



Your Guide to Living Well



with Diabetes



An Independent Licensee of the Blue Cross and Blue Shield Association

Table of Contents

| | |
|---|----|
| What's diabetes? | 2 |
| My care team/medications | 3 |
| Checking your blood sugar | 4 |
| Understanding hyperglycemia | 8 |
| Understanding hypoglycemia | 10 |
| Tips for taking your medications..... | 12 |
| Healthy meal planning..... | 13 |
| Snacking with diabetes | 23 |
| Exercise | 24 |
| Care guidelines | 32 |
| Taking care of your feet..... | 34 |
| Managing diabetes when you're sick..... | 35 |
| Healthy coping | 37 |
| SMART goals | 40 |
| Trackers/logs..... | 42 |
| • Medical appointment tracker..... | 43 |
| • Quick tips for your next doctor appointment | 44 |
| • My medicines | 45 |
| • Blood sugar results | 45 |
| • Physical activity log | 48 |
| Diabetes frequently asked questions..... | 49 |
| Member resources | 52 |
| Community resources | 53 |



Whether you've recently been diagnosed with diabetes or have been living with this condition for some time, the information provided in this guide can help you manage your diabetes, live a healthier life, and have better overall health and well-being.

What's diabetes?

Diabetes occurs when the level of glucose (sugar) in your blood is too high. Over time, the high glucose in your blood can cause health problems including damage to your eyes, kidneys, feet, and heart.

Anyone can develop diabetes. But there are some common risk factors including:

- Family history of diabetes.
- Lack of physical activity.
- Being overweight.
- Being over age 45.
- Being Asian American, Asian, Pacific Islander, African American, Native American, Latino, or Indian.
- History of gestational diabetes or prediabetes.

We hope that you'll use this workbook to take charge of your diabetes. The steps you take on your own, in addition to working with your health care team, will help you live more fully.

HMSA's well-being resources can help you set goals and better manage your condition. These resources, such as nurses and care managers, don't replace care from your doctor; they work with you and your doctor to help you live healthier.

Call 1 (855) 329-5461 to enroll and speak to a nurse, dietitian, health coach, or Certified Diabetes Care and Education Specialist. Or visit hmsa.com/well-being/condition-care-program for information on how to connect with one of our HMSA Health and Well-being Support nurses or health coaches.



Scan the QR code to learn more about HMSA's Condition Care Program.

My Care Team

My name: _____ Date: _____

Primary care provider (PCP): _____ Phone: _____

Diabetes doctor (endocrinologist): _____ Phone: _____

Certified diabetes care & education specialist: _____ Phone: _____

Registered dietitian: _____ Phone: _____

Foot doctor (podiatrist): _____ Phone: _____

Eye doctor (ophthalmologist or optometrist): _____ Phone: _____

Pharmacist: _____ Phone: _____

Emergency contact: _____ Phone: _____

Nearest urgent care: _____ Phone: _____

My Medication Tracker

Including all herbal supplements, vitamins, and over-the-counter medications.

| Medicine | Start date | Ordered | Condition | Dose | Taken (a.m./p.m.) | Take with food? | Notes |
|----------|------------|---------|-----------|------|-------------------|-----------------|-------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Reviewed on: _____



Checking your blood sugar?

Knowing your blood sugar level can help you manage your diabetes.

Checking your blood sugar level will help you determine if your diabetes self-management plan is working with a meter or continuous glucose monitor (CGM). It can tell you:

- If you're taking the right amount and type of medications.
- If your activity is at a healthy level.
- If you're getting the right nutrition (amount of carbohydrates/food portions).

The more often your blood sugar is within target goal range, the more you decrease your risk for long-term complications from uncontrolled diabetes.

Who can I ask for help?

Talk to your doctor about finding the right prescription and blood sugar meter. If you're having trouble following the manufacturer's instructions you may call or check their website for instructions for your meter, your diabetes educator, health care provider, or pharmacist can help.

How do I use my blood sugar meter?

- Get your meter and supplies ready.
- Wash your hands with soap and water to remove any dirt or food residue that might affect your blood sugar reading.
- Turn on your meter and insert a test strip.
- Using a lancing device, pierce the side of your fingertip to get a drop of blood.
- Place the drop of blood on or at the side of the strip.
- Watch the meter display for your results.

What is a control solution test?

A control solution test can help you determine if your test strip and your meter are working properly. Check with the pharmacy on the control solution that is compatible with your glucose meter. It's important to perform this test:

- Whenever you open a new vial of test strips.
- If you have an unexpected glucose test result.
- If your blood sugar meter is damaged or dropped.

When is the best time to check my blood sugar level?

Ask your doctor or diabetes care team how often you should check your blood sugar. Testing your blood sugar at different times of the day will tell you if you're within your blood sugar goal and will help you determine what may be affecting your blood sugar level. Here are the best times to check:

- When you first wake up. Testing your blood sugar shortly after waking, but before eating or drinking anything other than plain water, gives you your fasting blood sugar result.

- Before meals. This will help determine if you need to adjust your blood sugar medication(s).
- One to two hours after the start of a meal. Find out if your food portions and blood sugar medication(s) are balanced.
- Before, during, and after physical activity. Understand how activity affects your levels.
- At bedtime. See if you need to adjust your medication or have a snack.

What are my blood sugar goals?

Below are the recommended blood sugar goals for most adults with diabetes. However, your doctor or health care team may recommend specific blood sugar goals better suited for you.

Before meals: 80 to 130 mg/dL or _____ to _____ mg/dL.

One to two hours after the start of a meal: Less than 180 mg/dL or less than _____ mg/dL.

For other times of the day, check with your doctor on blood sugar goals that are right for you.

What is an A1C test?

The A1C test measures your average blood sugar level over a three-month period. It will tell you how well your diabetes self-management plan is controlling your blood sugar levels over time. The closer your A1C is to goal, the less likely you are to develop long-term complications from uncontrolled diabetes. For most people with diabetes, the goal is to keep your A1C below 7%. However, it's best to check with your doctor to see if there's an individualized goal for you.

You should get your A1C test done:

- At least two times a year if your blood sugar is within goal.
- Four times a year if you're not meeting your goals or your treatment plan changed.

| An A1C of: | is equal to an average blood sugar level of: |
|------------|--|
| 6% | 126 mg/dL |
| 7% | 154 mg/dL |
| 8% | 183 mg/dL |
| 9% | 212 mg/dL |
| 10% | 240 mg/dL |
| 11% | 269 mg/dL |
| 12% | 298 mg/dL |

My A1C goal

Less than 7% or _____

How should I track my blood sugar level?

Blood sugar meters will keep track of your level for you, so it's helpful to take your meter when you visit your doctor. You can also keep track using a simple log or a mobile or web app. Sharing your log with your health care team is a good idea.

Blood Sugar Results

| Blood Sugar Results | | | | | | | | |
|-----------------------------------|--|-------|--|-------|---|-------|---------|-------|
| Sunday | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | Before | After | Before | After | Before | After | Time | Time |
| | Time | Time | Time | Time | Time | Time | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| Non-insulin medication and dose ▶ | | | | | | | | |
| Carb intake ▶ | | | | | | | | |
| Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| Long-acting insulin dose ▶ | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | |
| Monday | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | Before | After | Before | After | Before | After | Time | Time |
| | Time | Time | Time | Time | Time | Time | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| Non-insulin medication and dose ▶ | | | | | | | | |
| Carb intake ▶ | | | | | | | | |
| Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| Long-acting insulin dose ▶ | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | |
| Tuesday | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | Before | After | Before | After | Before | After | Time | Time |
| | Time | Time | Time | Time | Time | Time | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| Non-insulin medication and dose ▶ | | | | | | | | |
| Carb intake ▶ | | | | | | | | |
| Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| Long-acting insulin dose ▶ | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | |
| Wednesday | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | Before | After | Before | After | Before | After | Time | Time |
| | Time | Time | Time | Time | Time | Time | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| Non-insulin medication and dose ▶ | | | | | | | | |
| Carb intake ▶ | | | | | | | | |
| Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| Long-acting insulin dose ▶ | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | |

Blood Sugar Results

| Blood Sugar Results | | | | | | | | |
|-----------------------------------|--|-------|--|-------|---|-------|---------|-------|
| Thursday | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | Before | After | Before | After | Before | After | Time | Time |
| | Time | Time | Time | Time | Time | Time | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | |
| Non-insulin medication and dose ▶ | | | | | | | | |
| | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | |
| Friday | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | Before | After | Before | After | Before | After | Time | Time |
| | Time | Time | Time | Time | Time | Time | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | |
| Non-insulin medication and dose ▶ | | | | | | | | |
| | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | |
| Saturday | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | Before | After | Before | After | Before | After | Time | Time |
| | Time | Time | Time | Time | Time | Time | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | |
| Non-insulin medication and dose ▶ | | | | | | | | |
| | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | |

Understanding Hyperglycemia

What is hyperglycemia?

Hyperglycemia, or high blood sugar, occurs when there's too much sugar in the blood. It can happen when your body produces too little insulin or your body is unable to use insulin properly.

Most of the time, high blood sugar doesn't cause any symptoms and you feel normal. But high blood sugar is a leading indicator of diabetes and can lead to complications including a stroke, heart attack, kidney failure, or amputation.

What causes hyperglycemia?

Several factors can lead to hyperglycemia, including:

- Not taking enough diabetes medication.
- Skipping or forgetting to take your diabetes medication.
- Consuming too many carbohydrates from food or drink.
- Being less active than usual.
- Experiencing emotional stress.
- Illness, infection, or dehydration.
- Certain medications, such as steroids.

What are the signs and symptoms of hyperglycemia?

You may experience these symptoms when your blood sugar is high. It's important to check blood sugars levels regularly to keep your blood sugar at a healthy level.

| | | |
|---|---|--|
|  Very thirsty |  Urinating more than usual |  Very hungry |
|  Blurry vision |  Feeling tired or weak |  Headache |
|  Cuts heal slowly |  Vaginal or skin infection |  Unexplained weight loss |

What should I do if I have hyperglycemia?

It's important to treat hyperglycemia as soon as possible to prevent a serious problem called ketoacidosis. If you think you have hyperglycemia, here's what you can do to take care of yourself:

- Follow your diabetes care plan:
 - Take your medications as directed.
 - Monitor your blood sugar regularly.
 - Follow a healthy meal plan.
 - Follow your physical activity plan.
- Call your doctor if:
 - Your blood sugar is higher than your goal for three days.
 - Your blood sugar is higher than your goal and you're experiencing symptoms.
- Seek immediate treatment if:
 - You experience shortness of breath.
 - Your breath smells fruity.
 - You're nauseous, are vomiting, or have very dry mouth.

What's my action plan?

Talk to your doctor and create an action plan, so that you know what to do if you're experiencing hyperglycemia.

1. Call my doctor if my blood sugar level is above _____ mg/dL.
2. Seek immediate treatment if _____ .
3. _____



Understanding Hypoglycemia

What is hypoglycemia?

Hypoglycemia, or low blood sugar, occurs when your blood sugar level drops too low. Talk to your doctor about what your blood sugar target is and what level is too low for you.

What are the signs and symptoms of hypoglycemia?

Each person's reaction to low blood sugar is different. You may experience these symptoms or none at all when your blood sugar is low. It's important to recognize your own signs and symptoms when your blood sugar is low. It's also important to take steps to treat low blood sugar right away or you could pass out.

| | | |
|---|---|---|
|  Shaky |  Sweaty |  Dizzy |
|  Hungry |  Weak or tired |  Headache |
|  Nervous or upset |  Tingling around mouth or lips |  Blurred vision |
|  Confusion |  Seizures |  Passing out |
|  Rapid heart beat |  Irritable |  Slurred speech |

What should I do if I think I have hypoglycemia?

It's important to follow these recommendations to avoid serious complications:

- Check your blood sugar if you have any symptoms or suspect you have low blood sugar. If you think your blood sugar is low and you can't check your blood sugar, treat it anyway.
- Treat hypoglycemia by consuming 15 grams of carbohydrates. Here are some examples:
 - 3 or 4 glucose tablets or 1 tube of glucose gel (follow package instructions).
 - ½ cup (4 ounces) juice or regular (not diet) soda.
 - 1 cup (8 ounces) skim milk.
 - 1 tablespoon sugar, honey, or corn syrup.
 - 1 tablespoon cake icing or gel.
 - Hard candy, jelly beans, jelly candy, or mints (refer to nutrition facts label for how many to consume for 15 grams of carbohydrates).
- Recheck your blood sugar level 15 minutes after you treat yourself.
 - If your level is still low, treat with another 15 grams of carbohydrate until blood sugar is above 70 mg/dL.
 - If your blood sugar is high enough and your next meal is more than one hour away, eat a snack.

What is severe hypoglycemia?

If low blood sugar isn't treated, it can lead to seizures or passing out. If this happens, you may need help from someone. Talk to your doctor if you think you have hypoglycemia to find out if you should have glucagon available.

What are some of the causes of low blood sugar?

- Taking too much medicine and not eating enough carbohydrates.
- Skipping or delaying a meal or snack or eating less than usual.
- More activity than usual.
- Being unable to keep food in when sick.
- Drinking alcohol without eating enough carbohydrates.

What's my action plan?

Use the following questions and talk to your doctor to create an action plan, so you know what to do if you're experiencing hypoglycemia.

1. Call my doctor if my blood sugar level is below _____ mg/dL.
2. Seek immediate treatment if _____.
3. _____



Tips for taking your medications

Managing prescriptions can be confusing. But taking your medications as prescribed is one of the best ways to stay healthy. Here are a few tips to get the most out of your medications. Be sure to check with your physician if you have any questions.



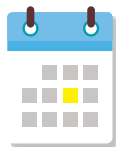
Take your medications exactly as prescribed at the same time every day.



Use a pill organizer so it's easy to see if you forgot anything.



Put a reminder note someplace you can't miss it — like on the refrigerator or your bathroom mirror.



Write down when to take your medications on a calendar.



Sign up for automatic refills at your pharmacy.



Ask your pharmacist if your medication can be sorted into dosing packs.



Set an alarm or download a reminder app on your smartphone.



Exchange daily reminder messages with friends or family members who also take medications.



Healthy meal planning

Sample meal plan

3-4 carbohydrate choices per meal (or 45-60 grams of carbohydrates)

| | Breakfast | Lunch | Dinner |
|--------------|--|---|--|
| Day 1 | 1 English muffin (2 choices) 1 apple banana (1 choice) Egg or egg substitute Coffee with sweetener | Tofu salad 6-12 crackers (1-2 choices) 1 medium apple (2 choices) Unsweetened iced tea | 3-4 oz. steamed fish $\frac{2}{3}$ cup poi (2 choices) Cabbage $\frac{1}{3}$ - $\frac{2}{3}$ cup rice (1-2 choices) |
| Day 2 | 1 cup oatmeal (2 choices) 1 cup skim milk (1 choice) 1 tablespoon walnuts Hot tea | 2 slices whole-wheat bread (2 choices) Tuna with light mayo Lettuce, tomato, cucumber $\frac{3}{4}$ cup berries (1 choice) | 3-4 oz. grilled pork chop 1 medium sweet potato (2 choices) $\frac{1}{2}$ cup corn (1 choice) Green salad with low-fat dressing |
| Day 3 | 2 slices whole-wheat toast (2 choices) $\frac{1}{2}$ papaya (1 choice) $\frac{1}{2}$ cup cottage cheese Unsweetened drink | 3-4 oz. grilled chicken 1 cup pasta/noodles (3 choices) 1 slice garlic bread (1 choice) Green salad | 3-4 oz. lean beef Stir-fry vegetables 1 cup brown rice (3 choices) 2 small tangerines (1 choice) |

Consult with your doctor or a dietitian if you have other food limitations.

| | Breakfast | Lunch | Dinner |
|----------------------------------|-----------|-------|--------|
| Meats and protein | | | |
| Dairy | | | |
| Fruits | | | |
| Grains/ starchy vegetables | | | |
| Nonstarchy vegetables | | | |
| Fat | | | |
| Snack (optional) | | | |



Meal Planning

How to make healthy choices:

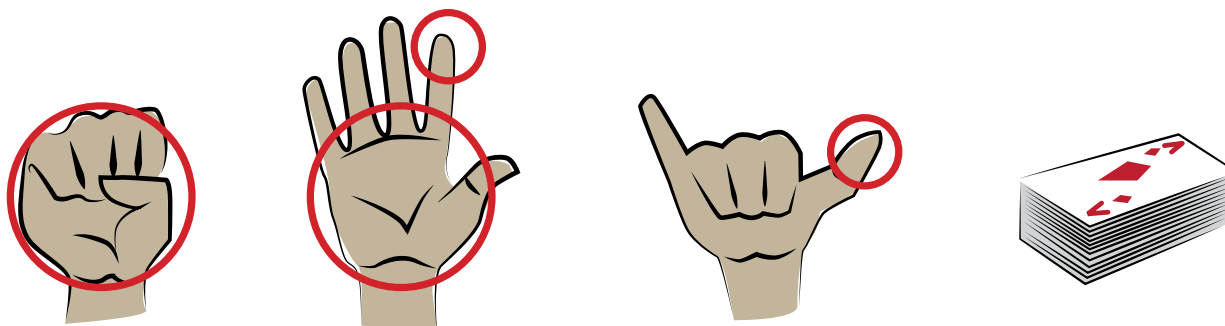
- Eat a variety of foods in the right amounts.
- Check food labels for calorie, carbohydrate, total fat, and sodium amounts.
- Eat small portions several times a day.
- Match how much you eat with your activity level and medication or insulin.
- Eat fewer foods high in calories, cholesterol, saturated fat, trans fat, and sodium.
- Talk with your diabetes care team if you have any questions about your meal plan.
- Keep track of what you eat and drink.

Choose:

- Lots of nonstarchy vegetables (half of your plate).
- Whole-grain foods.
- Fish two to three times a week.
- Lean cuts of beef and pork.
- Skinless chicken and turkey.
- Nonfat or lowfat dairy products.
- Water, unsweetened tea, coffee, and calorie-free, sugar-free drinks instead of drinks with sugar.
- Liquid oils for cooking instead of solid fats (limit quantities).

When eating out:

- Plan ahead by reviewing menu choices online and review the nutritional facts before you go. Select a restaurant that accommodates your meal requests.
- Share a meal or ask for half of it to be packed up (so you can take it home for another meal) before you begin eating.
- Stop eating when you first start to feel full.
- Skip high-sugar or high-calorie beverages, appetizers, and desserts.
- Order appetizers as entrees since they're smaller portions.
- Ask for salad dressings, sauces, gravy, and condiments on the side. Use a minimal amount.
- Don't be afraid to ask to substitute or leave out of high-calorie and high-fat items.
- Go for items that are steamed, grilled, poached, broiled, vegetarian, or labeled "light" or "lean."
- Avoid items that are fried or breaded, items in cream or cheese sauces, and meat with visible fat.
- Remember your portion sizes.
- Eat slowly, take a break between bites, and enjoy your meal.



How to Estimate Portion Sizes

One easy way to estimate portion sizes of foods is by using your hands. Everyone's hands are different, so measure out portions first and compare them to your hands to get an idea of what they should look like. Use these guidelines when trying to estimate a portion size:

- 2 cups will fit into your hands if they were cupped together.
- 1 cup or 8 ounces is equivalent to your fist. If you have large hands, your fist might equal 10 ounces or slightly more than a cup.
- ½ cup or about 4 ounces is the size of one cupped palm.
- 3 ounces is about the size of your palm or a deck of cards.
- 1 tablespoon is the size of the tip of your thumb.
- 1 teaspoon is the size of the tip of your pointer finger.

| Nutrition Facts | |
|-------------------------------|--------------------|
| 8 servings per container | |
| Serving size | 1 cup (68g) |
| Amount per serving | |
| Calories | 370 |
| % Daily Value* | |
| Total Fat 5g | 7% |
| Saturated Fat 1g | 5% |
| Trans Fat 0g | |
| Cholesterol 0mg | 0% |
| Sodium 150mg | 6% |
| Total Carbohydrate 48g | 15% |
| Dietary Fiber 5g | 14% |
| Total Sugars 13g | |
| Includes 10g Added Sugars | 20% |
| Protein 12g | |
| Vitamin A 10mcg | 20% |
| Vitamin C 1mg | 100% |
| Vitamin D 1mcg | 50% |
| Vitamin E 2mcg | 100% |
| Riboflavin 5mcg | 75% |
| Folic Acid 200mcg | 60% |
| Thiamin 2mcg | 35% |
| Vitamin B12 5mcg | 100% |
| Zinc 7mg | 50% |
| Biotin 300mcg | 100% |
| Calcium 50mcg | 25% |
| Phosphorus 90mcg | 90% |
| Magnesium 400mcg | 100% |
| Chromium 75mcg | 80% |
| Potassium 5g | 100% |

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Reading Nutrition Labels

- Check the serving size. The information on the label is for the serving size listed. If you eat double the serving size, everything on the label is doubled.
- Total carbohydrates include sugar, starch, and fiber. Use the total grams of carbs per serving when counting carbs.
- Choose foods with less added sugar. It is recommended to limit added sugar to less than 45 grams per day. One teaspoon of sugar is 4 grams. Sugar alcohols contribute to the amount of carbohydrates and may cause gastrointestinal distress in large amounts.
- Percent daily value can be used as a guide. Aim for less than 5% for nutrients you want to limit such as sodium and saturated fat. Aim for 20% or more for nutrients you want to get more of such as fiber, vitamin D, calcium, and iron.

Based on a 2,000 Calorie diet

| Nutrient | Daily Value Goal |
|---------------|-------------------|
| Saturated Fat | Less than 20g |
| Sodium | Less than 2,300mg |
| Dietary Fiber | At least 28g |
| Added Sugars | Less than 50g |

Create your plate

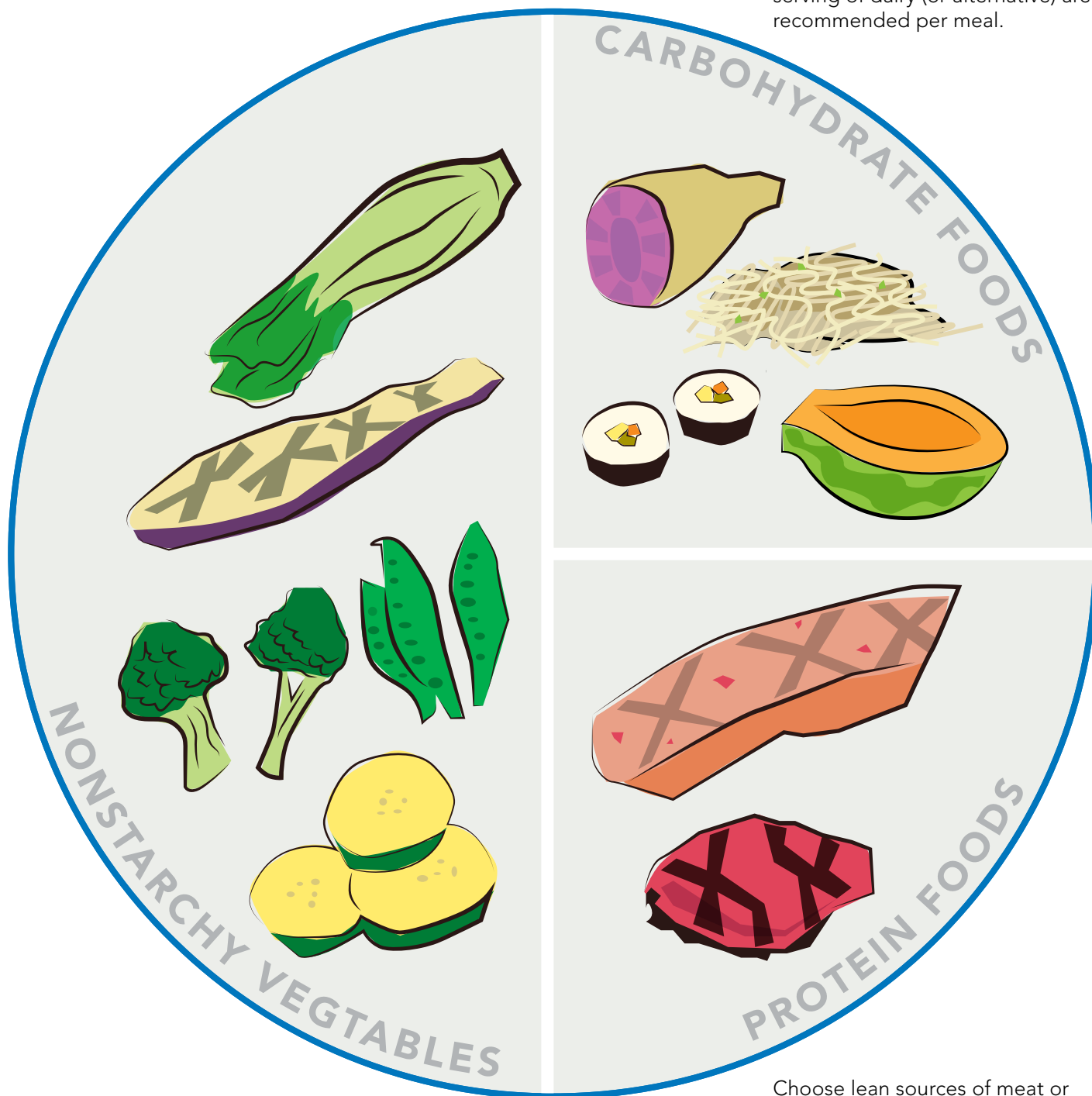
Use a 9-inch plate

Fill half of your plate with nonstarchy vegetables



Water or zero calorie drink.

Generally 2-3 servings of starch, one serving of fruit, and one serving of dairy (or alternative) are recommended per meal.



Choose lean sources of meat or protein in portions that meet your individual needs.



Noncarbohydrates

Nonstarchy vegetables

- Don't raise blood sugar as much as starchy vegetables.
- Fill half of your plate or one to two servings per meal.

One serving (1 cup raw or ½ cup cooked) = 5 grams carbohydrates

1 ½ cups of cooked nonstarchy vegetables equals one carbohydrate serving

Examples:

Artichoke hearts

Asparagus

Baby corn

Bamboo shoots

Bean sprouts

Beans (green, long, wax, wing)

Bitter melon

Broccoli

Brussels sprouts

Cabbage (green, bok choy, choy sum, won bok)

Carrots

Cauliflower

Celery

Chayote

Chinese peas

Chives

Cilantro

Cucumbers

Daikon

Eggplant

Fern shoots

Green onions

Green papaya

Greens (collard, kale, mustard, turnip)

Jicama

Leeks

Lettuce (all varieties)

Lotus root

Marungay

Mixed vegetables (without corn, peas, or pasta)

Mushrooms (all varieties)

Okra

Onions

Pea pods

Peppers (all varieties)

Radishes

Sauerkraut

Seaweed (limu)

Soybean sprouts

Spinach

Squash, summer (crookneck, zucchini)

Tomato

Turnips

Water chestnuts

Watercress



Protein

- Meat and meat substitutes are a source of protein and don't raise blood sugar significantly.
- Prepare meats without a batter. Bake, grill, or broil.
- Choose leaner meats.
- 3 ounces cooked meat = deck of cards or palm of your hand.
- The number of servings per day varies by individual meal plan.

1 protein choice = 0 grams carbs and 7 grams protein

1 choice = 1 ounce

Lean

Beef: Ground round, roast, round, sirloin, steak, or tenderloin

Chicken: White meat without skin

Smoked fish: Herring or salmon (lox)

Sandwich meats: Chipped beef, thin-sliced deli meats, turkey, or ham

Pork: Canadian bacon, rib or loin chop/roast, ham, or tenderloin

Lamb: Chop, leg, or roast

Shellfish: Clams, crab, imitation shellfish, lobster, scallops, or shrimp

Veal: Loin chop or roast

One choice

Cottage cheese: ¼ cup

Hot dog: 3 grams fat or less per ounce

Egg substitutes, plain: ¼ cup

Egg whites: Two

Beef jerky (lean): ½ ounce

Sardines, canned: Two small

Medium fat

Beef: Corned beef, ground beef, prime rib, or short ribs

Chicken: White meat with skin

Fish: Any fried product

Lamb: Ground or rib roast

Pork: Cutlet or shoulder roast

Sausage: 4-7 grams fat per ounce

Veal: Cutlet (no breading)

One choice

Cheese, 1 ounce: Feta, mozzarella, reduced-fat cheeses, or string cheese

Tofu: ½ cup

Egg: One

Soy milk: 1 cup

High fat

Pork: Ground, sausage, or spareribs

Hot dog: Beef or pork

Sandwich meats: Bologna, pastrami, or hard salami

Sausage: Bratwurst, chorizo, Italian, knockwurst, Polish, or smoked

Vienna sausage: Three

Spam: 1 ounce

Bacon: Three slices

One choice

Cheese, 1 ounce: American, bleu, brie, cheddar, queso, or Swiss

Fats

- Don't raise blood sugar significantly.
- Should be used sparingly, especially if managing your weight.
- Choose unsaturated fats and limit saturated fats.
- Will help slow the rise of blood sugar after meals.

One serving = 5 grams fat

Unsaturated Fats (Monounsaturated)

One serving

Avocado: 2 tablespoons

Nut butters (trans-fat free):
1½ teaspoons

Nuts

Almonds: 6

Cashews: 6

Peanuts: 10

Pecans: 4 halves

Pistachios: 16

Oil: Canola, olive, or peanut
(1 teaspoon)

Olives, black: 8 large

Olives, green, stuffed: 10 large



Polyunsaturated Fats

Margarine or lower-fat spread
(30%–50% vegetable oil, trans-fat
free): 1 tablespoon

Stick, tub (trans-fat free), or squeeze
(trans-fat free): 1 teaspoon

Mayonnaise: 1 teaspoon

Reduced-fat mayonnaise:
1 tablespoon

Oil, 1 teaspoon: Corn, cottonseed,
flaxseed, grape seed, safflower,
soybean, or sunflower

Salad dressing, reduced fat:
2 tablespoons

Salad dressing, regular: 1 tablespoon

Seeds, 1 tablespoon: Flaxseed
(whole), pumpkin, sunflower,
or sesame

Walnuts: 4 halves

Saturated Fats

Bacon: One slice

Butter: 1 teaspoon

Butter, reduced fat: 1 tablespoon

Butter, stick or whipped: 2 teaspoons

Cream, regular: 2 tablespoons

Cream, half and half: 2 tablespoons

Cream, heavy: 1 ½ tablespoons

Cream, light, whipped, or pressurized:
¼ cup

Cream cheese, reduced fat:
1 ½ tablespoons

Cream cheese, regular: 1 tablespoon

Lard: 1 teaspoon

Oil, coconut, palm, palm kernel:
1 teaspoon

Shortening, solid: 1 teaspoon

Sour cream, reduced fat or light:
3 tablespoons

Sour cream, regular: 2 tablespoons



Carbohydrates

- Most of the carbohydrates we eat quickly turn into blood sugar.
- Serving recommendations vary by individual meal plan.
- Generally, two or three servings of starch, one serving of fruit, and one dairy serving per meal is recommended.
- One carbohydrate choice = 15 grams carbohydrates.
- Check the food label as foods can vary.

Milk and Yogurt

One choice = 12-15 grams carbohydrates

Chocolate milk, fat-free, or whole: ½ cup

Evaporated milk (all kinds): ½ cup

Ice cream, light, no sugar added, or regular: ½ cup

Milk or buttermilk, fat-free, low-fat (1%), reduced-fat (2%), or whole: 1 cup

Soy milk, light or regular, plain: 1 cup

Yogurt, plain, whole: 1 cup

Refer to the food label for the amount of carbohydrates in other milk alternatives.

Fruits

One choice = 15 grams carbohydrates

Apple, unpeeled, small: One (4 ounces)
Apple (mountain): Three medium
Applesauce, unsweetened: ½ cup
Apricots: Four whole (5 ½ ounces)
Banana: Half (4 ounces)
Blackberries: ¾ cup
Blueberries: ¾ cup
Cantaloupe, small: ⅓ melon or 1 cup
Cherries: 12 (3 ounces)
Chico (sapodilla): Half (3 ounces)
Dates: Three
Dragon fruit: 4 ounces
Dried fruits: 2 tablespoons
Figs (fresh or dried): 1 ½
Fruit juice: ½ cup
Grapefruit, large: Half (11 ounces)
Grapes, small: 17 (3 ounces)
Guava: One medium
Honeydew melon: One slice or 1 cup
Jackfruit: ½ cup
Kiwi: One (3 ½ ounces)
Longan: 30
Lychee or rambutan: 10
Mango, small: Half (5 ½ ounces) or ½ cup
Nectarine, small: One (5 ounces)
Orange, small: One (6 ½ ounces)
Papaya: Half or 1 cup
Peaches, medium: One (6 ounces)
Pears: ½ cup (4 ounces)*
Pears, Korean or Japanese: Half (3 ⅝-by-3 inches)
Persimmon: Half
Pineapple: ¾ cup
Plums, small: Three
Pomegranate: ½ cup
Pomelo (jabong): 1 cup
Prunes: Two (5 ounces)

Raspberries: 1 cup
Raisins: 2 tablespoons
Starfruit: Two medium (6 ounces)
Strawberries: 1 ¼ cups
Tangerines, small: Two (8 ounces)
Watermelon: One slice or 1 ¼ cups

Starchy Vegetables

One choice = 15 grams carbohydrates

Baked beans: ⅓ cup
Beans, cooked (azuki, black, garbanzo, kidney, lima, navy, pinto, or white): ½ cup
Breadfruit: ¼ cup
Cassava: ¼ cup
Corn on cob: ½ cup
Dasheen: 1 cup
Gobo: ½ cup
Lentils, cooked: ½ cup
Mixed vegetables with corn, peas, or pasta: 1 cup
Mung beans: ⅓ cup cooked
Natto: ½ cup
Peas, green: ½ cup
Pork and beans: ⅓ cup
Potato, baked with skin: ¼ large (3 ounces)
Potato, boiled: ½ cup
Potato, mashed, with milk and fat: ½ cup
Potato wedges (oven-baked): 1 cup (2 ounces)
Pumpkin, canned, no sugar added: 1 cup
Squash, winter (acorn or butternut): 1 cup
Taro, poi: ½ cup
Yam, sweet potato: ½ cup

Cereals and Grains

One choice = 15 grams carbohydrates

Bran or wheat: ½ cup
Cereal, cooked (grits, oats, or oatmeal): ½ cup
Cereal, shredded wheat, plain: ½ cup
Cereal, sugar-coated: ½ cup
Cereal, unsweetened, ready-to-eat: ¾ cup
Couscous: ⅓ cup
Granola, low-fat or regular: ¼ cup
Pasta, cooked: ⅓ cup
Egg noodle
Long rice (bean thread)
Macaroni
Pancit
Ramen
Rice noodle
Soba (buckwheat)
Somen
Udon
Quinoa, cooked: ⅓ cup
Rice, white or brown, cooked: ⅓ cup
Wild rice, cooked: ⅓ cup



Crackers and Snacks

One choice = 15 grams carbohydrates

Animal crackers: Eight
 Chips, fat-free: 15–20
 Chips (taro): 1 cup
 Chips (tortilla, potato): 9–13
 Cookies, chocolate chip: Two
 Cookies, vanilla wafers: Five
 Crackers, graham 2 ½-inch square: Three
 Crackers, mochi crunch: ⅓ cup
 Crackers, plain mochi: 2-by-½ inch
 Crackers, round, butter type: Six
 Crackers, saloon pilot: One
 Crackers, saltine-type: Six
 Crackers, sandwich-style, cheese or peanut butter filling: Three
 Crackers, soda: Three
 Crackers, whole wheat: 2–5
 Popcorn: 3 cups
 Pretzels: ¾ ounces
 Rice cakes, 4 inches diameter: Two

Bread

One choice = 15 grams carbohydrates

Bagel: ¼ of a large bagel or 1 ounce
 Bread, reduced calorie: Two slices
 Bread, white, whole-grain, pumpernickel, or rye: One slice (1 ounce)
 English muffin: Half
 Hot dog or hamburger bun: Half (1 ounce)
 Pancake, 4 inches: One
 Pandesal: Half
 Pita, 6 inches: Half
 Roll, plain, small: One (1 ounce)
 Sweet bread: ½ of a round loaf
 Taco shell, 5 inches: Two
 Tortilla, corn or flour, 6 inches: One
 Waffle, 4-inch square: One

Other carbohydrates/combination foods

One choice = 15 grams carbohydrates

Beef stew: 1 cup
 Brownie, unfrosted: 2-inch square (1 ounce)
 Cascaron: Half
 Corned beef hash: ⅔ cup
 Dim sum: One
 Gyoza: Four
 Haupia: 1-inch square
 Jam/jelly: 1 tablespoon
 Malasada: Half
 Manapua (pork): One
 Mun doo: Two
 Okinawan donut: One
 Pork hash: Two
 Portuguese bean soup: ½ cup
 Sugar: 1 tablespoon
 Sushi (norimaki): 1 ½ inch
 Sari sari: 1 cup
 Syrup: 1 tablespoon

Consult with your doctor, dietitian, or diabetes care team for your individual meal plan recommendations or additional dietary restrictions. Check with your diabetes care team for your individual meal plan recommendations.



Snacking with diabetes

- Sugar-free gelatin with 2 tablespoons fat-free whipped topping.
- ½ cup sugar-free pudding.
- Frozen 100% fruit juice bar, sugar-free fudge bar, or Greek yogurt bar.
- ½ cup fat-free whipped topping mixed with 1 tablespoon unsweetened cocoa powder to make a mousse.
- Vegetables (1 cup sliced zucchini, cucumber, bell pepper, or baby carrots) with low-fat dip.
- Celery or cucumber with 1 tablespoon fat-free cream cheese.
- 1 cup strawberries with 2 tablespoons fat-free whipped topping.
- Medium-sized fresh fruit (apple, orange, apple banana, nectarine, kiwi).
- 1 cup berries or cubed melon.
- Small apple with 1 tablespoon natural peanut butter.
- ¼ cup cottage cheese with ½ cup canned pineapple packed in its own juice.
- 6 ounces light or nonfat Greek yogurt.
- 1 ounce beef, turkey, or fish jerky.
- 10 mini crispy rice cakes.
- English muffin pizza: Half a whole-wheat English muffin, 1 tablespoon marinara sauce, and 1 tablespoon mozzarella cheese.
- Two sugar-free chocolate chip cookies.
- 6-inch whole-grain flour or corn tortilla with 1 tablespoon natural peanut butter and sugar-free jelly.
- 1 ounce fish-shaped cheese crackers.
- 3 cups air-popped popcorn.
- 1 ounce baked tortilla chips with ¼ cup salsa.
- Six reduced-fat whole-grain crackers with 1 ounce string cheese.
- ¼ cup nuts.
- ¼ avocado on whole-wheat bread.
- 1 cup edamame (soybeans in shell).
- Hard-boiled egg.

Discuss any specific diet restrictions with your health care provider.



Exercise

Regular physical activity is an important part of your diabetes self-management plan. When you're active, muscles are more sensitive to insulin and use glucose (blood sugar) for energy. Activity can decrease your blood sugar for up to 24 hours. The goal is 150 minutes of moderate exercise per week. You can break it up into 30 minutes for five days a week or the times and number of days per week that work for you. Most importantly, find an activity you enjoy.

If you haven't been active, getting started safely is important. Testing your blood sugar before and/or after exercise can help you learn how your body responds to exercise. If you're taking insulin or other oral medications that increase your insulin, checking your blood sugar before and after exercise can help to prevent low blood sugar (hypoglycemia).

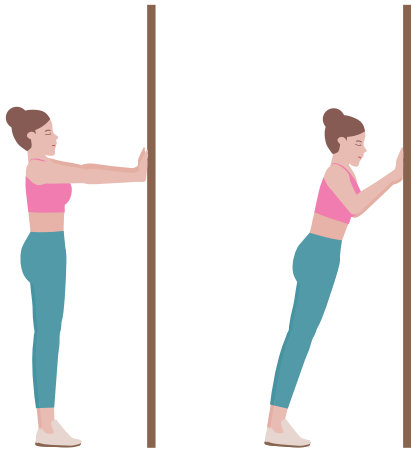
Talk with your doctor before starting an exercise program. Warm up and cool down for five minutes. Start slowly and include light activities such as walking. Stay hydrated and drink water before, during, and after any activity. Wear comfortable, well-fitting shoes with clean socks. Have a source of carbohydrates available. Carry your cell phone with you and wear a medical ID.

At-home Full-body Workout

Breathing properly will make it easier to perform exercises. Exhale while you're doing the hardest work and inhale when you're coming back to starting position.

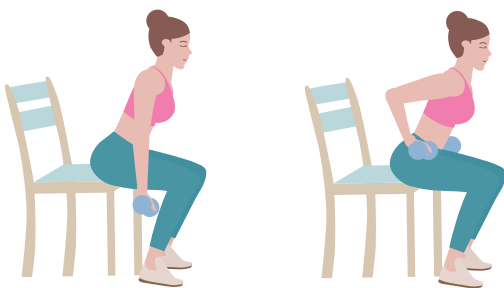
Increase your weight and/or repetitions (20 max) to your ability. Weight should be challenging, but not to the point where you're unable to perform 12 or more repetitions in proper form. Aim for less than 30 seconds of rest between sets.

Always consult your physician before beginning any exercise program. Exercise could have slight discomfort, but it should not be painful. If the exercise is painful, stop immediately.



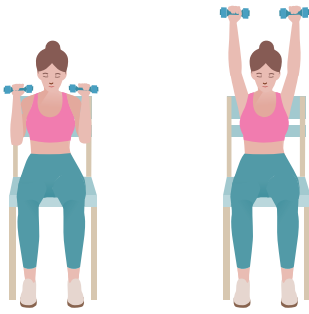
Wall pushups

1. Face a wall standing a little farther than arm's length away, feet should be shoulder-width apart.
2. Lean body forward and put palms flat against the wall at shoulder height and shoulder-width apart.
3. Bend your elbows and lower body toward the wall in a slow, controlled motion.
4. Hold position for one second.
5. Slowly push yourself back until arms are straight.



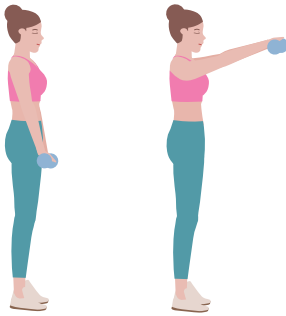
Seated row

1. Sit in a sturdy, armless chair with feet flat on the floor.
2. Hold weights with palms facing inward and elbows close to the body.
3. Relax shoulders and extend your arms beside your legs.
4. Pull both elbows back until your hands are at your hips.
5. Squeeze shoulder blades together (as if holding a ball between them) and hold position for one second.
6. Slowly return hands to starting position.



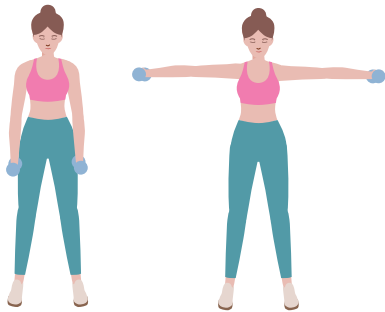
Overhead arm raise*

1. Keep feet flat on the ground.
2. Hold weights at your sides at shoulder height with palms facing forward.
3. Raise both arms up over your head keeping elbows slightly bent.
4. Hold position for one second.
5. Slowly return hands to starting position.



Front arm raise*

1. Hold weights down at your sides with palms facing backward.
2. Keep arms straight as you raise both arms in front of you to shoulder height.
3. Hold position for one second.
4. Slowly lower to starting position.



Side arm raise*

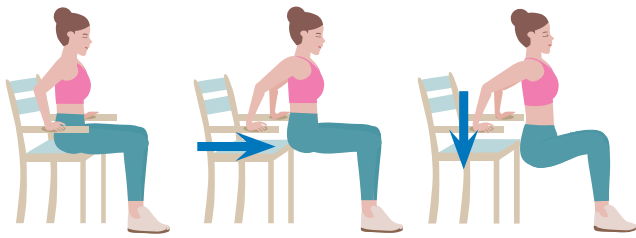
1. Keep feet flat on the ground.
2. Hold weights down at your sides with palms facing inward.
3. Raise both arms to the side to shoulder height.
4. Hold position for one second.
5. Slowly lower to starting position.



Arm curl*

1. Hold weights down at your sides, palms facing forward.
2. Slowly bend your elbows and lift the weights toward your chest. Keep elbows at your side.
3. Hold position for one second.
4. Slowly lower arms to starting position.

*These exercises may be done while standing or while sitting in a sturdy, armless chair.



Chair dip

1. Sit in a sturdy chair with armrests with your feet flat on the floor.
2. Lean slightly forward; keep back and shoulders straight.
3. Grasp arms of chair with hands next to you.
4. Use your arms to push your body slowly off the chair.
5. Hold position for one second.
6. Slowly return your body to the chair.



Chair squat

1. Sit toward the front of a sturdy chair with knees bent and feet flat on the floor, shoulder-width apart.
2. Keep back and shoulders straight throughout the exercise.
3. Extend your arms so they're parallel to the floor and slowly stand up.
4. Slowly sit back down.



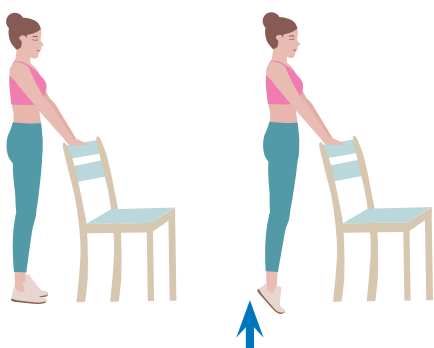
Leg extensions

1. Sit in a sturdy chair with your back supported by the chair.
2. Slowly extend one leg in front of you as straight as possible, but don't lock your knee.
3. Point toes toward the ceiling. Hold for one second.
4. Slowly lower leg back down.
5. Complete reps on one leg and then repeat on the other leg.



Standing leg

1. Stand behind a sturdy chair and hold it for balance.
2. Slowly bring your heel up toward your buttocks as far as possible. Bend only from your knee and keep your hips still. The leg you're standing on should be slightly bent.
3. Hold position for one second.
4. Lower your foot back to the floor.
5. Complete reps on one leg and then repeat on the other leg.



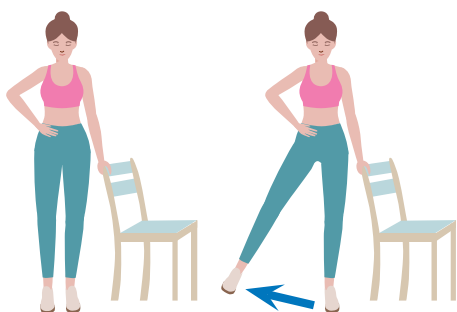
Standing calf raise

1. Stand behind a sturdy chair and hold it for balance.
2. Slowly stand on your tiptoes as high as possible.
3. Hold position for one second.
4. Slowly lower your heels to the floor.



Back leg raise

1. Stand behind a sturdy chair and hold it for balance.
2. Slowly lift one leg straight back without bending your knee or pointing your toes. The leg you're standing on should be slightly bent.
3. Hold position for one second.
4. Slowly lower your leg to the starting position.
5. Complete reps on one leg and then repeat on the other leg.



Side leg raise

1. Stand behind a sturdy chair and hold it for balance.
2. Slightly lift one leg out to the side. Keep your back straight and toes facing forward. The leg you're standing on should be slightly bent.
3. Hold position for one second.
4. Slowly lower your leg to the starting position.
5. Complete reps on one leg and then repeat on the other leg.

No weights or workouts bands?

Five alternative household items.



1. Bags of fruit or vegetables

Seal the bag with tape or ties to prevent any vegetables or fruit from falling out.



2. Books

Books are a good substitute. Find books similar in weight. If you're unable to find two similar books, exercise one arm at a time.

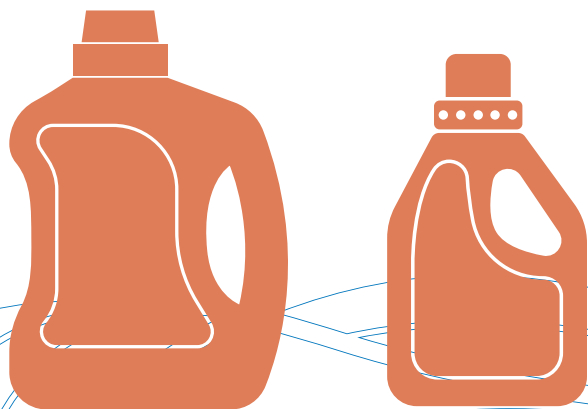
3. Plastic water bottles

Measure the water in each one to ensure they're the same weight.



4. Canned goods

Make sure they're the same size and weight for equal training on each side.










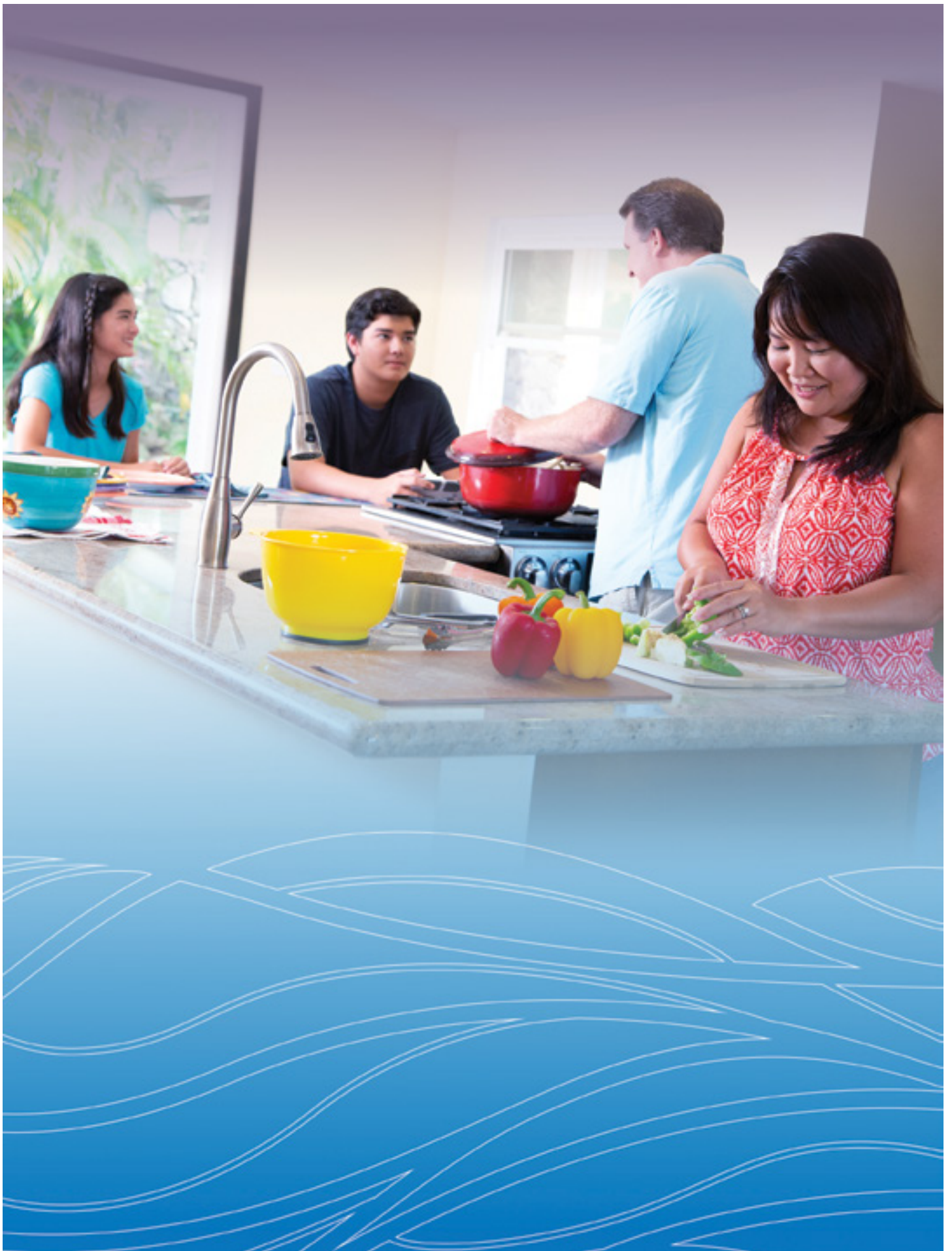
5. Milk jug or laundry detergent container

Fill container with liquid or sand to the desired weight.

Physical Activity Log

Month/Year_____

| Activity | | Time | Distance | Sets | Reps | Weight |
|----------|---|------|----------|------|------|--------|
| Day 1 |  | | | | | |
| | | | | | | |
| | | | | | | |
| Day 2 |  | | | | | |
| | | | | | | |
| | | | | | | |
| Day 3 |  | | | | | |
| | | | | | | |
| | | | | | | |
| Day 4 |  | | | | | |
| | | | | | | |
| | | | | | | |
| Day 5 |  | | | | | |
| | | | | | | |
| | | | | | | |
| Day 6 |  | | | | | |
| | | | | | | |
| | | | | | | |
| Day 7 |  | | | | | |
| | | | | | | |
| | | | | | | |



Care Guidelines

Daily

Foot self-inspection: Inspect your feet for signs of redness, small cuts, or abrasions; numbness; warmth; swelling; or calluses, which can be early warning signs of conditions that can lead to serious foot problems.

Do you notice any changes in your feet?

Yes: Notify your doctor

No: Continue daily checks

Two to four times a year

A1C: This blood test measures blood glucose (sugar) control over the past 90 days. The closer your A1C is that of people who don't have diabetes, the less chance you have of damage to your heart, eyes, kidneys, and blood vessels. A1C should be tested two to four times a year, depending on how well your blood glucose is managed and/or if you've had a recent change in your diabetes medications. The A1C goal for most adults with diabetes is less than 7%.

A1C: _____ Date: _____

A1C: _____ Date: _____

A1C: _____ Date: _____

A1C: _____ Date: _____

Dental exam: When you have diabetes, you're at higher risk for both gingivitis (early-stage gum disease) and periodontitis (advanced gum disease). It's important to see your dentist at least twice a year. You may qualify to receive additional visits and cleanings to support your oral health. Please contact the number on the back of your HMSA membership card or check your benefits at hmsa.com/help-center/hmsas-my-account-for-hmsa-members.

Last visit: _____

Next visit: _____

At every doctor's visit

Blood pressure: High blood pressure (hypertension) can lead to a heart attack, worsening heart failure, stroke, or kidney failure. Both the American Heart Association and the American Diabetes Association recommend blood pressure of less than 130/80 for people with diabetes. Make sure that you have your blood pressure checked at every visit and talk with your doctor about how to reach your blood pressure goals.

BP: _____ Date: _____

BP: _____ Date: _____

BP: _____ Date: _____

BP: _____ Date: _____

Foot inspection: People with diabetes should have their feet inspected by their doctor during each visit.

Date of last foot inspection: _____

Annually

Diabetes eye exam: People who have diabetes should have a diabetes eye exam every one to two years done by an eye doctor who takes care of people with diabetes. This is a special eye exam that isn't the same as having your vision checked for glasses. It's important to detect changes early and treat the changes in your eyes to prevent blindness.

Fasting lipid profile: High levels of lipids (fats) in the blood can lead to heart attack and stroke. People with diabetes are at a higher risk for heart attack and stroke than those without diabetes. Lipid profile tests should be done at least once a year so that you and your doctor can monitor your levels and develop a plan to reduce your risk.

Chronic kidney disease: At least annually, you should have a urine protein/microalbumin test and an estimated glomerular filtration rate (eGFR) test if you have type 2 diabetes or if you have had type 1 diabetes for more than five years. Measuring your urinary protein will give you and your doctor information about the health of your kidneys and blood vessels.

Foot examination: You should also have a complete sensory foot exam done by your doctor every year.

Flu vaccine: Flu season peaks from late December through early March. Getting the flu vaccine annually has been found to lower the chances of getting the flu. For people over 65, it may be beneficial to get the high-dose flu shot.

Discuss with your doctor

Pneumonia vaccine: All adults ages 65 and older need to be vaccinated. Anyone between ages 2 and 64 who has a chronic illness should be vaccinated once. Those over 65 may benefit from getting a booster and should discuss this with their doctor.

Smoking cessation: People with diabetes who smoke have a higher risk of cardiovascular disease, worse blood sugar control, and premature death. It's recommended not to use cigarettes and other tobacco products or e-cigarettes.

Other recommended vaccines: RSV for those over 60 years of age. Tdap vaccine (tetanus, diphtheria, and pertussis). Hepatitis B vaccine (in three parts). Zoster vaccine (shingles). COVID-19.

My last eye exam:

My next eye exam:

Date: _____

Total cholesterol: _____

LDL: _____

HDL: _____

Triglycerides: _____

Last microalbumin:

Last eGFR:

Date completed:

Last flu shot:

Last pneumonia vaccine shot:





Taking care of your feet

When you live with diabetes, it's important to take good care of your feet. Managing your blood sugar and being aware of any loss of feeling or changes in your feet can help prevent serious complications. If you notice any changes in your feet, let your diabetes care team know right away.

Be sure to schedule a comprehensive foot exam with your doctor every year and have your feet checked each time you visit your doctor.

Care for your feet every day

- Look for cuts, sores, blisters, redness, or calluses. If you can't see the bottom of your feet, ask a family member or friend to check for you. Or, use a hand-held mirror to see the bottom of your feet.
- Wash and dry your feet daily. Use warm water. Use a mild soap and wash between toes. Dry your feet thoroughly, especially between your toes.
- To keep your skin soft, use lotion on the tops and bottoms of your feet, but not between your toes.

Wear the correct footwear

- Wear well-fitting comfortable shoes such as covered or athletic shoes.
- Before you put on your shoes, check the inside to make sure there aren't any objects inside.
- To break in new shoes, wear them for a few hours each day. Increase the number of hours you wear them each week.
- To help prevent blisters, wear soft, clean socks.
- Don't walk barefoot (indoors or outdoors).

Self-care

- Never cut corns or calluses yourself and don't use over-the-counter treatments.
- If you can't reach your feet to cut your nails, can't see well, or have loss of sensation or circulatory issues in your feet, check with your doctor or podiatrist. If you can comfortably cut your nails yourself, cut them straight across, not too close to the skin, and use an emery board to file down sharp edges.
- Ask your doctor or podiatrist if pedicures are safe for you and the best way to care for your nails.



Managing diabetes when you're sick

We all do our best to stay healthy and be prepared if we get sick. When you have diabetes, it's even more important to know what to do if you get sick. When you don't feel well, the stress of being sick can cause your blood sugar (blood glucose) to rise even if you're eating and exercising as usual.

Have a sick day plan that includes your physician's phone number and details on how your medications and meals may need to change. You should also include information on how often to check your blood glucose, when to check ketones, and when to call your doctor.

The goal of sick-day management is to prevent a minor illness from turning into a major issue.

A sick-day plan:

- Continue to take your diabetes medication. Don't stop your insulin or change doses that your doctor prescribed without talking to your doctor first.
- Test your blood sugar level every two to four hours and keep track of the results.
- Call your doctor if your blood sugar level is high (240 mg/dl or more) for more than six hours.
- Monitor your urine ketones using ketone urine strips that detect developing diabetic ketoacidosis (DKA). This is especially useful if you have type 1 diabetes. When your body doesn't have enough insulin, it starts breaking down the fat as fuel, which produces ketones. When too many ketones are produced too quickly, they can cause DKA, which is very serious and can cause a coma or even death. If you think you have DKA, use an over-the-counter kit to test your urine. If you have moderate to high ketone levels in your urine, call your doctor right away.
- Stay hydrated. Drink 8 ounces of water or sugar-free and caffeine-free liquids. If unavailable, take frequent sips of liquid or have a sugar-free popsicle or a serving of sugar-free gelatin.
- Try to follow a regular meal plan. If you're unable to eat, substitute regular carbohydrate intake with liquids such as regular soda, gelatin, popsicles, Gatorade or Pedialyte, sherbet, or soup.
- Rest.
- Check your temperature for a fever.
- Involve a family member or friend in your sick-day plan. Be sure there's someone available to check on you and help you if needed.
- Don't take any over-the-counter medicines without talking with your doctor. Many nonprescription medicines affect your blood sugar level.



When to call your doctor or go to an emergency room if you're unable to get in touch with your doctor:

- You have trouble breathing, severe pain in your stomach, or chest pain.
- You have moderate to high ketone levels in your urine.
- You're vomiting and/or have had diarrhea for more than six hours.
- You lose 5 pounds or more during the illness.
- Your blood sugar is lower than 60 mg/dl or stays above 240 mg/dl.
- You feel too sick to eat normally and are unable to keep down food for more than 24 hours.
- Your temperature is over 101°F for 24 hours.
- You feel sleepy or can't think clearly. Have someone call your doctor or take you to the emergency room.

My doctor's phone number: _____

Physician's Exchange or answering service: _____

Nearest urgent care center: _____

Nearest emergency room: _____

Healthy coping

Healthy Ways to Manage Stress

Everyone experiences stress from time to time. Stress is how our body and mind react to help us survive when we're faced with a demanding or dangerous situation.



Constant, prolonged stress can affect your emotional and physical health. Emotionally, long-term stress can overwhelm you with feelings such as fear, anger, loneliness, or depression. Physically, long-term stress may contribute to conditions such as heart disease and high blood pressure. If you have diabetes, stress can cause blood sugar to increase. That's why it's important to manage or cope with stress.

Unhealthy ways of coping include avoiding loved ones and friends, overeating, drinking alcohol, or smoking. Healthy ways of coping include having a strong support system.

Family, friends, and loved ones can help you get through tough times. Talking with other people in support groups who have similar challenges and understand what you're going through can help you feel less lonely and overwhelmed.

Here are some tips to help you manage stress.

Ohana-style stress management

- Have family gatherings in person or virtually.
- Call a friend or family member to ask for help or support.
- Set aside one day a week to spend time with family and friends.
- Help those who have helped you; helping others can help you feel better.
- Go to the beach or park to play and exercise together.



Do it yourself

- Engage in physical activity, such as exercising, doing chores around the house, cleaning the yard, walking your dog, or fishing.
- Control the things you can and don't dwell on the things you can't.
- Take deep breaths to relax while sitting in traffic, before meetings, or when waiting in line.
- Watch a comedy movie or show.
- Decrease or quit drinking and smoking.
- Get six to eight hours of sleep every night.
- Make a to-do list of goals. Focus on one big task at a time or a group of small tasks that can be done together.



- Participate in fundraisers or do volunteer work.
- Try not to worry too much or overthink things. Relax and enjoy the beautiful scenery and activities that Hawaii has to offer — enjoy a sunrise or sunset, watch the ocean, or meditate under a tree to help clear your mind.
- Think positive and focus on your strengths.
- Tell yourself, “I can do this,” “It’s OK to make mistakes,” or “I need to take care of myself and my needs today.”
- Listen to soothing music, such as Hawaiian, classical, or instrumental music.
- Write in a journal regularly.
- Write three things you’re grateful for daily or discuss positives of the day or week.
- Engage in your favorite hobby or start a new one.
- Spend time with your pet. If you don’t have a pet, volunteer to work with animals or go to a dog park.
- Stroll through the grass or walk in the sand.
- Express yourself in a creative outlet such as drawing, painting, woodwork, sewing, gardening, singing, or dancing.



There may be times when no matter what you do, you still feel overwhelmed or sad. It’s important to talk to your provider if you:

- Aren’t interested in activities that you previously enjoyed.
- Sleep most of the day or have trouble sleeping.
- Don’t see the benefits of taking care of yourself.
- Feel like it’s too difficult to manage your health.
- Feel like you can’t take care of yourself.

We’re here to help support you. Please visit hmsa.com/well-being/health-coaching/ for information on how to connect with one of our HMSA Health and Well-being Support nurses or health coaches.



ACTIVITIES

| Healthy coping | | | |
|--|--|--|--|
| Name three emotions you feel when you think about your health. | | | |
| Who can you talk to when you feel this way? | | | |
| What brings you joy? | | | |
| Name three healthy activities that will help you work through this emotion to feel better. | | | |

| What might prevent you from doing these activities? |
|---|
| |
| |
| |
| |
| How can you overcome these obstacles? |
| |
| |
| |



SMART Goal Guide

Set goals to focus on what matters

No matter what you want to accomplish, goal setting is an important first step. Put your dreams into action by setting goals using the SMART acronym:

- **Specific:** Set goals that are clear and easy to understand.
- **Measurable:** Include a number in your goal to help you track your progress.
- **Achievable:** Set goals that push you enough to motivate you, but are realistic so that you don't get discouraged.
- **Relevant:** Set goals that are based on your interests.
- **Timely:** Give your goal a deadline.

For example: Tomorrow I will start walking for 10 minutes after lunch.

Name: _____ Date: _____

My SMART goals:

1. _____

2. _____

3. _____

Long-term goal:

My care/case manager's name: _____

My care/case manager's phone number: _____

My next appointment: _____
Date Time

SMART Goal Worksheet

Verify that your goal is SMART

No matter what you want to accomplish, goal setting is an important first step. Put your dreams into action by setting goals using the SMART acronym.

> **Specific**

What's the exact goal you're going to reach? (How many? How often?)

> **Measurable**

How will you track your progress?

> **Achievable**

Choose a goal that is realistic given your ability and resources.

> **Relevant**

Why is this goal important to you?

> **Timely**

When do you plan to start? When do you plan to reach your goal?



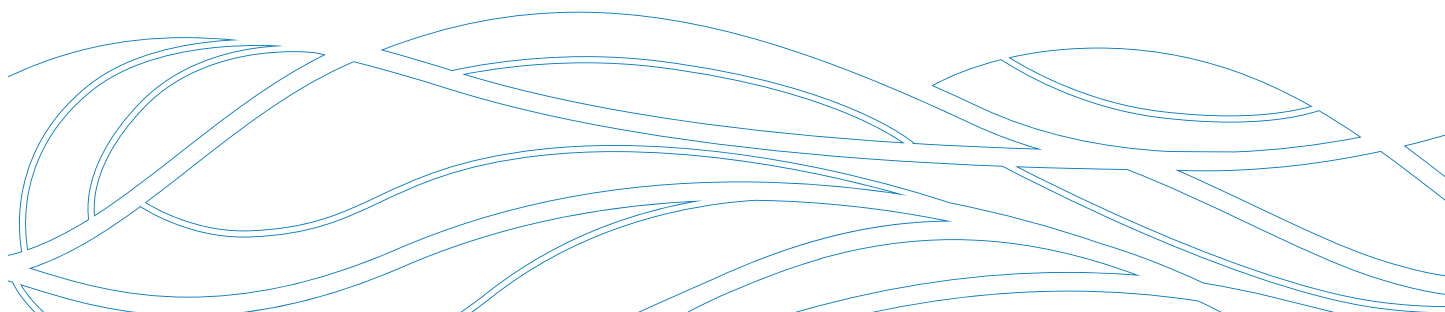
Trackers/Logs

Please make copies of the following trackers and logs to help you manage your health and well-being.

These trackers and logs can also be found at hmsa.com/well-being/health-well-being-support/ or scan the QR code below.



Scan the QR code to learn more about
HMSA's Health and Well-being Support Program.



Medical Appointment Tracker

[illegible]

Quick Tips for Your Next Doctor Appointment

Before Your Appointment

- ☐ Make a list of all your medicines:
 - Prescription medicines.
 - Nonprescription, over-the-counter medicines, such as aspirin or antacids.
 - Vitamins.
 - Dietary or herbal supplements.
- ☐ Write the questions and concerns that you want to discuss with your doctor below.
- ☐ If needed, ask a family member or friend to go with you.

My top three health concerns are:

During Your Appointment

- ☐ Talk about your symptoms, health history, and any problems with medicines you're taking.
- ☐ Tell your doctor if you've made any changes to your medications.
- ☐ Ask questions if you don't understand what your doctor tells you or if you have any concerns.
- ☐ If you need a test, ask questions such as:
 - How is the test done?
 - How will it feel?
 - How do I get ready for it?
 - How and when will I get the results?
 - Let your doctor know how you would like to get the test results.

- ☐ If you need a new medication, let your doctor know if you're pregnant, nursing, having reactions to medicines, or taking vitamins or herbal supplements.
- ☐ Find out the next steps. Ask for:
 - Written instructions
 - Brochures
 - Videos
 - Websites
- ☐ If you're referred for additional testing or to see another doctor, the office staff is available to help coordinate your care. Make sure you leave the office with a lab slip if needed and confirm:
 - The name of the provider.
 - The date, time, and location of the visit.
 - The name of the procedure or test.

After Your Appointment

- ☐ Always follow your doctor's instructions.
- ☐ If you don't understand the instructions after you get home, call your doctor.
- ☐ Call your doctor if your symptoms get worse or if you have problems following the instructions.
- ☐ Talk with your doctor or pharmacist before you stop taking any prescription medicines.
- ☐ Make appointments for any tests or specialist visits you need.
- ☐ If you don't hear from your doctor's office within the expected time frame, call to find out your test results.

What did the doctor say to do about my health concerns?

My Medication Tracker

Including all herbal supplements, vitamins, and over-the-counter medications.

[illegible]

Reviewed on: _____

Blood Sugar Results

| Blood Sugar Results | | | | | | | | | |
|-----------------------------------|---------------------------|--|--------------------------------|--|---------------------------|---|-------|---------|-------|
| Sunday | | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | | Before | After | Before | After | Before | After | Time | Time |
| Non-insulin medication and dose ▶ | | Time | Time | Time | Time | Time | Time | | |
| | | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | | |
| | Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| Long-acting insulin dose ▶ | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | | |
| Monday | | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | | Before | After | Before | After | Before | After | Time | Time |
| Non-insulin medication and dose ▶ | | Time | Time | Time | Time | Time | Time | | |
| | | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | | |
| | Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| Long-acting insulin dose ▶ | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | | |
| Tuesday | | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | | Before | After | Before | After | Before | After | Time | Time |
| Non-insulin medication and dose ▶ | | Time | Time | Time | Time | Time | Time | | |
| | | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | | |
| | Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| Long-acting insulin dose ▶ | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | | |
| Wednesday | | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | | Before | After | Before | After | Before | After | Time | Time |
| Non-insulin medication and dose ▶ | | Time | Time | Time | Time | Time | Time | | |
| | | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | | |
| | Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | |
| Long-acting insulin dose ▶ | _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | | |

Blood Sugar Results








| Blood Sugar Results | | | | | | | | | |
|-----------------------------------|---|-----------|--|--------|---|--------|-------|---------|-------|
| Thursday | | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
| | | Before | After | Before | After | Before | After | Time | Time |
| Non-insulin medication and dose ▶ | Time | Time | Time | Time | Time | Time | | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | | |
| Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | | |
| | Long-acting insulin dose ▶ _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | | |

| Friday | | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
|-----------------------------------|---|-----------|--|--------|---|--------|-------|---------|-------|
| | | Before | After | Before | After | Before | After | Time | Time |
| Non-insulin medication and dose ▶ | Time | Time | Time | Time | Time | Time | | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | | |
| Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | | |
| | Long-acting insulin dose ▶ _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | | |

| Saturday | | Breakfast | | Lunch | | Dinner | | Bedtime | Night |
|-----------------------------------|---|-----------|--|--------|---|--------|-------|---------|-------|
| | | Before | After | Before | After | Before | After | Time | Time |
| Non-insulin medication and dose ▶ | Time | Time | Time | Time | Time | Time | | | |
| | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl | mg/dl |
| | Carb intake ▶ | | | | | | | | |
| Mealtime insulin dose ▶ | <input type="checkbox"/> Breakfast _____ units | | <input type="checkbox"/> Lunch _____ units | | <input type="checkbox"/> Dinner _____ units | | Other | | |
| | Long-acting insulin dose ▶ _____ units _____ time | | If needed at dinner or bedtime | | _____ units _____ time | | | | |

Physical Activity Log

month/year_____

| Activity | | Time | Distance | Sets | Reps | Weight |
|----------|---|------|----------|------|------|--------|
| DAY 1 |  | | | | | |
| | | | | | | |
| | | | | | | |
| DAY 2 |  | | | | | |
| | | | | | | |
| | | | | | | |
| DAY 3 |  | | | | | |
| | | | | | | |
| | | | | | | |
| DAY 4 |  | | | | | |
| | | | | | | |
| | | | | | | |
| DAY 5 |  | | | | | |
| | | | | | | |
| | | | | | | |
| DAY 6 |  | | | | | |
| | | | | | | |
| | | | | | | |
| DAY 7 |  | | | | | |
| | | | | | | |
| | | | | | | |



Diabetes frequently asked questions

What's the difference between type 1 and type 2 diabetes?

- Type 1 diabetes: Commonly referred to as “juvenile” diabetes because it usually develops in children and teenagers. The body’s immune system attacks the insulin-producing cells of its pancreas, decreasing the amount of insulin available to the body.
- Type 2 diabetes: Also called “adult-onset” diabetes, since it typically develops after the age of 35. However, due to increased rates of obesity, more diagnoses are occurring in younger people. People with type 2 diabetes can produce insulin but their bodies can’t use it as well (insulin resistance).

What is prediabetes?

Before people develop type 2 diabetes, they almost always have “prediabetes” — blood sugar levels that are higher than normal but not yet high enough to be diagnosed as diabetes. This condition puts you at a higher risk for developing type 2 diabetes and cardiovascular disease. You can still prevent getting type 2 diabetes by making necessary lifestyle changes.

You’re considered to have prediabetes when either:

- Your A1c test is between 5.7% and 6.4%.
- Your fasting blood glucose is between 100 and 125 mg/dl.
- Your oral glucose tolerance test is between 140 and 199 mg/dl.

What is uncontrolled diabetes?

Uncontrolled diabetes is diabetes that isn’t properly treated and managed. The result is blood sugar that is too high and remains high. Blood sugar that’s too high for too long can cause long-term health problems, such as damage to eyes or kidneys.

What are the symptoms of uncontrolled diabetes?

Diabetes often doesn’t cause symptoms in its early stages. People who think they might have diabetes must visit a physician for testing and diagnosis. They might have some or none of the following symptoms:

- Frequent urination.
- Excessive thirst.
- Unexplained weight loss.
- Extreme hunger.
- Sudden vision changes.
- Tingling or numbness in hands or feet.
- Feelings of fatigue much of the time.
- Dry skin.
- Sores that are slow to heal.
- Frequent and recurrent infections.



What's a normal blood sugar level for someone who doesn't have diabetes?

Here are normal readings for a person without diabetes:

- An A1C test below 5.7%.
- A fasting blood glucose test less than 100 mg/dl.
- A glucose tolerance test of 140 mg/dl or lower.

What are blood sugar levels for people who have diabetes?

Target blood sugar levels for people with diabetes vary during the day, according to the American Diabetes Association:

- When you wake up and before meals: 80 to 130 mg/dl.
- Two hours after starting a meal: Below 180 mg/dl.

If you have diabetes, talk to your physician about whether these targets are right for you.

Why is my blood sugar high in the morning?

There can be various reasons for an early rise in glucose. It happens when your body produces a surge of hormones to help you wake up. During the day, activity tends to keep blood sugar under control if you have a healthy, active lifestyle. If you're using insulin, discuss the early rise in glucose with your physician, who may need to adjust your dosage.

What is the A1C test?

The A1C (also called HbA1c) is a blood test that shows how blood sugar levels were controlled over the previous two to three months. It should be ordered by your physician at least twice a year. The goal for most adults with diabetes is an A1C that's less than 7% and may vary by age and other risk factors.

Do I need to fast before an A1C test?

No, fasting is not required for an A1C because the test measures your average blood glucose levels over the past two to three months.

Can stress increase blood sugar levels?

Yes. Stress can elevate blood sugar. If you already require insulin when you're otherwise unstressed, you may need more at these times. Be sure to monitor yourself in all situations as closely as you can.

Does hot or cold weather affect blood sugar levels?

High heat can lead to dehydration, which in turn can cause high blood sugar. It takes six molecules of water to remove one molecule of sugar from the blood stream, so the higher the blood sugar level, the more water you need to drink. Extreme hot or cold temperatures can cause changes in the vascular system that can affect blood sugar and cause reactions.

How do you treat type 2 diabetes?

When you have type 2 diabetes, you first need to eat a healthy diet, stay physically active, and lose extra weight. If these lifestyle changes can't control your blood sugar, you also may need to take medication, including insulin.

Eating a healthy diet, being physically active, and losing extra weight is the first line of therapy. Diet and exercise are the foundation of all diabetes management because it makes your body's cells respond better to insulin (it decreases insulin resistance) and lowers blood sugar levels.

If you can't normalize or control your blood sugar with lifestyle changes, the next treatment phase is taking medicine, either by pill or by injection.

Can type 2 diabetes go away? And if my blood sugar becomes normal, do I still have diabetes?

If you have type 2 diabetes and your blood sugar is controlled during treatment (diet, exercise, and medications), it means that your treatment plan is working. You have a good blood sugar level because of the treatment, not because your diabetes has gone away. You'll need to continue your treatment, or your blood sugar will go back up.

Will I need to take insulin if I have type 2 diabetes?

Maybe. Historically, 30% or more of people with type 2 diabetes required insulin therapy. However, there are many new medications available that may delay or prevent the need for insulin therapy. It's expected that fewer and fewer individuals will need insulin therapy to control their blood sugar.

If I have type 2 diabetes and take insulin, do I have to take it forever?

Not necessarily. If you can lose weight, change your diet, increase your activity level, and/or change your medications, you may be able to reduce or stop insulin therapy. Under certain circumstances, you may only need insulin temporarily — such as during pregnancy or acute illness, after surgery, or when treated with other medications that increase your body's resistance to insulin (such as prednisone or steroids). Insulin therapy often can be stopped after the event or stress is over.

Will exercise help my diabetes?

Exercise is very beneficial in managing type 2 diabetes. Always consult with your physician about exercise guidelines, to exercise safely and reduce risks.

Why is my blood sugar higher after exercise?

Exercise is a stressor, so blood sugar will be higher immediately after your session. Wait an hour after you exercise and see if you get the same results.

If I have type 2 diabetes, can I stop taking diabetes medications if I eliminate soda, candy, and cookies from my diet?

If you eliminate concentrated sources of carbohydrates (foods that turn into sugar in your blood stream) like candy, cookies, or sugary drinks, you may be able to reduce or eliminate the need for diabetes medications. Everyone with type 2 diabetes will benefit from an improved diet, but you may still need other interventions, such as increased physical activity, weight loss, or medications to keep your blood sugar in the target range. Check with your doctor about adjusting your diabetes medications if you change your diet.

Are my children at risk?

The risk is highest when multiple family members have diabetes and the children are overweight and don't exercise.

Can type 2 diabetes be prevented?

Although you can't change your genetic risk for developing type 2 diabetes, even modest exercise, eating a healthy diet, and weight loss can delay or prevent the development of type 2 diabetes.



Member Resources

These plan benefits are available to you at no additional cost:



Annual preventive checkup

This annual checkup with an HMSA participating PCP will help to assess your overall health. If you don't have a PCP, go to hmsa.com and click Find a Doctor. Or call (808) 948-6079 or 1 (800) 776-4672.



Health education workshops

Participate in any of our virtual fitness, nutrition, stress management, or other health and well-being workshops. To find a workshop and register, go to hmsa.com/healtheducation.



A dedicated health care team

A team of health care professionals, registered dietitians, and health coaches can supplement the care you receive from your PCP. To learn more, call 1 (855) 329-5461, option 1, Monday through Friday, 8 a.m. to 5 p.m.



Scan QR code to learn more about HMSA's Condition Care Program.



HMSA365 discounts

Good health goes beyond visits to your PCP. Get discounts on products and services for your health and well-being, including specialty health care practitioners, gym memberships through the Active&Fit Direct® Program, and health and fitness brands through the ChooseHealthy® program. Learn more at hmsa.com/hmsa365.



Personalized care

If you've been recently diagnosed with diabetes and have other chronic conditions, an HMSA representative from our health and well-being support team can help you better understand the benefits, programs, and health coaching that are available. Get the support you need. Call 1 (855) 329-5461, Monday through Friday, 8 a.m. to 5 p.m.



Island Scene

HMSA's health and well-being magazine has local stories about all the things that make life worth living. As an HMSA member, you'll receive a copy at no added cost. Or visit islandscene.com for more stories, tips, and videos.



Referrals to behavioral health care providers

Magellan Hawai'i and HMSA can help you alleviate the stress of finding a therapist or counselor. To learn more about getting a referral to behavioral health care providers, resources, and services, call Magellan Hawai'i at 1 (855) 856-0578.



Online

Visit hmsa.com/diabetes for additional tools and resources to help you learn more and manage your diabetes. You can also find an interactive version of this workbook.

Be sure to check your *Guide to Benefits* for your plan's specific benefits.

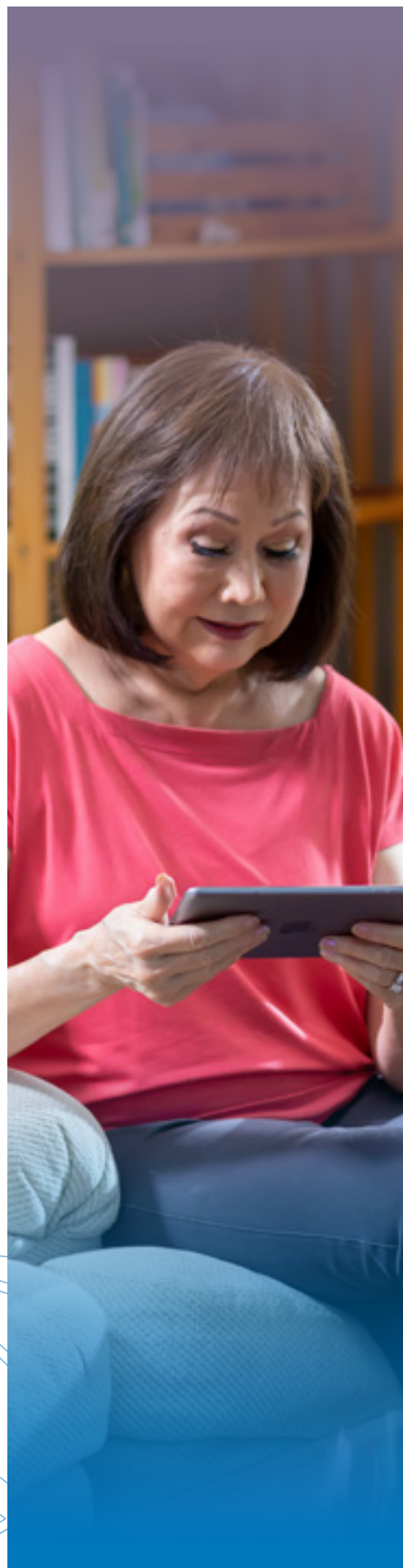
Active&Fit Direct is a trademark of ASH. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH. American Specialty Health (ASH) is an independent company providing chiropractic, acupuncture, fitness programs, and/or massage therapy services on behalf of HMSA.

The ChooseHealthy program is provided by ChooseHealthy, Inc., a subsidiary of American Specialty Health, Incorporated (ASH). ChooseHealthy and the ChooseHealthy logo are trademarks of ASH and used with permission herein.

Magellan Healthcare, Inc., doing business as Magellan Hawai'i, reviews mental health and/or substance use disorder treatment for HMSA members.

Community Resources

- ☐ **American Diabetes Association**
diabetes.org
- ☐ **Association of Diabetes Care & Education Specialists**
diabeteseducator.org/living-with-diabetes/Tools-and-Resources
- ☐ **Centers for Disease Control and Prevention Diabetes Resources**
cdc.gov/diabetes/index.html
- ☐ **Johns Hopkins Patient Guide to Diabetes**
hopkinsdiabetesinfo.org
- ☐ **Medline Plus**
medlineplus.gov/diabetes.html
- ☐ **National Institute of Diabetes and Digestive and Kidney Diseases**
niddk.nih.gov/health-information/diabetes/overview
- ☐ **State of Hawaii, Department of Health, Diabetes**
health.hawaii.gov/diabetes
- ☐ **U.S. Department of Agriculture**
nutrition.gov/topics/diet-and-health-conditions/diabetes



Serving you

HMSA Center in Honolulu

818 Keeaumoku St.

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Pearl City

Pearl City Gateway | 1132 Kuala St., Suite 400

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Hilo

Waiakea Center | 303A E. Makaala St.

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Kahului

Puunene Shopping Center | 70 Hookele St., Suite 1220

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–1 p.m.

HMSA Center in Lihue

Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202

Monday–Friday, 8 a.m.–4 p.m.

Contact HMSA. We're here with you.

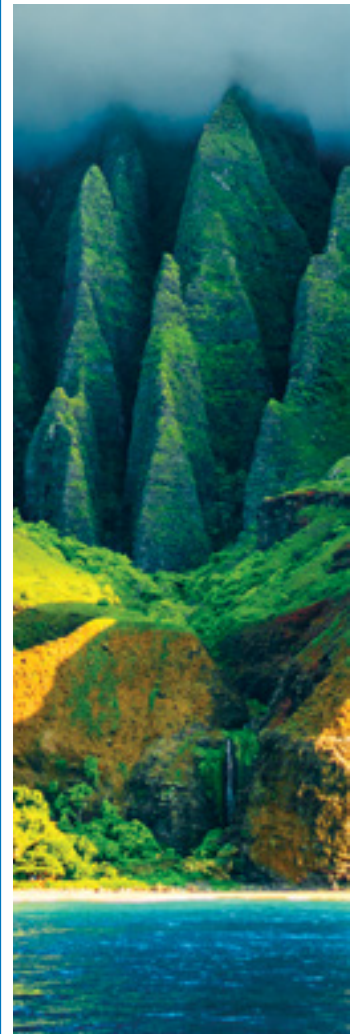
For health plan, claims, benefits, general questions call (808) 948-6079 or 1 (800) 776-4672; TTY users, call 711. Monday-Friday, 7 a.m.–7 p.m., Saturday 9 a.m.–1 p.m.

For QUEST call (808) 948-6486 or 1 (800) 440-0640 toll free.

For EUTF call (808) 948-6499 or 1 (800) 776-7672 toll free.

For questions on diabetes care call HMSA Health and Well-being Support at 1 (855) 329-5461 option 1, Monday-Friday, 8 a.m.–5 p.m.

     @hmsahawaii



Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.

