Keys to controlling diabetes

1. Eat healthy meals and snacks
2. Take your medicine
3. Monitor your blood sugar and keep a daily log
4. Exercise every day
5. Live a healthy lifestyle (no smoking, less stress, adequate sleep, avoid excessive alcohol)
6. Lose weight if overweight
7. Maintain recommended weight
8. Reduce/control high blood pressure and high cholesterol
9. Adjust your meal plan/exercise to keep your blood sugar in the desired range. An A1c blood test can determine how well your blood sugar has been controlled during the past three months.
10. Check and take special care of your feet and skin every day
11. Make and keep follow-up appointments with your doctor and others
12. If you need help, ask for it

Insurance coverage for people with diabetes

Texas and federal laws require some health benefit plans to provide coverage for diabetes supplies, equipment, and education about how to control diabetes. Ask your health benefit plan coordinator or insurer to give you written information on your covered benefits. If you don’t have health insurance now, you may be eligible to participate in the Texas Health Insurance Risk Pool, which offers medical coverage to people with diabetes.

For more information about health insurance coverage, you may contact the Texas Department of Insurance (TDI) Consumer Help Line:

1-800-252-3439

This number may also be called with complaints regarding health maintenance organizations (HMOs) and other plans, or visit the TDI Web site at www.tdi.state.tx.us.

Free publications available from the Texas Diabetes Council:

- Taking Charge of Your Health: Controlling Diabetes One Day at a Time
- Food for Life: Living Well with Diabetes
- Diabetes Health Record/Card
- Getting the Facts About Diabetic Eye Disease
- Give Your Child a Healthy Headstart
- Gestational Diabetes

For more information about diabetes, contact:

Texas Diabetes Council MC 1965
Texas Department of State Health Services
PO Box 149347, Austin, Texas 78714-9347
1-888-963-7111
www.texasdiabetescouncil.org

If you’re among the 1.5 million Texans who have diabetes, here is some advice you can live with. Regular check-ups, exercise, controlling your blood sugar, and healthy eating can help you prevent or delay complications from type 2 diabetes.
**Symptoms to report:**
- Blurred vision
- Fatigue, lack of energy
- Extreme thirst, hunger
- Frequent trips to the bathroom (urination)
- Unexplained weight gain or loss
- Numbness, pain, or tingling in hands or feet
- Slow-healing sore or cut
- Frequent infections
- Depression
- Other _______________________________

**Patient/Doctor Checklist:**

**First visit**
- Complete history and physical exam
- Urine test for microalbuminuria
- Diabetes education
- Nutrition and exercise counseling
- Psychological counseling

**Each visit**
- Weight
- Blood pressure
- Oral/dental inspection
- Foot inspection
- Review self-monitoring log book

**At least twice a year**
- A1c blood test

**At least once a year**
- Complete foot exam (skin, circulation, nerves)
- Eye exam (dilated with eye drops)
- Flu shot
- Dental exam by dentist

**Other blood tests**
- HDL (good) cholesterol
- LDL (bad) cholesterol
- Triglycerides
- Blood test for kidney (creatinine)

If you take prescription and over-the-counter drugs, make a complete list or take your medicine with you to show your doctor. Ask about taking aspirin and how to quit smoking.

**Other questions to discuss:**
- How can I tell when my blood sugar is low?
- What can I do when my blood sugar is low?
- What are the effects if I use tobacco? Alcohol?
- What if I plan to get pregnant?
- How can I deal with feeling depressed?
- What if my energy level is low or I feel tired?
- How do I manage an infection? High fever?
- What should I do if I have vomiting or diarrhea?
- Other _______________________________

**Results of exam on ________ (date)**
- Weight __________________ Goal  _______________
- Blood pressure ____________ Goal  _______________
- Foot exam result  ______________________________
- Eye check result  ______________________________
- Dental check result ______________________________

**Results of blood tests ____ (date)**
- A1c __________________ Goal _______________
- HDL cholesterol ______________ Goal ______________
- LDL cholesterol ______________ Goal ______________
- Triglycerides ______________ Goal ______________

**Results of urine tests ______ (date)**
- Microalbuminuria _________ Normal range ________
- Creatinine ________________ Normal range ________

**Appointments to make:**
- Lab
- Eye doctor
- Diabetes educator
- Dentist
- Dietitian
- Foot doctor

**To do list:**

1. Blood sugar self-monitoring plan ____________________________

2. Healthy eating plan ____________________________

3. Exercise plan ____________________________

4. Foot/skin care plan ____________________________

5. Medication schedule ____________________________

6. Plan for safe disposal of supplies ____________________________

Before your doctor visit

During your doctor visit

After your doctor visit