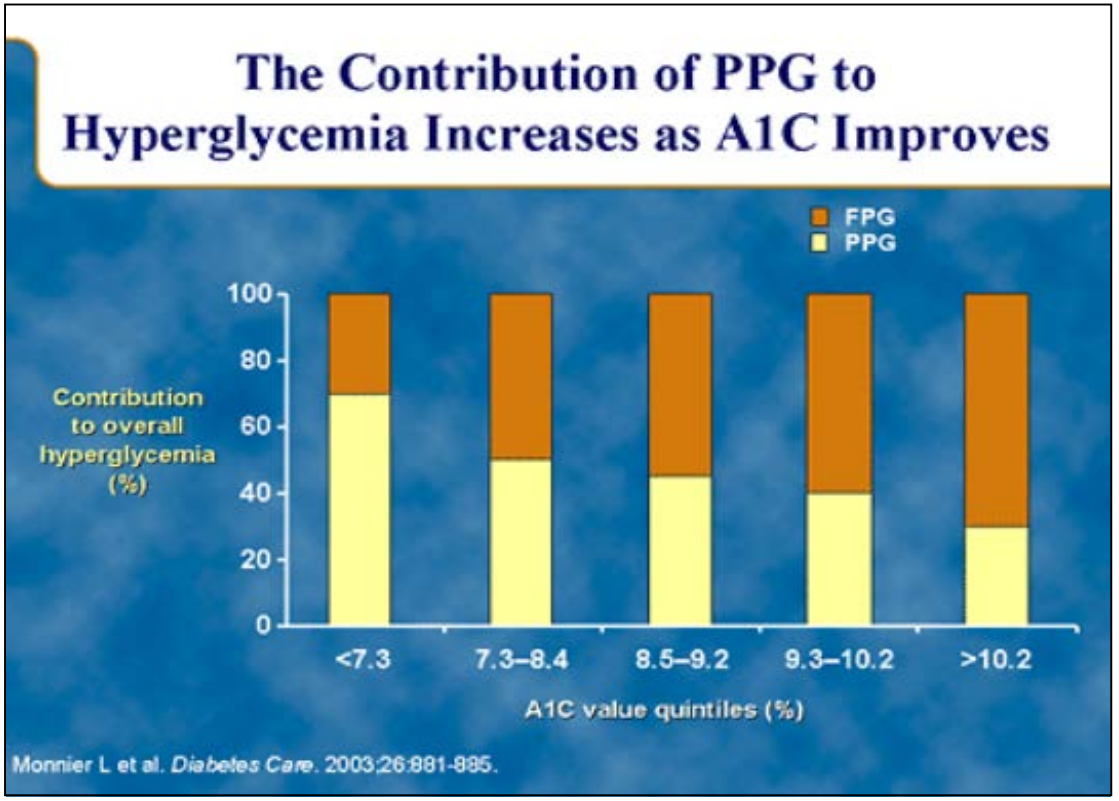
Traveling with Diabetes

1. Plan Ahead
2. Talk to your healthcare provider
3. Pack everything you need
4. Know TSA rules
5. Keep everything with you
6. Know your time zone
7. Know when to take medication
8. Get information about how to prevent DVTs
9. Protect yourself against dehydration on long plane trips
10. Guard against infection; use hand sanitizer
11. Plan for activity
12. Plan for local foods
13. Always have a glucose source
14. Be ready for disruptions in schedules, lost luggage, etc.

Practical Diabetology May/June 2016
HealthinAging.org

A1c (%)	eAG (mg/dL) Estimated Average Glucose
6.0	126
6.5	140
7.0	154
7.5	169
8.0	183
8.5	197
9.0	212
9.5	226
10.0	240

American Diabetes Association: www.diabetes.org/professional/eAG



	VIEWS ABOUT YOUR DIABETES	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
IP4*	This diabetes will pass quickly					
IP5*	I expect to have this diabetes for the rest of my life					
IP6	My diabetes is a serious condition					
IP7	My diabetes has major consequences on my life					
IP8*	My diabetes does not have much effect on my life					
IP9	My diabetes strongly affects the way others see me					
IP10	My diabetes has serious financial consequences					
IP11	My diabetes causes difficulties for those who are close to me					
IP12	There is a lot which I can do to control my symptoms					
IP13	What I do can determine whether my diabetes gets better or worse					
IP14	The course of my diabetes depends on me					
IP15*	Nothing I do will affect my diabetes					
IP16	I have the power to influence my diabetes					
IP17*	My actions will have no affect on the outcome of my diabetes					
IP18*	My diabetes will improve in time					
IP19*	There is very little that can be done to improve my diabetes					
IP20	My treatment will be effective in curing my diabetes					
IP21	The negative effects of my diabetes can be prevented (avoided) by my treatment					
IP22	My treatment can control my diabetes					
IP23*	There is nothing which can help my condition					
IP24	The symptoms of my condition are puzzling to me					
IP25	My diabetes is a mystery to me					
IP26	I don=t understand my diabetes					
IP27	My diabetes doesn=t make any sense to me					
IP28*	I have a clear picture or understanding of my condition					
IP29	The symptoms of my diabetes change a great deal from day to day					
IP30	My symptoms come and go in cycles					
IP31	My diabetes is very unpredictable					
IP32	I go through cycles in which my diabetes gets better and worse.					
IP33	I get depressed when I think about my diabetes					
IP34	When I think about my diabetes I get upset					
IP35	My diabetes makes me feel angry					
IP36*	My diabetes does not worry me					
IP37	Having this diabetes makes me feel anxious					
IP38	My diabetes makes me feel afraid					

IPQ-DM