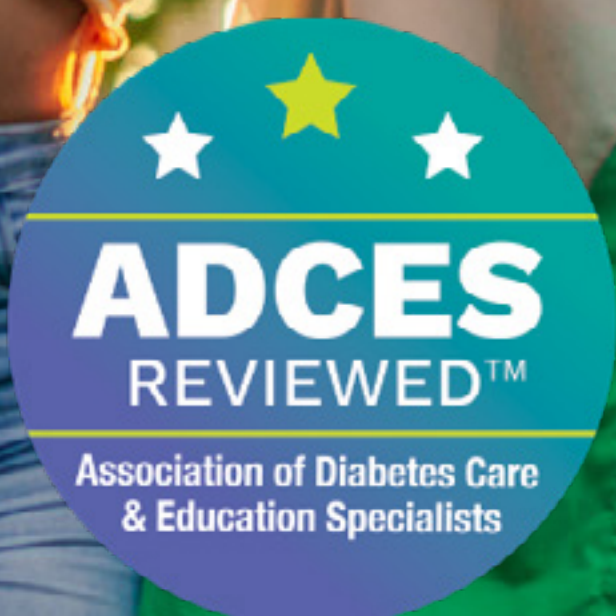


BEYOND DIAGNOSIS

A BEGINNER'S GUIDE TO THRIVING WITH TYPE 1 DIABETES



BEYOND TYPE 1

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SECTION 1

DECODING DIABETES



Decoding Diabetes

1

Creating Your Best Path Forward

2

Fuel Well to Feel Well & Move Your Body

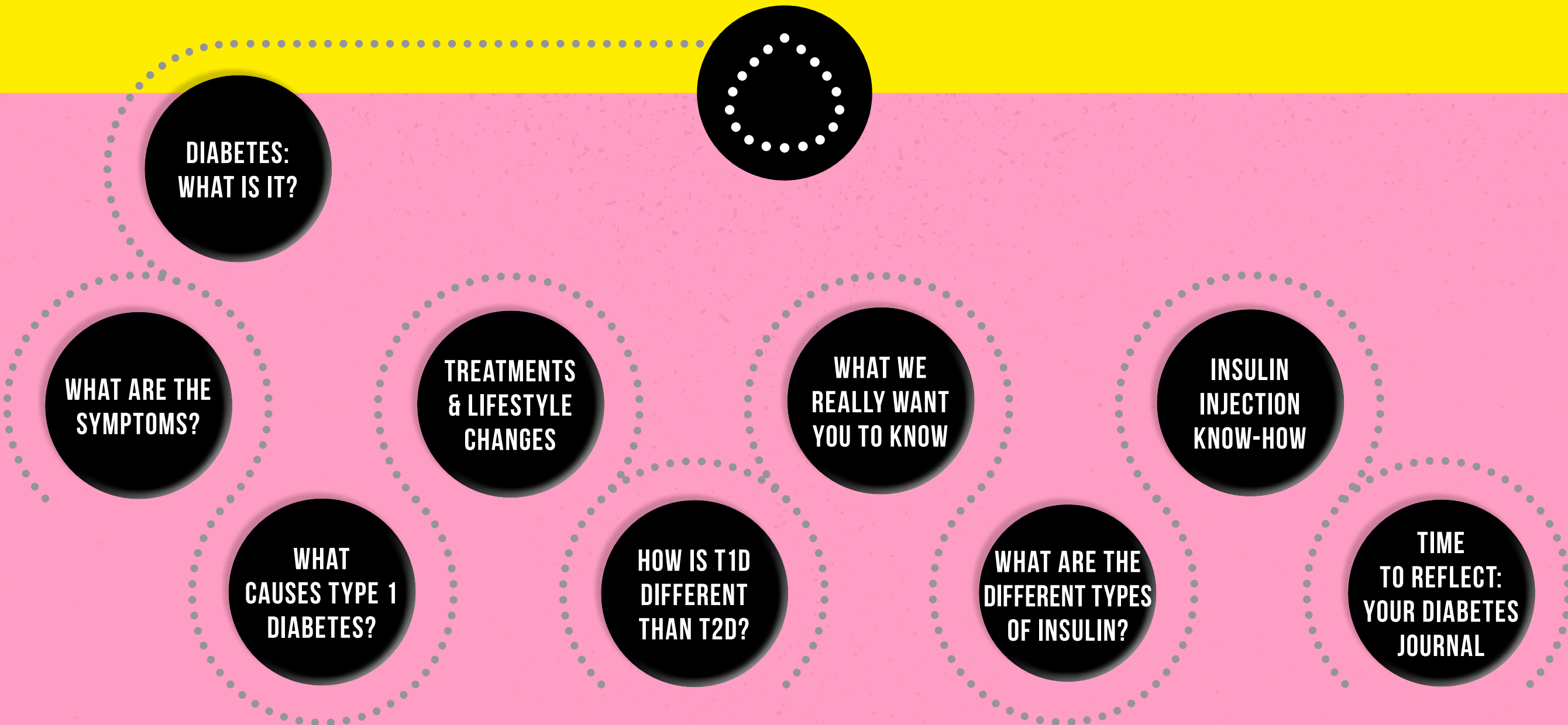
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Building Your Diabetes Support Team

4

Tap into Community & Thrive Together

5



“DON’T BE AFRAID.
BE FOCUSED.
BE DETERMINED.
BE HOPEFUL.
BE EMPOWERED.”

MICHELLE OBAMA



Decoding Diabetes

1

Creating Your Best Path Forward

2

Fuel Well to Feel Well & Move Your Body

3

Building Your Diabetes Support Team

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Tap into Community & Thrive Together

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WELCOME TO OUR BEYOND DIAGNOSIS GUIDE

Recommended for adults with type 1 diabetes, parents of people with diabetes, and caregivers of people with diabetes—aged 18 and older.

If you’re reading this guide, you might be in a place where managing your diabetes **feels like too much**.

THE TRUTH IS THAT DIABETES CAN BE TOUGH, BUT IT WON’T ALWAYS BE AS TOUGH AS IT FEELS.

RIGHT NOW, WITH ALL THERE IS TO LEARN ABOUT LIVING WITH TYPE 1 DIABETES, YOU MIGHT FEEL LIKE YOU’RE ON A **ROLLER-COASTER RIDE.**

THE TRUTH OF THE MATTER IS THAT YOU CAN ABSOLUTELY DO THIS!

ALL YOU NEED ARE THE RIGHT TOOLS. With some information, help and support **(that’s why we’re here!)**, managing your diabetes will become more routine and less stressful.

YOUR BODY WILL ALWAYS NEED CARE, BUT IT WILL GET EASIER TO FIGURE DIABETES OUT.

THIS GUIDE CONTAINS:
Medical information you need to know, plus **wisdom from people** who have lived for decades with T1D.

**WE GOT YOU!
WE BELIEVE IN YOU!
LET’S GET STARTED!**



FOR THE NEWLY DIAGNOSED, ERIKA SAYS **‘FOCUS ON THE BASICS’**

“I was diagnosed when I was four, and the first questions I had were, “Why is this happening? What is going on with my body? Why do things need to change in my life? Why do I need to change what I’m eating? What is insulin?”

The advice that I would give someone who is recently diagnosed is that you just need to take it one step at a time. If you just focus on the basics, you will be able to take the best care of yourself for as long as possible, and you’ll be able to live a really long, happy, healthy life with diabetes.

I BELIEVE I’M LIVING A HAPPY AND HEALTHY LIFE.”

— *Erika Szumel*



VIEW
Erika’s video



DIABETES: WHAT IS IT?

Diabetes happens when the body stops producing insulin—or using it properly. Insulin is a hormone produced by the pancreas that helps:

- Manage the level of sugar (glucose) in the blood
- Transform sugar into energy

When insulin isn't produced—or doesn't work well—it leads to unhealthy blood sugar levels and low energy.

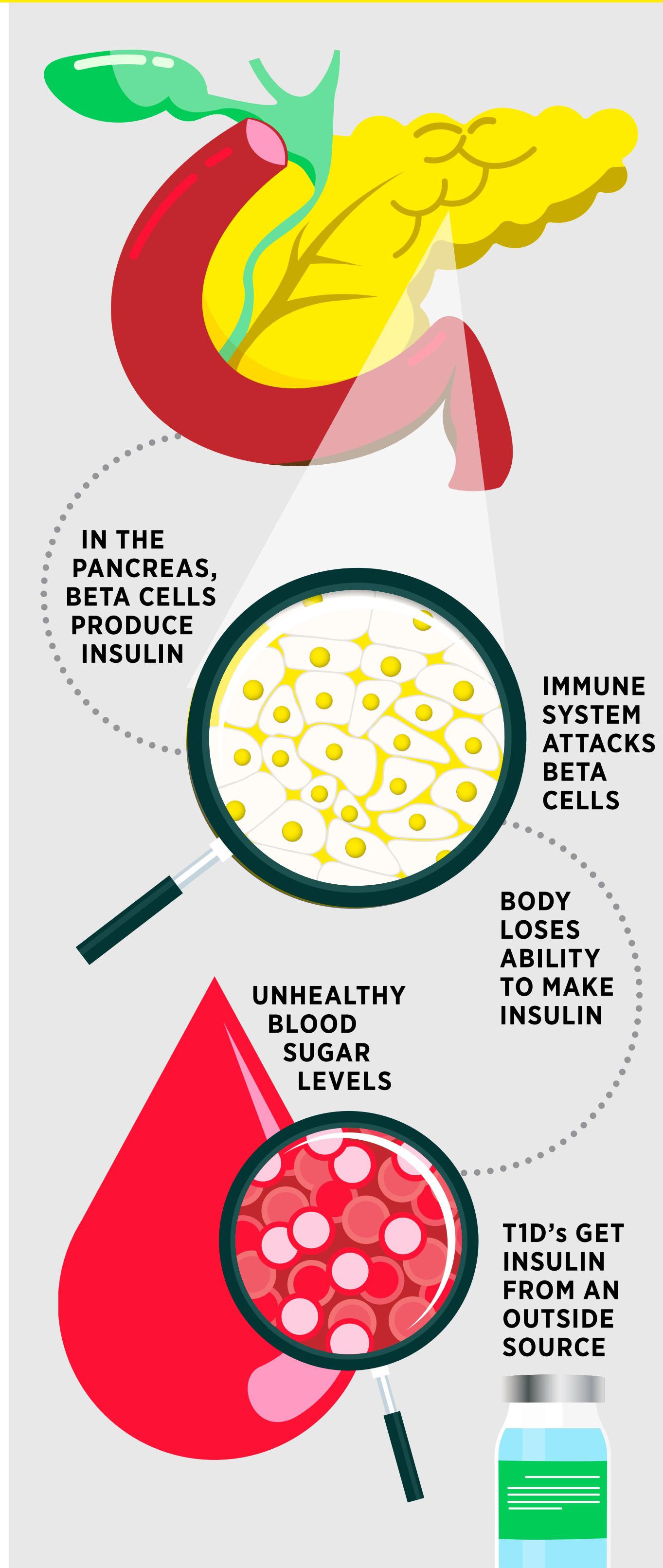
Living with diabetes is a full-time balancing act because you have to watch for both high blood sugar (hyperglycemia) and low blood sugar (hypoglycemia). It's a lot of work, but let's just take it one step at a time. With support, guidance and patience, you'll learn how to manage everything.

What's Unique About Type 1 Diabetes?

Having type 1 diabetes (T1D) means your body cannot make its own insulin. T1D happens when the immune system attacks the beta cells in the pancreas. Beta cells are the cells that make insulin.

This autoimmune attack on these beta cells is so aggressive that the body of a person with T1D loses its ability to make insulin. Because people with T1D can no longer make insulin on their own, they must get insulin from an outside source.

Taking insulin is not “optional” if you live with T1D. A person with T1D will need to take insulin from the moment they are diagnosed. For a person with T1D, having access to insulin is of the essence.



WHAT ARE THE SYMPTOMS OF TYPE 1 DIABETES?

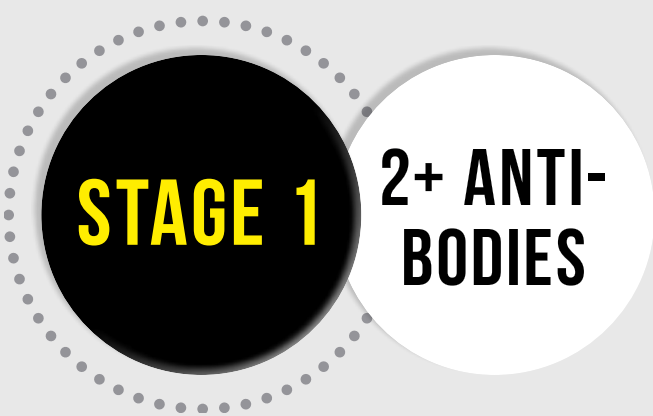


¹ diabetes.org/about-diabetes/type-1

WHAT CAUSES TYPE 1 DIABETES?

We don't know why some people get T1D. According to many studies, T1D can be caused by a combination of genetics and factors in the environment.²

There is no cure for T1D, however, with the right tools and support, you can manage T1D and live your best life! T1D actually develops in stages. People usually receive a T1D diagnosis when they are in stage three. The stages someone goes through before they are properly diagnosed can vary, but they are predictable.



The individual has two or more autoantibodies but still has normal blood sugar levels and no symptoms of type 1 diabetes.



During this stage, people will experience higher blood sugar levels—but may not be experiencing symptoms at this stage.



This is the classic stage where most people receive their T1D diagnosis. At this stage, people with T1D lose their ability to produce their own insulin—resulting in high blood sugar levels and the classic symptoms of T1D, which include:



Frequent Urination



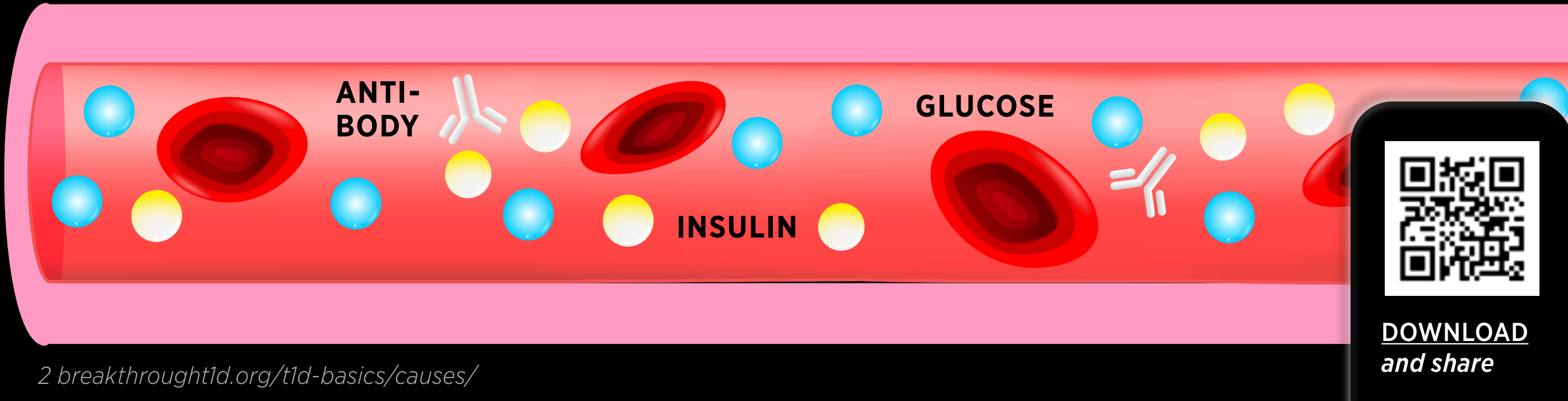
Excessive Thirst



Exhaustion



Unexplained Weight Loss



WHAT TREATMENTS & LIFESTYLE CHANGES CAN HELP MANAGE TYPE 1 DIABETES?

People with T1D need 2 kinds of insulin: one to keep their blood sugar steady when they are not eating, and one to keep blood sugar from going too high after eating.

Insulin can be delivered with different devices, including:

PEN-LIKE DEVICES

INSULIN PUMPS

INSULIN PATCHES

INHALERS

PERSONALIZED EATING PLAN

PHYSICAL ACTIVITY

People with T1D may also have conditions such as high blood pressure or high cholesterol that need treatment with oral medications.

HOW IS TYPE 1 DIABETES DIFFERENT THAN TYPE 2 DIABETES?

Type 1 Diabetes

In T1D, the body completely stops making insulin. People with T1D need to take insulin every day or use an insulin pump to stay healthy. This type of diabetes usually shows up in kids or young adults, but it can happen at any age.

Latent autoimmune diabetes in adults (LADA) is a form of T1D that is often initially misdiagnosed as type 2 diabetes (T2D) because it develops more slowly. People with LADA still produce some insulin, at least initially, but over time the insulin production decreases, leading to high blood sugar levels.

Type 2 Diabetes

In T2D, the body produces insulin, but sometimes it’s not enough—or your body cannot use it properly.

More than 90% of people living with diabetes have type 2 diabetes.³

TYPE 2 DIABETES

When is type 2 diabetes generally diagnosed?

T2D is often diagnosed in adults, but it can happen at any age. Many people have T2D for years without knowing it.

The following are risk factors for T2D:

- Living with obesity or overweight.
- Having prediabetes.
- Being 45 years or older.
- Having a parent, brother or sister with type 2 diabetes.
- Being physically active for less than 150 minutes a week.
- Having diabetes during pregnancy or giving birth to a baby weighing more than 9 pounds.
- Being African American, Hispanic/Latino American, American Indian, or Alaska Native.⁴

What treatments and lifestyle changes can help with type 2 diabetes?



Oral Medications



Insulin
(not always at diagnosis)



Personalized Eating Plan



Physical Activity*

Adjunctive medications are often used to treat high blood pressure and high cholesterol in people with T2D, as these are common conditions that put them at higher risk of heart disease.

³ [cdc.gov/diabetes/about/index.html](https://www.cdc.gov/diabetes/about/index.html)
⁴ [cdc.gov/diabetes/risk-factors/index.html](https://www.cdc.gov/diabetes/risk-factors/index.html)

* Consult with your doctor or healthcare provider to discuss incorporating exercise into your diabetes management

TYPE 1 DIABETES VS. TYPE 2 DIABETES



PREVENTABLE

T1D <i>No prevention or cure, but may be delayed</i>	T2D <i>Sometimes—through lifestyle</i>
--	--

% DIAGNOSES

T1D <10%	T2D >90%
--------------------	--------------------

DIAGNOSIS AGE

T1D <i>People of all ages can develop T1D</i>	T2D <i>Majority are adults, but the prevalence of T2D in children is steadily increasing</i>
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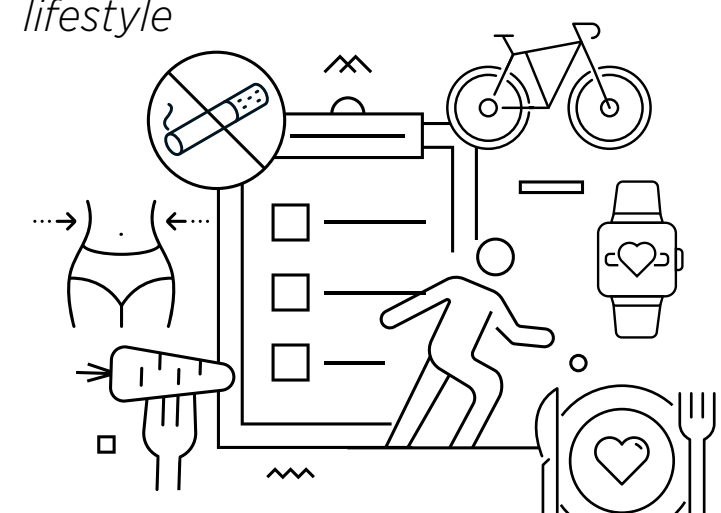
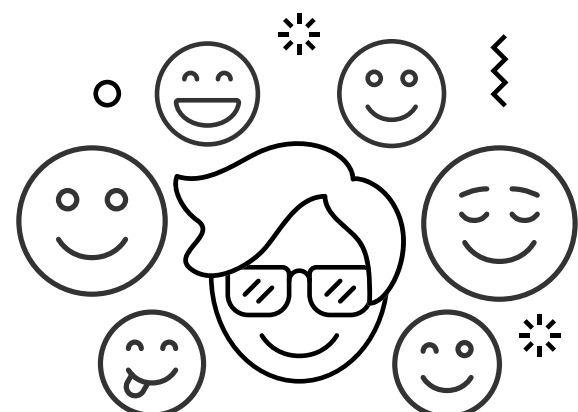
INSULIN

T1D <i>Always—beginning at diagnosis</i>	T2D <i>Sometimes needed, but not always at diagnosis</i>
--	--



DOWNLOAD
and share

RISK FACTORS

T1D • Family history is a significant risk factor for T1D—15 percent increased risk if you have an immediate family member • Up to 1 in 20 with family history • 1 in 300 without family history • Having an autoimmune condition or history of autoimmune conditions in your family increases the risk, such as: • Celiac disease • Hashimoto’s disease • Certain common viruses can trigger the autoimmune response: • Coxsackievirus B • Rotavirus (often causing diarrhea) • Mumps • Cytomegalovirus (CMV), (a virus related to herpes)	T2D • Modifiable: lifestyle • Non-Modifiable: race + genetics
---	--

ORAL MEDICATIONS

T1D <i>Sometimes—to help manage additional conditions</i>	T2D <i>Sometimes yes, but if lifestyle changes are made and a weight loss of at least 5% of body weight is achieved, they might not be necessary. If needed, a person might be on more than one oral diabetes medication</i>
---	--

WHAT WE REALLY WANT YOU TO KNOW ABOUT TYPE 1 DIABETES

With T1D, the body stops producing insulin, which means you'll need to get insulin from other sources to manage your blood sugar. Current guidelines recommend keeping your blood sugar in a specific range to lower your risk of developing complications of diabetes. Achieving the target range for your blood sugar level can be done by:



TAKING YOUR INSULIN⁵



FOLLOWING A HEALTHY EATING PLAN⁶



GETTING LOTS OF PHYSICAL ACTIVITY⁷

⁵ [mayoclinic.org/diseases-conditions/diabetes/in-depth/diabetes-treatment/art-20044084](https://www.mayoclinic.org/diseases-conditions/diabetes/in-depth/diabetes-treatment/art-20044084)
⁶ [newsnetwork.mayoclinic.org/discussion/losing-weight-can-have-big-impact-on-those-with-diabetes/](https://www.newsnetwork.mayoclinic.org/discussion/losing-weight-can-have-big-impact-on-those-with-diabetes/)
⁷ diabetes.org/health-wellness/fitness/blood-glucose-and-exercise#:~:text=Physical%20activity%20can%20lower%20your,see%20the%20benefits%20of%20activity

WHAT ARE THE DIFFERENT TYPES OF INSULIN & WHEN WILL YOU NEED THEM?

Because insulin is a vital part of your T1D management, it's good to know which insulin types are available to you. The two primary forms of insulin used to manage diabetes are basal and bolus. In people with T1D, basal and bolus insulin work together to mimic the body's natural insulin production.

Basal insulin *(background)*

Also known as “**long-acting insulin**,” basal insulin is used to keep blood sugar levels steady all day and night. Your liver naturally produces glucose. Basal insulin is designed to keep up with glucose that your liver produces.

Bolus insulin *(mealtime)*

Also known as “**rapid-acting insulin**,” bolus insulin is designed to compensate for the increase in blood sugar levels when a person with T1D eats food. Bolus insulin is normally taken before meals to help the body absorb the glucose from food. It is usually injected before a meal or to treat high blood sugar levels.

THE DIFFERENT TYPES OF INSULIN VARY BASED ON:

- How quickly they work
- When they peak—i.e. when they're most effective at lowering blood sugar
- How long they work



THE DIFFERENT TYPES OF INSULIN ARE:

- Ultra fast acting *(bolus insulin)*
- Short acting *(bolus insulin)*
- Rapid acting *(bolus insulin)*
- Inhaled Insulin *(bolus insulin)*
- Intermediate acting *(mostly used as basal insulin)*
- Long acting *(basal insulin)*
- Pre-mixed



DOWNLOAD or print a summary of the types of insulin for more info, including how quickly and how long they work and some examples of each type; you'll want to discuss with your doctor and/or diabetes care and education specialist to determine what's best for you at different stages of your diabetes journey.

Source: Insulin types. (2023, December 8). ADCES. adces.org/danatech/insulin-medicine-delivery/insulin-medicine-delivery-101/insulin-types



INSULIN INJECTION KNOW-HOW

Choose a spot on your skin that you can easily see and reach. Try not to use the same spot every time. Rotate where you inject.

Before you Inject:

- Make sure your hands are clean and the injection site is too.

Injecting:

- If needed, pinch the skin gently.
- Insert the needle straight in at a 90-degree angle.
- Push the insulin in all the way. If you're using a syringe, keep the needle in for 5 seconds; for pens, hold it for 10 seconds.
- Take the needle out at the same angle you put it in.
- Press on the spot to stop any leaks.

Disposing:

- Always throw away used needles safely to avoid accidents.
- Don't try to put the cap back on syringes.
- Use a special container for sharps, like a thick plastic bottle, and follow the local rules for throwing them away.

It can be frightening and stressful to receive insulin injections, but there are strategies to get over your fear. Here are a couple of tips for you:

SEEK SUPPORT: If you are nervous about insulin injections, do not be afraid to ask for help from family members or your doctor. Their guidance and encouragement can make the process less intimidating.

PRACTICE AND BE PATIENT: Remember, it's normal to feel uneasy about injecting insulin at first. Allow yourself some time to get used to the new routine, and think about practicing on an orange to gain comfort with it. With practice and patience, you'll become more comfortable over time.



WATCH
this video





ADVICE FROM OUR PEERS

“The most important thing I can tell someone starting insulin is that things will be scary and unpleasant at first, but they will get better.

No matter what kind of diabetes you have, insulin is just a tool. Having to use—or not use—insulin is not a reflection of your morality. It doesn’t make you a good or bad person.

So many people with gestational diabetes talk about how they “failed” the glucose tolerance test.

YOU DIDN’T FAIL ANYTHING.

Insulin is just another tool available to us, and thank God because it’s amazing!”

— *Rachel Lalonde*

“**IF YOU’RE NEWLY DIAGNOSED, I WOULD SAY MAYBE TRY INJECTIONS.** I remember there were a few friends that told me that whenever they were first meeting their diabetes educator, they would practice on fruit and things like that.

It’s like your skin, so you can get a feel for how much to push down or how it feels physically in your hand. And if you absolutely can’t do injections, try a pump. Obviously, it’s not always the easiest thing with accessibility and affordability, but as long as you’re getting your insulin and what you need for your management in some way or another, that’s what matters.”

— *Damaris Palacios*



TIME TO REFLECT: YOUR DIABETES JOURNAL

Managing your T1D can be overwhelming. Reflecting on your struggles and feelings can help! Communicating your feelings and setting goals are great ways to take charge of your diabetes management!

I have been feeling:



AWESOME



GOOD



OKAY



NOT GOOD



OVERWHELMED

In your personal diabetes journal, write down your thoughts and feelings. Think about what you’d like to tell your loved ones about living with T1D. Think of areas in which you could use some help.

Write down how you feel about having diabetes.
E.g. Are you emotionally struggling? If so, what are the most difficult things with which you cope?

List three things you’d like to tell a friend, family member or partner about your diabetes.

What challenges are you facing with your diabetes? *With what do you need the most help?*

What are your goals when it comes to living your best life with diabetes?
Not just about managing your blood sugar—you can discuss this with your doctor—but also personal goals!

What healthy changes did you make today—or this week—that will lead you closer to reaching your goals?



DOWNLOAD
and print

Decoding Diabetes **1**

Creating Your Best Path Forward **2**

Fuel Well to Feel Well & Move Your Body **3**

Building Your Diabetes Support Team **4**

Tap into Community & Thrive Together **5**



TAKING ACTION

- + *Confirm your diagnosis with your doctor, and discuss the basics of diabetes care.*
- + *Discuss with your doctor which type of insulin best suits you and your lifestyle.*
- + *Journal and reflect on your feelings about your diagnosis and your outlook on your future with diabetes.*



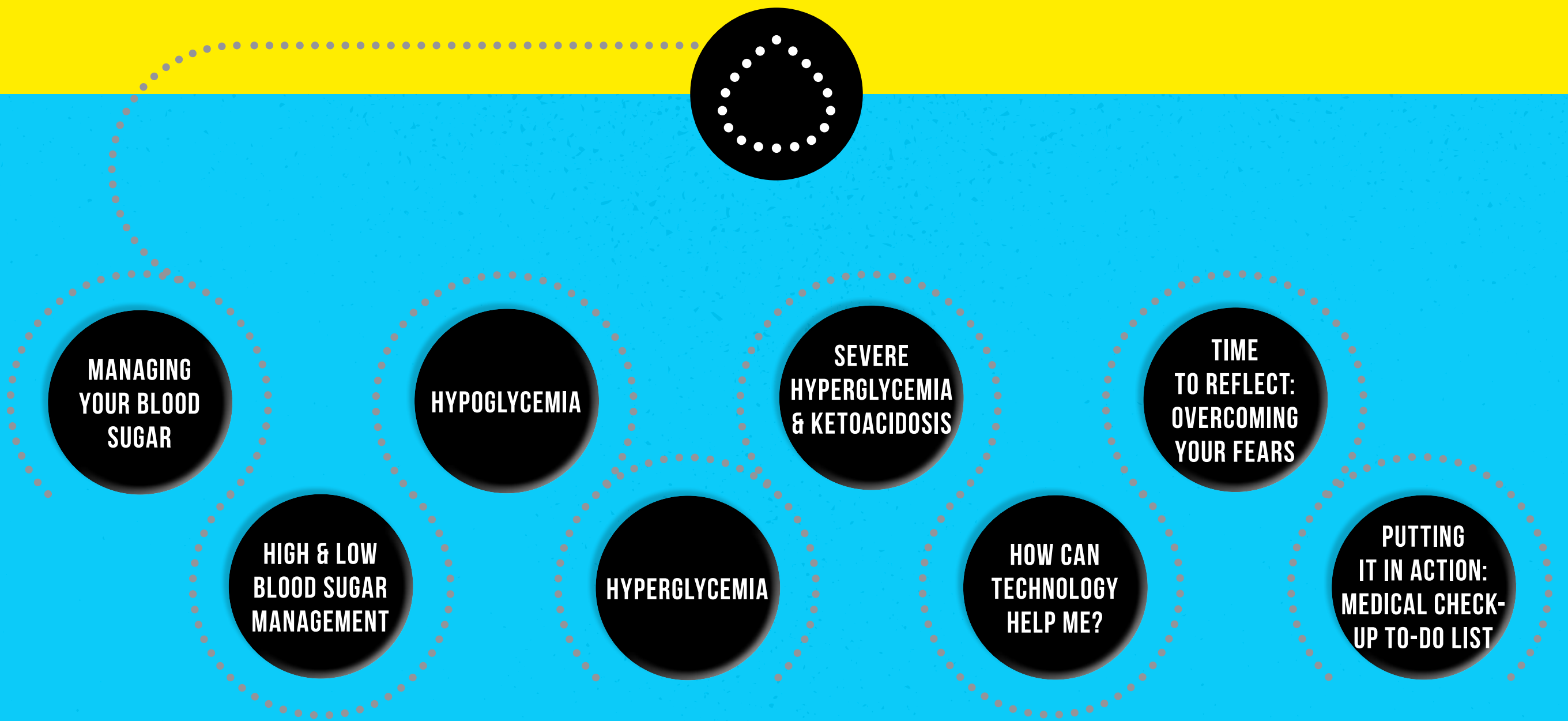
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SECTION 2

CREATING YOUR BEST PATH FORWARD





**“LIFE HAPPENS. ADAPT.
EMBRACE CHANGE,
AND MAKE THE MOST
OF EVERYTHING THAT
COMES YOUR WAY.”**

NICK JONAS



Decoding Diabetes **1**

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ASK A LOT OF QUESTIONS

“I have a daughter that was diagnosed with type 1 diabetes at the age of three. She just turned 10, and we live outside of New York City.

When you talk about having the right support system, it’s important to understand that it is probably never going to be complete. I’ll be honest—I feel like I have not yet found a 100%-complete support system. I feel like there are still more stages I haven’t hit with my daughter’s diagnosis—and more to come with her as a growing child.

From an educational standpoint, it took us a while to find the right support. The hospital has some great resources, and they even connected us with a therapy group that we joined.

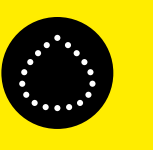
MY ADVICE FOR RECENTLY DIAGNOSED FAMILIES IS TO ASK A LOT OF QUESTIONS AND PUSH BACK WHEN YOUR GUT TELLS YOU TO PUSH BACK.

A T1D diagnosis is no cause for celebration, but being empowered with the knowledge to live your healthiest life is!”

— Missy Leiting



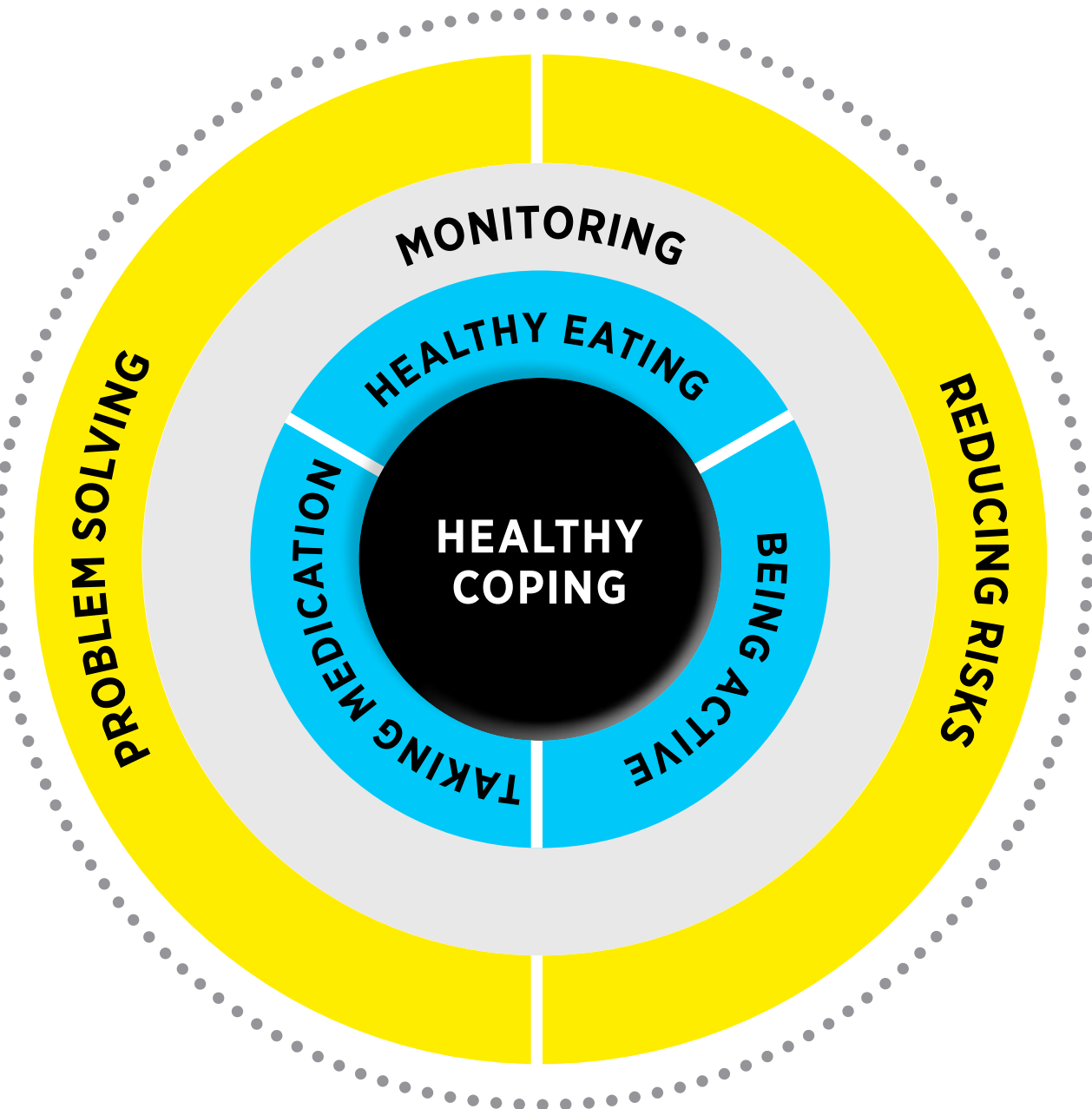
VIEW
Missy's video



MANAGING YOUR BLOOD SUGAR

Living with T1D requires monitoring and managing—your blood sugar levels. To help all people living with diabetes look after their well-being, the Association of Diabetes Care and Education Specialists (ADCES) developed a resource called the ADCES7 Self-Care Behaviors.⁸ Among these, monitoring your blood sugar levels to make informed lifestyle and treatment decisions plays a huge role in delaying diabetes complications and ensuring a high quality of life while managing your diabetes.

ADCES7 SELF-CARE BEHAVIORS[®]



8 adces.org/diabetes-education-dsmes/adces7-self-care-behaviors

Problem Solving

Everyone encounters problems with their diabetes management. You can’t plan for every situation you may face, but there are some problem-solving skills that can help you prepare for the unexpected—and make a plan for dealing with similar problems in the future.

Reducing Risks

By understanding the risks that cause negative outcomes and then taking actions to prevent them, you can lower your chance of having diabetes-related complications.

Monitoring

Regularly checking your glucose (sugar) levels and other key health factors (e.g. blood pressure, kidney and foot health) gives you vital information to help you make decisions about your diabetes.

Taking Medication

Medications work together to lower your blood sugar levels, reduce your risk of diabetes complications, and help you feel better.

Healthy Eating

Having T1D doesn’t mean you have to give up your favorite foods or stop eating in restaurants. Focus more on knowing how foods you eat affect your blood sugar levels and then how to adjust your insulin. Eating nutritious foods with health benefits are still important, just like for anyone without diabetes.

Being Active

Being active has many health benefits that impact your diabetes management like lowering cholesterol, improving blood pressure, lowering stress and anxiety, and improving your mood. When you have T1D, you’ll need to learn how activity affects your blood sugar levels and how to adjust your insulin to compensate.

Healthy Coping

It’s natural to have mixed feelings about your diabetes management and experience highs and lows. The important thing is to recognize these emotions as normal and take steps to reduce the negative impact they can have on your self-care.

WHERE DO WE START?

First, it’s important to work on a plan together with your doctor or Certified Diabetes Care and Education Specialist.

- Work with your diabetes care team to set a target range goal that is right for your situation
 - Check your blood sugar to keep track of your levels
 - Analyze the causes of your highs and lows
 - Work with a healthcare team to improve your numbers
- This is a learning process, so don’t despair, and keep at it! Keep records to help identify any patterns in your blood sugar levels. That makes it easier to know what changes to make.

WHAT SHOULD YOUR NUMBERS BE?

There are different guidelines to help set goals like the ones published by the American Diabetes Association.

Time-in-range (TIR) is a measurement that informs what percentage of the day your blood sugars are in goal range. For example, your personal TIR might be an average of 65 percent of readings within a goal range of 70 to 180 mg/dL.

This means your blood sugar levels are within that range for about 65 percent of the day. This also means that your blood sugars are higher or lower than that range for the remaining 35 percent of the day.

There are guidelines regarding TIR range goals depending on age and pregnancy, which you can read about here.

These guidelines are just a starting point and you should talk to your doctor about how your blood sugar targets should be personalized to your unique needs.



HIGH & LOW BLOOD SUGAR MANAGEMENT

The goal with blood sugar management is to aim for blood sugar levels within target range at least 70% of the time. The best way is to look for patterns that you can act on. It is common to experience high and low blood sugars occasionally that are out of range. Knowing how to prevent them and what to do if they happen will keep you safe and help you reach your goals. In this section, we will help you learn the signs and symptoms of hypoglycemia and hyperglycemia, why highs and lows happen, and what action to take when they do. Though the symptoms vary from person to person, most experience the following symptoms:

HYPOGLYCEMIA

(low blood sugar)

- Behavior change (similar to being drunk)
- Slurred speech
- Confusion
- Difficulty concentrating
- Anxiousness
- Nervousness

Headache
Blurred vision

- Drowsiness
- Nightmares
- Restless sleep
- Unusual tiredness or weakness

Cold sweats
Cool pale skin
Shakiness

Fast heartbeat

Excessive hunger
Nausea

HYPERGLYCEMIA

(high blood sugar)

Fatigue
Dry mouth
Extreme thirst

Recurring infections

Slow-healing cuts or sores

Frequent urination



HYPOGLYCEMIA

LOW BLOOD SUGAR

SIGNS & SYMPTOMS

Hypoglycemia is when your blood sugar level drops below 70 mg/dL. Low blood sugar is dangerous and needs to be treated immediately whether or not you have symptoms. Left untreated, hypoglycemia can have severe consequences like seizures and unresponsiveness.

What causes hypoglycemia?

Several things can cause hypoglycemia, including:



**MISSING
A MEAL**



**EXERCISING
A LOT**



**NOT EATING ENOUGH
FOOD FOR THE AMOUNT
OF INSULIN YOU'VE TAKEN**

It's crucial to immediately monitor and treat low blood sugar to prevent it from becoming severely low, which requires the help of another person.

How do you treat hypoglycemia? It's important to know that treating hypoglycemia depends on how low your blood sugar reading is and whether or not you're alert or awake.

IF YOU'RE AWAKE... treat hypoglycemia with 15 grams* of simple carbohydrates such as:

- Glucose tabs (*4 tablets*)
- Glucose gel (*1 tube*)
- Regular soda (*4 ounces or half cup*)
- Juice (*4 ounces or half cup*)
- Granulated sugar (*4 teaspoons*)

You should check your blood sugar level 15 minutes after treatment. If it's still below 70 mg/dL, take another 15 grams of simple carbohydrates.⁹

If you're sick at the time of a low, the number to consider a hypoglycemic event should be higher (about 100 mg/dL).¹⁰

IF YOU'RE UNCONSCIOUS... someone should treat you with glucagon and call emergency services.

What is Glucagon? Glucagon is a hormone medicine used to raise blood sugar in emergencies when a person with diabetes is experiencing severe hypoglycemia and cannot orally (by mouth) take sugar.

Glucagon comes in several forms including:

- A nasal spray
- Autoinjectors
- Prefilled syringe
- A powder (*must be mixed with a liquid before injecting*)

Anyone taking insulin should have a source of glucagon and should instruct key people where it is located and how to administer it if you become unconscious.

*The number of carbs to treat a low should be personalized, so ask your doctor or diabetes care & specialist what it should be for you!
9 diabetes.org/living-with-diabetes/treatment-care/hypoglycemia
10 beyondtype1.org/hypoglycemia-and-how-to-treat-it/

HYPERGLYCEMIA

HIGH BLOOD SUGAR



Individual blood sugar ranges vary, so talk with your diabetes team about what is considered a level for you. In general, blood sugar levels over 180mg/dL are considered high and levels over 300 mg/dL are considered dangerously high if they stay elevated.

What causes hyperglycemia?

The following can contribute to hyperglycemia:

- Taking too little insulin
- Under-counting carbohydrates at mealtimes
- Stress
- Not exercising as much as planned
- Fluctuating hormones
- Being sick or fighting an infection—including recovering from an injury or recent surgery
- Emotional stress
- When insulin has expired—or if it doesn’t work as well because it was exposed to extreme heat or cold

How do you treat hyperglycemia?

- Adjust insulin doses based on instructions from your doctor or diabetes specialist
- Drink water or sugar-free electrolyte solution to help your kidneys remove sugar through urine
- If your blood sugar is abnormally high, contact your healthcare team
- If you’re vomiting and can’t keep fluid down, you may need to go to the emergency department
- If you’re sick, follow sick-day rules.
- Make sure your insulin hasn’t expired, been exposed to heat or cold, or otherwise gone bad
- Take note of any reasons or potential changes to your routine that may be contributing to high blood sugar: What did you eat or drink? Did you eat something higher in carbohydrates than usual? Are you stressed? Are you getting enough sleep? Are you traveling or has your exercise/eating schedule changed?

Along with a “sick-day” plan, make a plan with your doctor about when you should seek medical assistance or when to take extra units of insulin or other medications.

As you learn which methods are most effective at treating hyperglycemia, take note of them to use later. In your notes, be sure to include how much your blood sugar drops, any adjustments to medication, and if those adjustments helped reduce symptoms of hyperglycemia.



SEVERE HYPERGLYCEMIA & DIABETES-RELATED KETOACIDOSIS

next page

SEVERE HYPERGLYCEMIA & DIABETES-RELATED KETOACIDOSIS

Seek medical attention if you're experiencing symptoms of diabetes-related ketoacidosis.

If your body is not receiving enough insulin to break down glucose, this forces the body to break down fat as fuel.

- Your liver then turns fat into chemicals called ketones. When ketones build up in your bloodstream, it can make your blood acidic—this is called diabetes-related ketoacidosis (DKA)
- If left untreated, DKA can lead to a serious and life-threatening coma or death
- High levels of ketones are toxic to the body, so you should seek medical attention if you're experiencing the following signs and symptoms of DKA

SYMPTOMS OF SEVERE HYPERGLYCEMIA & DIABETES-RELATED KETOACIDOSIS

Coma
*Fruity-smelling
breath*

- *Exhaustion*
- *Confusion*

*Unexpected
weight loss*

Vomiting
Stomach pain



HOW CAN TECHNOLOGY HELP ME MANAGE MY DIABETES?

More and more technology is becoming available to help manage your diabetes, including devices to help you give your insulin and check your blood sugar. Use this information to talk to your healthcare team about how diabetes technology can help you manage T1D, and choose the best option for you!

Insulin Administration

INSULIN PENS: An insulin pen is a device for giving insulin injections. Insulin pens can make taking insulin more convenient because they combine the medication and syringe in one handy unit.

SMART INSULIN PENS: A smart pen is a special insulin pen that works with a phone app to keep track of when and how much insulin you take. Smart pens can be reusable or they can be attachments that go on top of disposable insulin pens.

INSULIN PUMPS: Insulin pumps are small, computerized devices. They are about the size of a small cell phone and deliver insulin doses on a pre-programmed schedule.

CLOSED-LOOP INSULIN-DELIVERY SYSTEMS: Some people with T1D use an insulin pump and real-time continuous glucose monitor (CGM) that “talk to each other.” This is possible through a computer program on your phone or inside the pump. Closed-loop insulin-delivery systems work to mimic the human pancreas by using CGM data to determine when it should or shouldn’t make adjustments to the wearer’s insulin delivery. Closed-loop systems have been around since the early 2000s, but they’ve seen their greatest strides in the past few years.

Glucose Monitoring

GLUCOSE METERS: A glucose meter—also called a “glucometer”—is a medical device for determining the approximate glucose concentration in blood.

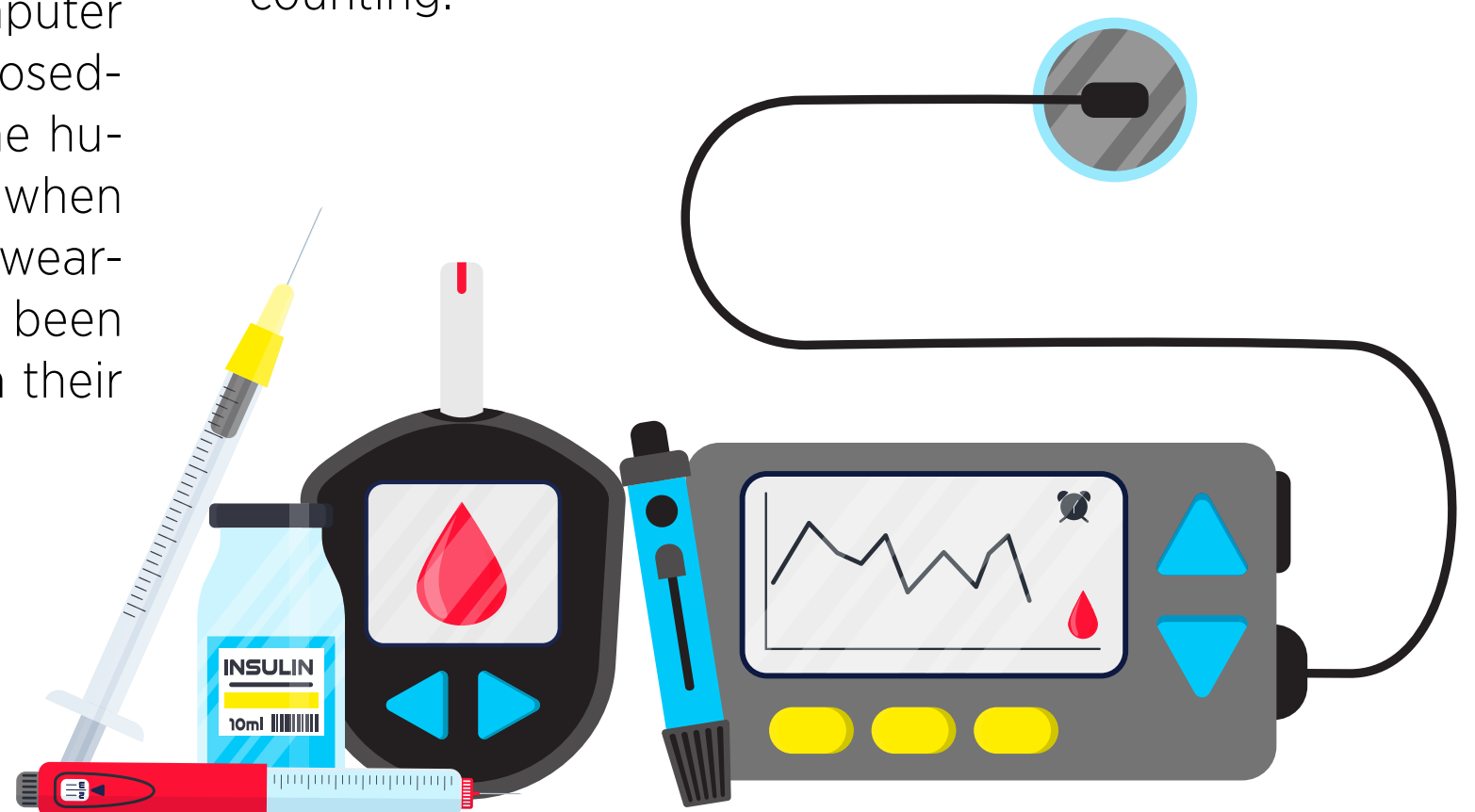
CONTINUOUS GLUCOSE MONITOR (CGM): A CGM is a small, wearable device that continuously tracks your blood sugar levels throughout the day and night.

Measuring Ketones

KETONE METERS: High levels of ketones in your blood can mean you have very high blood sugar. Blood-ketone meters allow you to test for ketones circulating in your body.

Apps

There are also lots of apps and smart technology that can help you manage your weight, exercise and carb counting.



TIME TO REFLECT: OVERCOMING YOUR FEARS

Healthy coping is an important self-care behavior. Reflect on overcoming your fears to see what anxieties might be holding you back. Then, start moving past them!

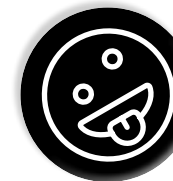
I have been feeling:


AWESOME


GOOD


OKAY


NOT GOOD


OVERWHELMED

What are you most afraid of—or worried about—when it comes to living with or managing your diabetes? _____

How has fear held you back in life? _____

What do you need to do today to overcome your fears? _____

What have you done in the past to overcome your fear?
Did it work, and can some of that be applied to what scares you about living with T1D? _____

Are there any groups or people who can help you deal with your fear? _____

Is there anything that helps you cope with or reduce your fear? _____

What can you do to make you feel safer and more in control? _____

How will you track progress in overcoming your fear? _____



PUTTING IT IN ACTION:

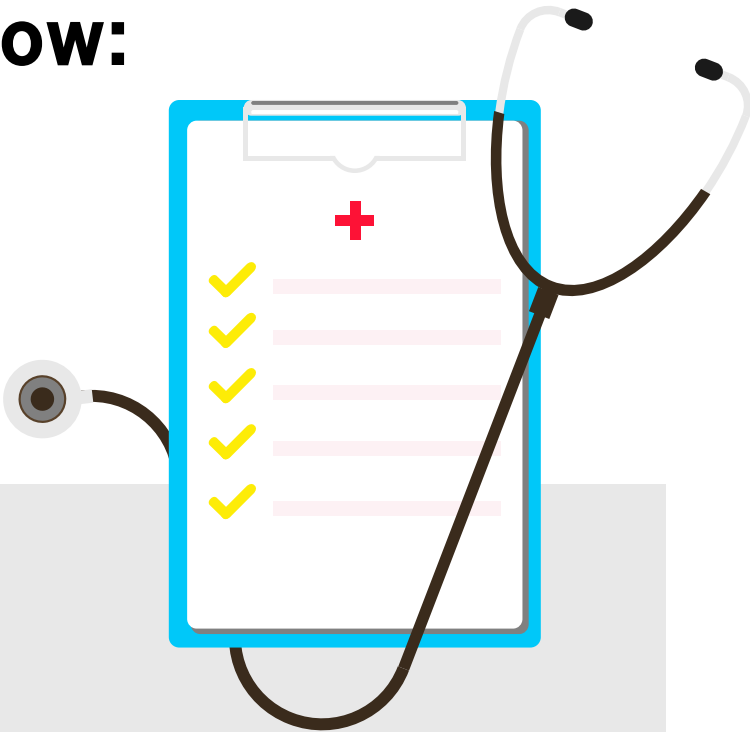
MEDICAL CHECK-UP TO-DO LIST

Time can either work for you or against you. We prefer to have it work for you. You can help delay T1D complications by getting regular medical check-ups. Think of it as an investment in your long-term health and your future self will thank you for it!

Download and read this medical check-up chart to know:

- How often you should get checked for diabetes-related complications
- The type of specialist you should see

Write down the date and result of your last check-up in each field.



MEDICAL CHECK-UP TO-DO LIST

CHECK-UP	Specialist	Time	Date	Result
BLOOD PRESSURE	Endocrinologist	Every visit with the doctor. (3-6 months)		
	General Practitioner			
	Internal Medicine Specialist			
WEIGHT	Endocrinologist	Every visit with the doctor. (3-6 months)		
	General Practitioner			
	Internal Medicine Specialist			
	Podiatrist	Annually (without Peripheral Neuropathy).		
		Every 1-6 months (with foot related complications).		
	Dentist	Every 6 months.		



DOWNLOAD
this Medical
Check-Up
To-Do List



TAKING ACTION

- + *Create a sick day management plan with your doctor.*
- + *Discuss your glucose management goals with your healthcare team and create a plan that will help you reach your goals while building sustainable, healthy lifestyle habits. Ask for a referral to a diabetes care and education specialist to help with all of this.*
- + *Discuss with your general practitioner the different insulins available and devices that best fit your lifestyle.*
- + *Journal and reflect on your feelings about your diagnosis and your outlook on your future with diabetes.*



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SECTION 3

FUEL WELL TO FEEL WELL & MOVE YOUR BODY



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**“SELF-CARE IS
HOW YOU TAKE YOUR
POWER BACK.”**

LALAH DELIA



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TAKE IT SLOW AND UTILIZE THE AVAILABLE RESOURCES

“I’m a registered dietitian, nutritionist, and certified diabetes care and education specialist living in northern Nevada. Since 2009, I have also lived with T1D.

One piece of advice I’d like to give to recently diagnosed people with T1D is to take it slow. There are so many resources out there! There’s books! There’s people!

Grab a diet buddy, or someone that you consider to be a really close friend that can look out for those lows or help you if you’re having spikes and get you that water so you can get that blood sugar back down.

FIND YOUR COMMUNITY AND LOOK AT THE RESOURCES ONLINE AND TAKE IT SLOW!”

— *Bridget Wood*



VIEW
Bridget’s video



TYPE 1 DIABETES

PHYSICAL ACTIVITY BASICS

Exercising with T1D can be challenging—especially if you haven’t been active. Every little bit helps though, and starting small is more than okay. That first step could be to take a light walk with a loved one, your pet or by yourself. Try adding activities into your daily routine that increase walking, like taking the stairs instead of the elevator.

Benefits of being physically active

While you move, your body may use glucose as an energy source for its cells and makes your body more responsive to the actions of your insulin. In the short term, physical activity can lower your blood sugar for up to 24 hours.¹¹

REGULAR PHYSICAL ACTIVITY DECREASES YOUR RISKS OF:

- Cardiovascular disease
- High blood pressure
- Stroke
- Other chronic illnesses

Additionally, it aids in stress management and—as you age—reduces the risk of fractures due to decreased bone density.

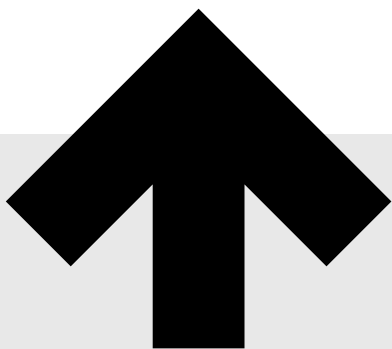
OVER TIME, REGULAR EXERCISE CAN HELP:

- Lower your A1C
- Reduce your risk of diabetes complications
- Improve your physical fitness

It’s not easy to predict how your blood sugar will respond to different activities, so it’s important to plan for blood sugar lows and highs.

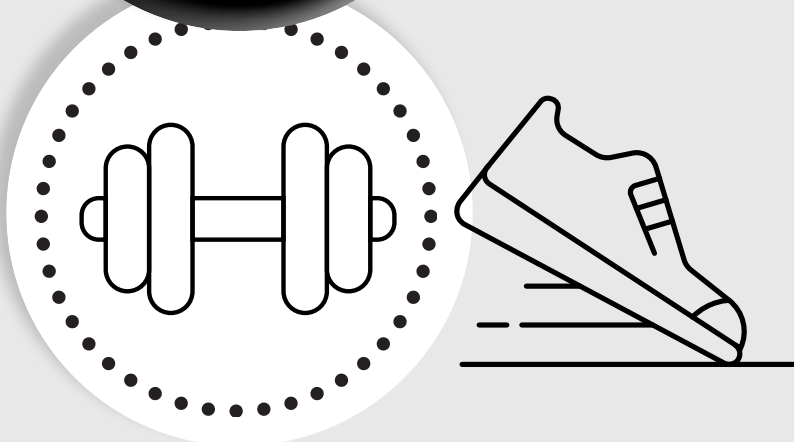
HYPERGLYCEMIA

(high blood sugar)



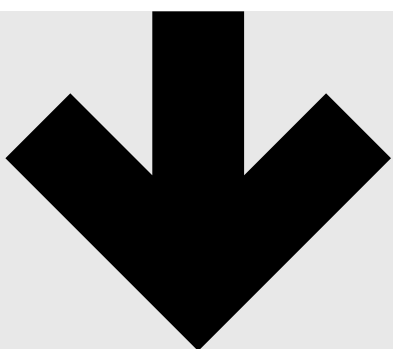
HIGH-INTENSITY EXERCISES CAN INCREASE BLOOD SUGAR LEVELS

Certain high-intensity exercises such as sprinting or resistance exercises such as weight lifting can increase blood sugar levels.



HYPOGLYCEMIA

(low blood sugar)



15-20 GRAMS FAST-ACTING CARBS

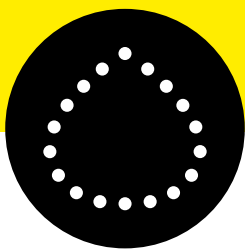
To prepare for the possibility of hypoglycemia, keep at least 15 to 20 grams of fast-acting carbohydrates on hand at all times.

AEROBIC EXERCISE CAN DRIVE BLOOD SUGAR DOWN

Depending on how much insulin is already active in your bloodstream, aerobic exercise—such as jogging—tends to drive blood sugar down.



¹¹ diabetes.org/health-wellness/fitness/blood-glucose-and-exercise#:~:text=Physical%20activity%20can%20lower%20your,see%20the%20benefits%20of%20activity



Learning how to adjust insulin doses and time your exercise accordingly can reduce your risk of hypoglycemia and hyperglycemia during and after exercise.



Before Your Exercise
To avoid hypoglycemia, it is crucial to check your blood sugar before engaging in physical activity.

During Your Exercise
It’s important to pay close attention to your body so you can quickly manage any blood sugar changes.

Be Flexible and Experiment!

- Before and/or after exercise, check your blood sugar levels.
- Through safe trial and error, you can become familiar with your body’s response to your preferred modes of exercise.
- To see what keeps your blood sugar in range, try to keep track of your insulin doses and carbohydrate intake.
- Occasionally step back to see what works—and what does not!

HYPOGLYCEMIA DURING—OR AFTER—EXERCISE

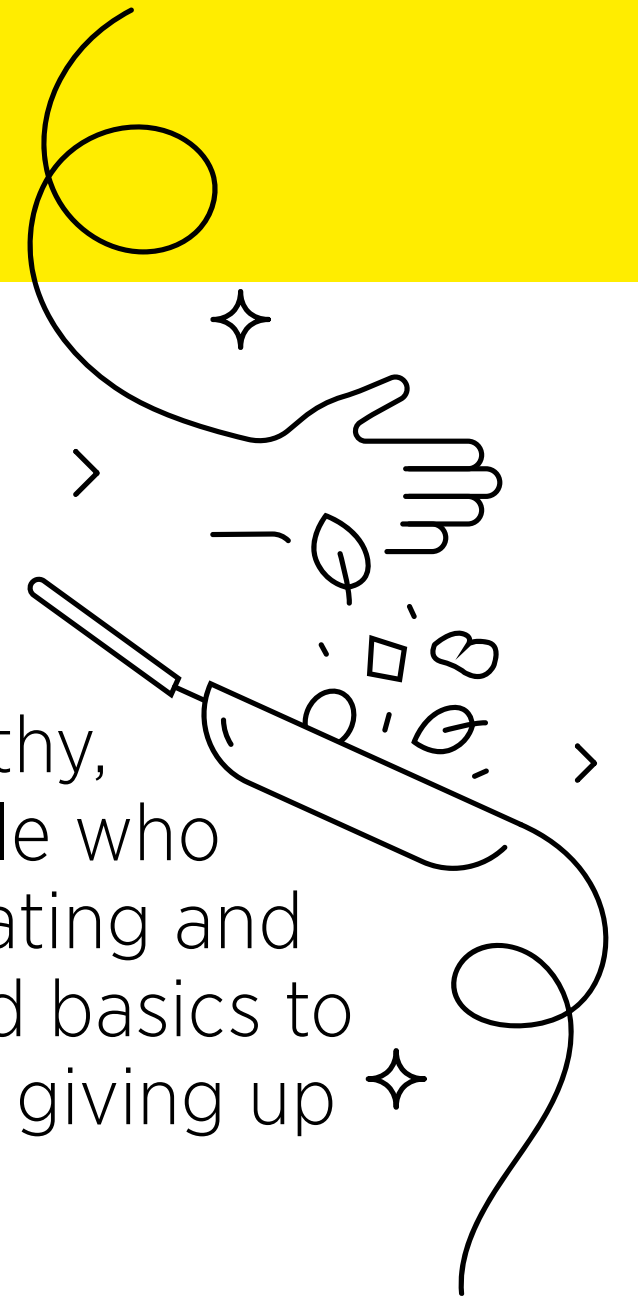
If you have low blood sugar during or after exercise, treat it immediately.

15-15 Rule



If you want to continue your workout, you might need to take a break. Before continuing to exercise, make sure to wait until your blood sugar is back up to 100 mg/dL or more. If your next meal isn’t soon, you may need to eat a protein/fat snack to prevent from going too low again.

FOOD & NUTRITION FOR TYPE 1 DIABETES



Eating well is one of life’s greatest pleasures. Making healthy, balanced choices is good for everyone—not just for people who have T1D. Understanding what—and how much—you’re eating and how to match your insulin doses to what you eat are good basics to master. Eating healthy while living with T1D doesn’t mean giving up your favorite foods.

Meal planning with T1D takes some getting used to, but eventually, you will find a balance between:

- Eating what you love
- Avoiding blood sugar highs and lows

To learn more about healthy ways to eat with T1D, check out the [recipes](#) available on our website.

Where do I start?

Being aware of where you’re starting from will help you and your diabetes care team identify any changes needed to manage your new condition.

Start by looking at what you’re eating now—and how often. Learn to read food labels and understand recommended portion sizes. This will help you estimate your actual food intake.

Should I follow a special diet?

There really isn’t one meal plan that fits everyone. However, as you develop a meal plan that works for you, there are some recommendations that can serve as a starting point.

EASY RECOMMENDATIONS

- Choose non-starchy vegetables like broccoli, peppers, spinach, and asparagus.
- Keep added sugars and refined grains to a minimum (*e.g white bread, white rice, sugary cereals, and packaged crackers*) and replace them with whole grains.

- Choose whole foods found in the produce section instead of highly processed, packaged foods found in the center aisle of your grocery store.
- As often as possible, replace sugar-sweetened beverages with water.

CARB COUNTING IS SMART PLANNING

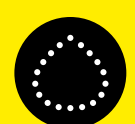
Carbs have a big impact on your blood sugar levels. Finding the right balance between the amount of insulin you take and carbs you eat will help you avoid blood sugar highs and lows.

You can’t count what you don’t know, so start with a scale and a measuring cup. When you look for values on labels, read the “total carbohydrate” line, which includes the three main types of carbs: sugars, starches, and fiber. Always check the serving size. Just like anyone trying to eat healthy, it’s best to avoid foods that have >20% added sugars per serving listed on the label.

You won’t always have to measure and weigh food, and there are many apps to help you with carb counting.

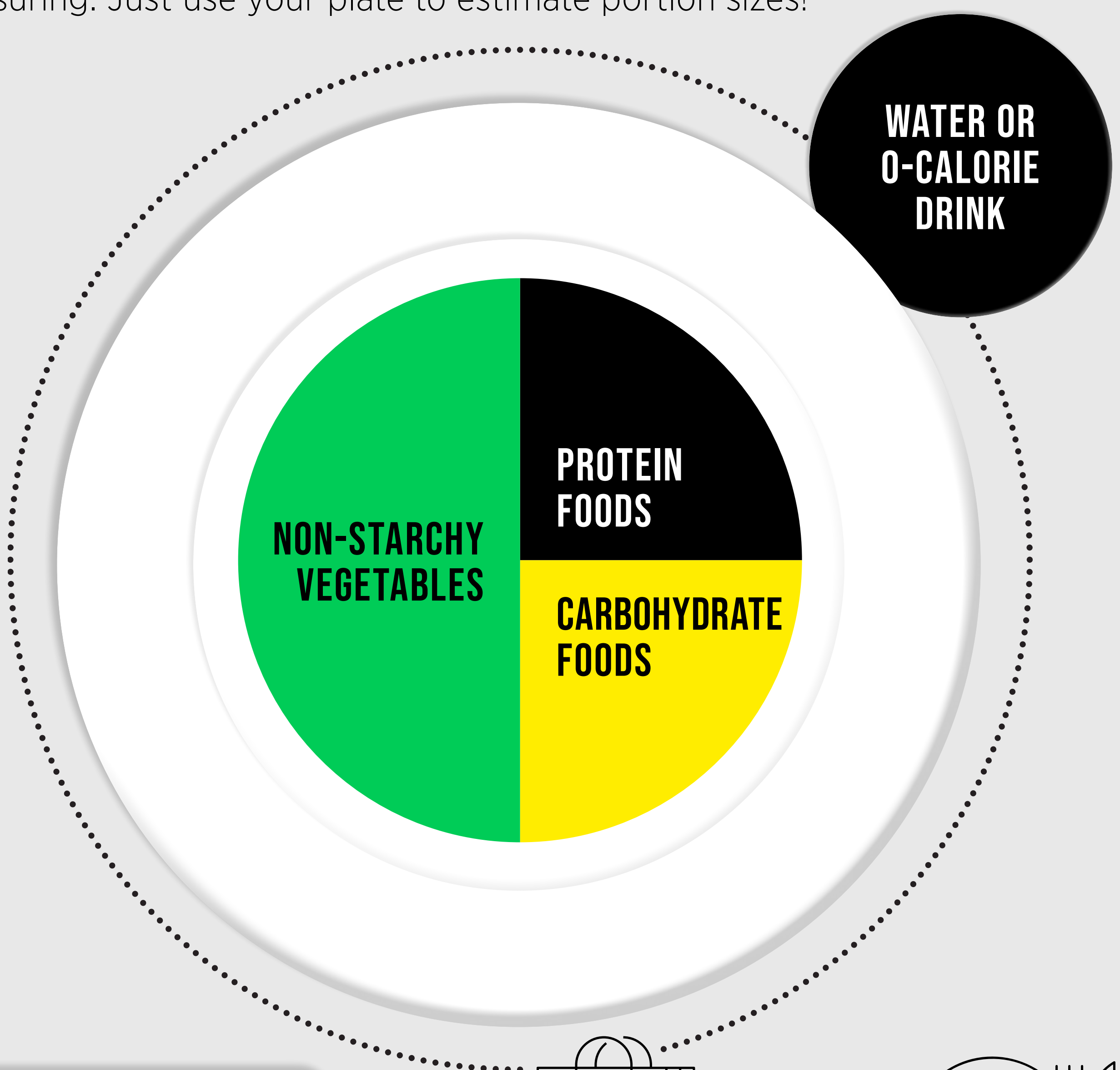
LOG IT TO LEARN IT

For all the measuring and counting, not all foods affect all people in the same way. One great tool is to create a log or use an app to test how similar foods and portion sizes impact your blood sugar with different insulin doses. Reviewing the results several times can help you to come up with your ideal dose. With practice, you’ll become an expert at estimating portions.



DIABETES PLATE METHOD

If you're looking for an easy place to start, try following the Diabetes Plate Method from the American Diabetes Association. This simple guide offers a stress-free way to plan your portions without counting, calculating, or measuring. Just use your plate to estimate portion sizes!



DOWNLOAD a more detailed infographic of the Diabetes Plate Method for more information on each of the four categories!

WHAT WE REALLY WANT YOU TO KNOW ABOUT BEING ACTIVE & NUTRITION

Physical activity and nutrition play a big role in T1D and blood sugar management.

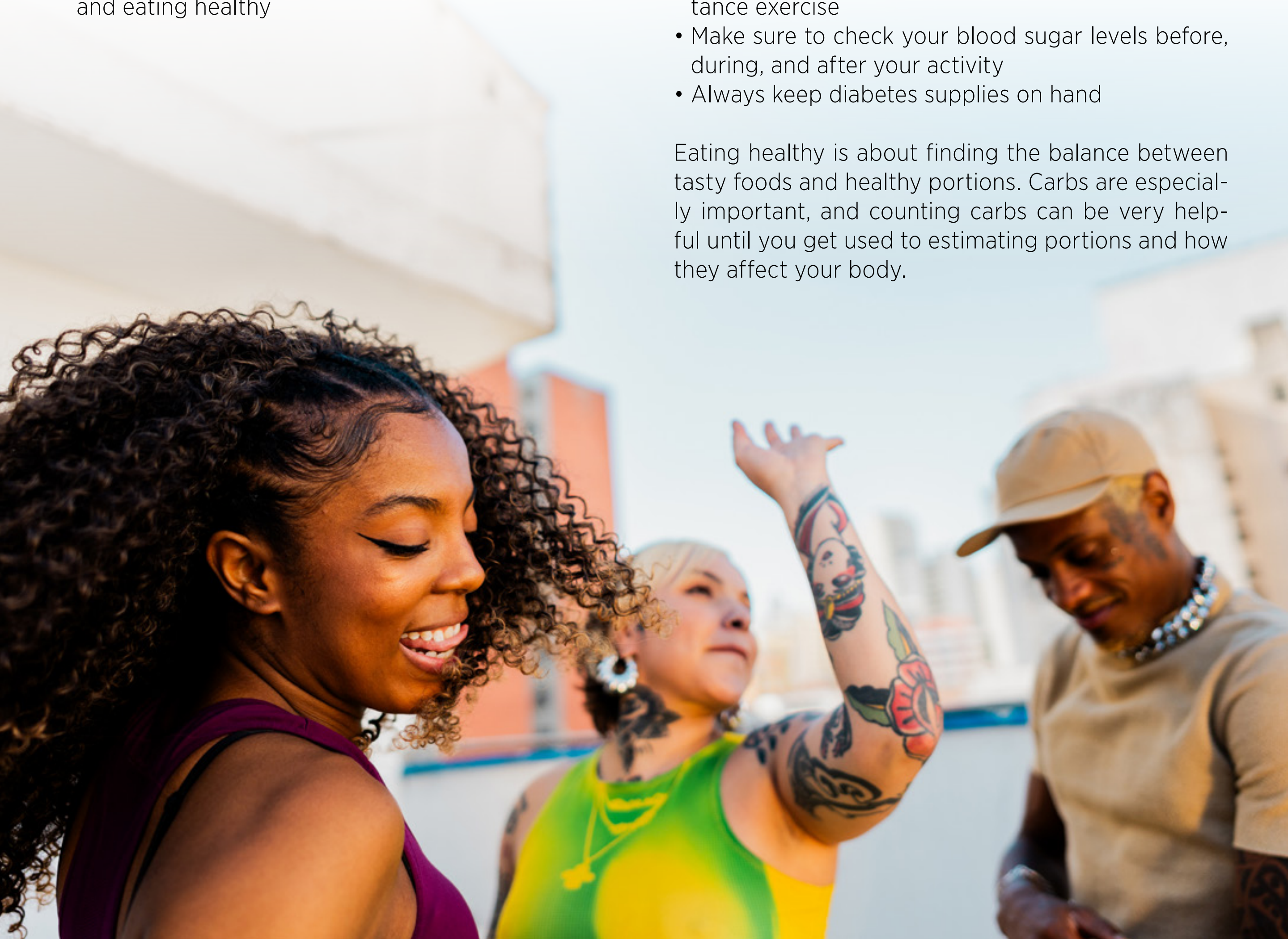
It is important to remember that:

- Your body is as unique as you are
- There is no single “best approach” to being active and eating healthy

Start slow and steady with a light walk each day—it can do wonders for your health!

- Try to include a combination of aerobic and resistance exercise
- Make sure to check your blood sugar levels before, during, and after your activity
- Always keep diabetes supplies on hand

Eating healthy is about finding the balance between tasty foods and healthy portions. Carbs are especially important, and counting carbs can be very helpful until you get used to estimating portions and how they affect your body.



PUTTING IT IN ACTION: FOOD JOURNAL

To keep track of your daily meals and see how they affect your body and blood sugar levels, download and print Beyond Type 1’s food journal. Repeat this for several days and see if you can spot any patterns!

MEAL 1

MEAL SIZE: SM MED LG

HOME / TAKE OUT

STRESS LEVEL: HIGH MED LOW

HOW I FELT BEFORE:

2 HOURS AFTER:

What I did well today...

What I can do better tomorrow...

WATER
INTAKE:

I ATE:

BLOOD SUGAR:

MEAL 1

MEAL SIZE: SM MED LG

HOME / TAKE OUT

STRESS LEVEL: HIGH MED LOW

HOW I FELT BEFORE:

2 HOURS AFTER:

What I did well today...

What I can do better tomorrow...

WATER
INTAKE:

I ATE:

BLOOD SUGAR:



DOWNLOAD
and print

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TAKING ACTION

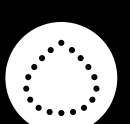
- + *Work with your dietitian to identify smart swaps and appropriate portions for your favorite foods. Your dietitian can help you create a meal plan that fits your preferences and nutritional needs.*
- + *Collaborate with your healthcare team to develop a safe physical activity plan tailored to your health status and fitness level.*
- + *Journal and reflect on your feelings about your diagnosis and your outlook on your future with diabetes, including your relationship with food and exercise.*



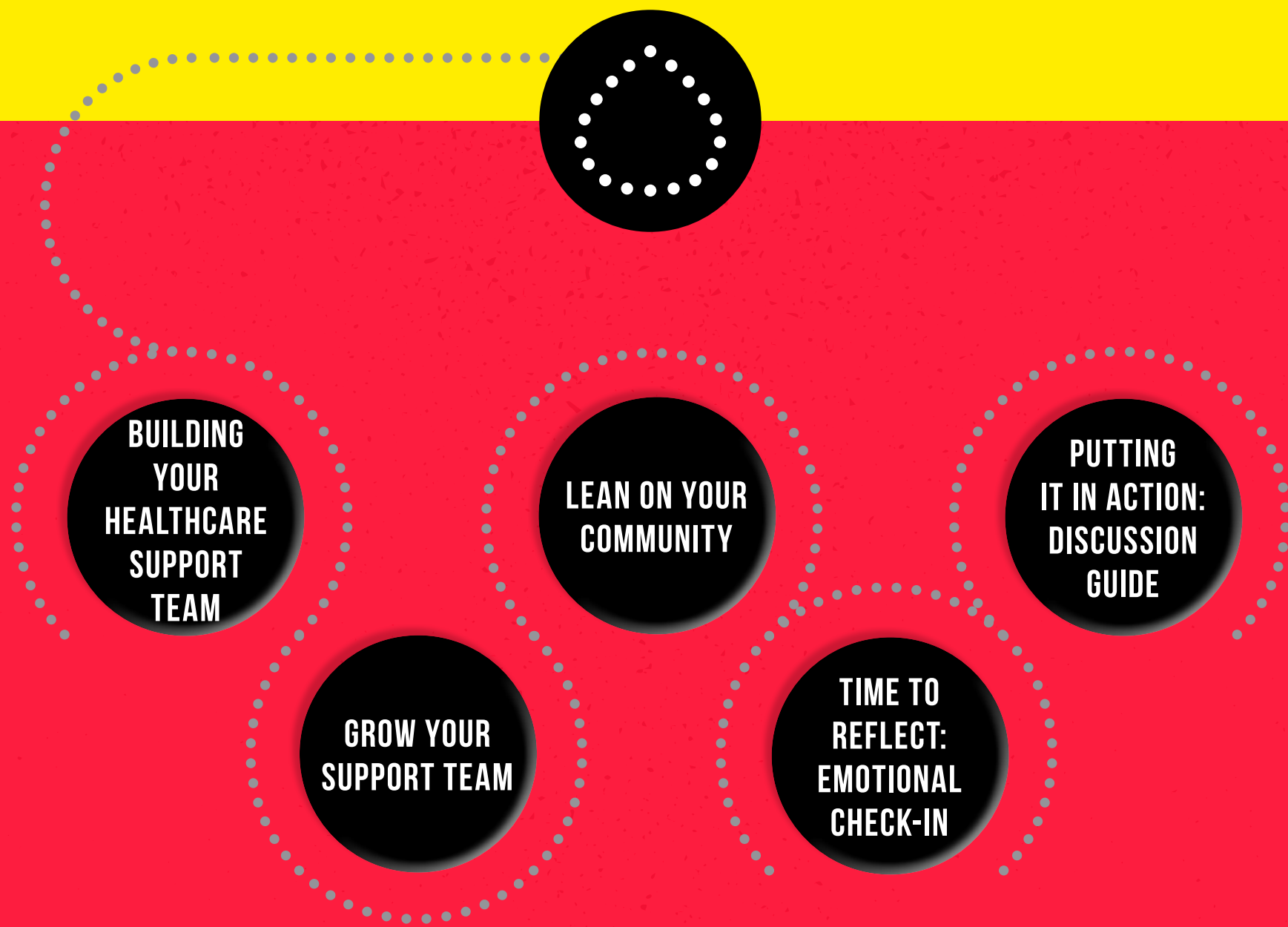
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SECTION 4

BUILDING YOUR DIABETES SUPPORT TEAM



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“FIND A GROUP OF PEOPLE WHO CHALLENGE AND INSPIRE YOU, SPEND A LOT OF TIME WITH THEM, AND IT WILL CHANGE YOUR LIFE.”

AMY POEHLER



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TALK OPENLY ABOUT YOUR TYPE 1 DIABETES

“I have lived with T1D for 10 years. After I was diagnosed, my mom was my biggest support system, but I haven’t lived at home for at least 14 years. Through social media, I was able to reach out and discover a support system.

The advice I would give someone who is newly diagnosed with T1D is to talk openly about T1D with everyone.

A lot of times, people want to hide their diagnosis, and I think that puts us in a box where you can only share a little bit of yourself. **I THINK IT’S SUPER IMPORTANT TO BE ABLE TO BE OPEN WITH YOURSELF AND VULNERABLE TO YOUR SITUATION.** That way, you can get the right support you need to manage your diabetes in a healthy way—not only physically, but mentally as well.

— *Dex Gerald*s



VIEW
Dex's video



BUILDING YOUR HEALTHCARE SUPPORT TEAM

A lack of information and guidance following a T1D diagnosis can be stressful—even dangerous. Find a diabetes specialist you trust. It will change your entire T1D experience and keep you healthier now—and in the future. As a person living with diabetes, you will find that you’ll need to be or will need to become the leading expert on your own body, which you know best and spend the most time with. A great diabetes specialist will honor this and work in partnership with you to manage your diabetes. When choosing a diabetes specialist, remember that you are in the driver’s seat! You should approach meeting a new healthcare provider like an interview—you’re seeing if this person is a good fit to help manage your T1D.

CHOOSE YOUR DIABETES SPECIALIST

Endocrinologist

- Many people with diabetes choose to see an endocrinologist.
- An endocrinologist is a doctor who specializes in hormones and works with people who have all types of diabetes.
- Traditionally endocrinologists specialize in diabetes.
- Endocrinologists can provide you with their expertise, tools, and resources specific to your symptoms and condition.



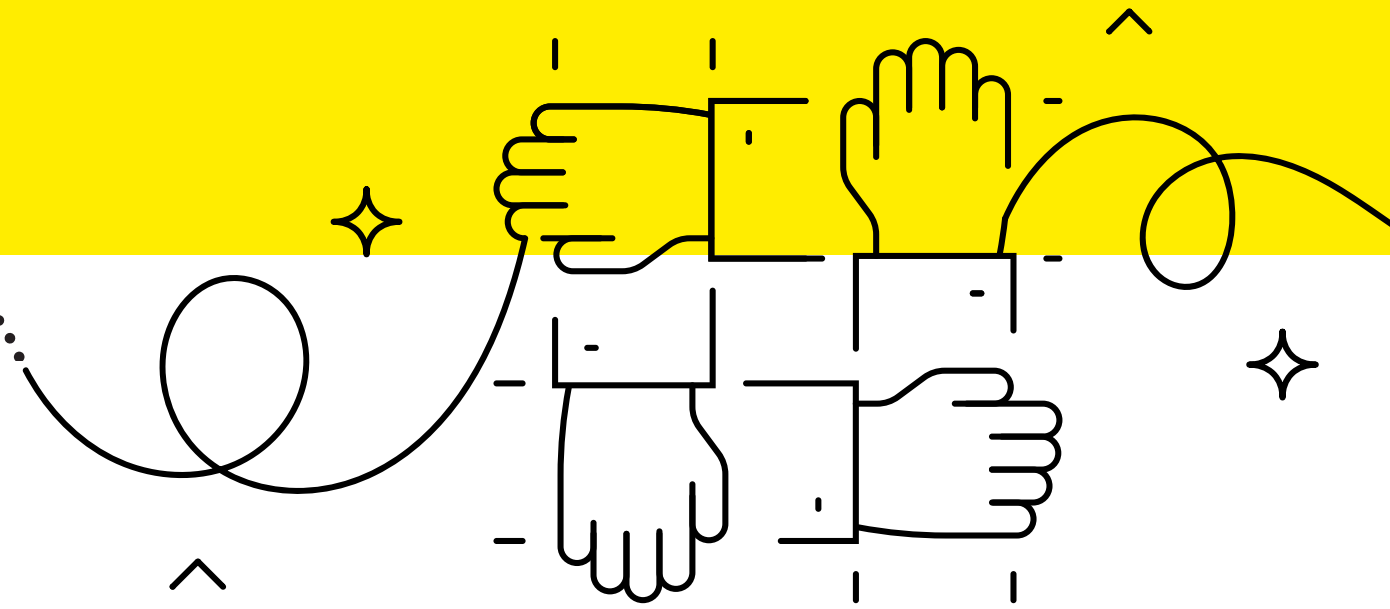
Primary Care Physician

- Some primary care physicians (PCP) are well-versed in managing diabetes, and may be a good resource for you.
- Nurse Practitioners and Physician Associates are advanced practice clinicians who help manage diabetes and may offer additional education.



Go with your intuition: Does the diabetes specialist spend enough time explaining what’s going on? Do you feel like you fully understand what they are explaining? The responsibility to be clear and understandable is on the health care provider. Are they acting like your partner in your healthcare journey? Are they recommending options you can try? Are they listening and asking follow-up questions when you’re hesitant?

GROW YOUR SUPPORT TEAM



Managing diabetes means managing the health of the whole body. This is why you'll want to have a diabetes care team that includes specialists from different fields. Clinical pharmacists help with medication management and dietitians help with meal planning, carb counting, and other nutrition-related concerns. Exercise physiologists help develop customized fitness plans to improve cardiovascular health, flexibility, and body composition.

CERTIFIED DIABETES CARE & EDUCATION SPECIALIST (CDCES): A CDCES is your overall partner in care and can help you manage many aspects of your diabetes care. Your CDCES can:

- Troubleshoot care issues
- Identify health patterns
- Teach you and help you use diabetes technology
- Find cost-saving programs
- Help tackle mental health hurdles and change habits

DIETITIAN: Forget what you might have heard—there is no such thing as a “diabetes diet.” You have unique nutritional needs and ways of responding to different foods. A dietitian can help you:

- Figure out which foods are having the biggest impact on your blood sugar levels
- Plan meals and snacks that are both nutritious and don't feel restrictive
- Make sure your relationship with eating remains positive and balanced

CARDIOLOGIST: Living with diabetes increases your risk of cardiovascular disease, so it's important to practice good heart health habits. If you have a history of heart issues in your family—or any personal risk factors like high blood pressure or high cholesterol—consult your healthcare team for assistance in reducing your risk factors.

MENTAL HEALTH PROVIDER: Being diagnosed with diabetes means absorbing a ton of new information in a short amount of time. It's normal to feel overwhelmed or anxious, and to need extra support to work through new hurdles. Luckily, there are many ways to access mental health support—including therapists available for video counseling sessions. You can even find a therapist well-versed in diabetes management.

PHARMACIST: A local pharmacist who knows your medical background can walk you through new medications and keep an eye out for your refills. Because of the potential lack of insurance coverage and the high cost of diabetes drugs, the pharmacy is also the place where you're most likely to run into surprise cost issues. Having a pharmacist as your advocate will make these situations more manageable. If you're having trouble with insulin costs, visit [GetInsulin.org](https://www.getinsulin.org) to build an access plan that works for you.

CLINICAL PHARMACIST: The clinical pharmacist works closely with individuals with diabetes to improve their health and well-being. They are experts in different medications and assist the diabetes care team in managing medication doses and understanding when and how to take other medicines. The guidance they provide is vital in helping people with diabetes lead healthier lives.



LEAN ON YOUR COMMUNITY

You can find a community of people living with T1D or T2D through the Beyond Type 1 and Beyond Type 2 community platforms. In-person community meetups are often posted on each community platform.

TAKING CARE OF YOUR MENTAL HEALTH

Among people with T1D, mental health must be nurtured with compassion. With everything you have to manage, achieving mental-health balance while living with T1D can be a challenge. If you're struggling, many resources are available to support you.

REACH OUT TO FRIENDS & FAMILY

Be open with your friends and family about how you're feeling. No matter what you're going through, you're never really in it alone—at least, you don't have to be. Sharing your thoughts and feelings with your loved ones can help them understand and give them fuel from some talk therapy!

FIND SUPPORT IN YOUR LOCAL COMMUNITY

The National Alliance on Mental Illness (NAMI) is a nationwide grassroots association that organizes the work of more than 500 local affiliates, focused on raising awareness and providing support for anyone facing mental illness. By calling or emailing [NAMI's help line](#), you can be connected with appropriate local resources where you live. NAMI also provides support for family members and loved ones of anyone dealing with mental health issues.

ONLINE SUPPORT GROUPS

Beyond Type 1's [community app](#)—available on desktop as well as Android and iOS devices—allows fellow T1Ds to connect. Breakthrough T1D offers [Community Summits](#), where T1Ds can join relevant conversations and connect with their communities on messaging boards.



TIME TO REFLECT: EMOTIONAL CHECK-IN

Checking in with yourself now and then to see how you’re doing can help you communicate your feelings to others—and keep you grounded. It can help you regulate your emotions, find inner peace, give you perspective, reduce self-criticism and enjoy the present moment. So go ahead, download and print your emotional check-in journal, and spend some time with you! Print and reuse as many times as you want!

I have been feeling:



AWESOME



GOOD



OKAY



NOT GOOD



OVERWHELMED

What’s going on for me right now is...

What really makes me happy is....

If I knew I could not fail, I would...

What’s not working for me right now is...

What I need to accept is...

The most important thing in my life is...

What I need to let go of is...



DOWNLOAD
and print

PUTTING IT IN ACTION: A DISCUSSION GUIDE FOR YOUR HEALTHCARE PROVIDER

Not everyone feels comfortable talking to their doctor about their diabetes, and not everyone knows what questions to ask. As hard as it can be, advocating for yourself is a big part of your diabetes self-management. Simply put: for your needs to be met, they must first be heard! Having an “Action Plan” with your healthcare team can help prepare you for appointments—and make the most of them.

YOUR HEALTHCARE PROVIDER DISCUSSION GUIDE

Print out this discussion guide and bring it with you to your next clinic or hospital visit. Be sure to ask your healthcare provider to:

CONFIRM YOUR TYPE OF DIABETES:

- ☐

Do I have Type 1 Diabetes or Type 2 Diabetes?
- ☐

Is there something specific to my type of diabetes that I should know?

TALK ABOUT BLOOD SUGAR MANAGEMENT:

- ☐

Have them explain what A1C¹² and time in range mean—and the difference between the two.

- ☐

Can I get access to a continuous blood sugar monitor (CGM)?
- ☐

Can you help me create a plan to improve my blood sugar levels?
- ☐

Can you tell me how often I should be checking my blood sugar and tips to help manage my numbers?

¹² beyondtype1.org/understanding-your-a1c/



DOWNLOAD

and print

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SECTION 5

TAP INTO COMMUNITY & THRIVE TOGETHER



Decoding Diabetes

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Creating Your Best Path Forward

2

Fuel Well to Feel Well & Move Your Body

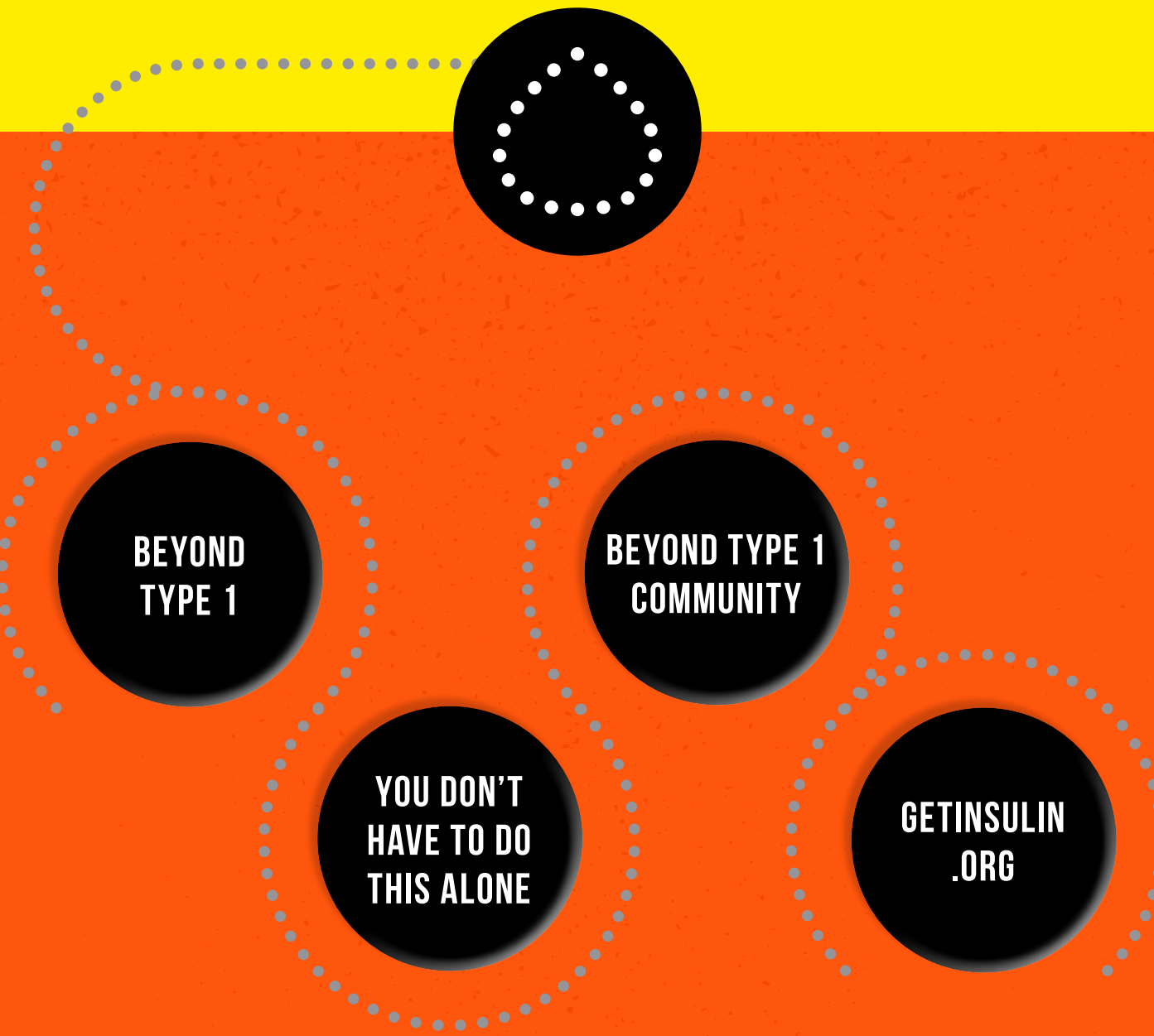
3

Building Your Diabetes Support Team

4

Tap into Community & Thrive Together

5



“WE” MULTIPLIES THE
POWER OF “I”

ANIEKEE TOCHUKWU



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Beyond Type 1 is a global movement working to help those with diabetes not only survive—but thrive. We are a community of leaders working to fight the disease and make our voices heard—from everyday people, students, and activists to scientists, athletes, and celebrities. We come from all walks of life and we work together to save lives, protect our health, and inspire people to achieve what they never thought possible. In a world in which everyone deserves to thrive, we transform the challenges of life with diabetes into strengths.

Beyond Type 1 is a 501(c)(3) tax-exempt nonprofit organization, under charitable ID #47-3336640.



YOU DON'T HAVE TO DO THIS ALONE

What a world of difference the right support group can make! Not just the support, but also the joy of meeting and clicking with people who also live with T1D and who get it. Finding your tribe.

Find your peer group...or groups!

There's something about finding a safe space where you share stories, struggles and successes with other people who share your reality. We've listed a few Beyond Type 1 programs below so you get an idea of the support that's available, but this just scratches the surface. Check out the [Beyond Type 1 Portfolio](#) for more awesome programs and resources!

What do you get?

- The opportunity to network with other people with diabetes using any chosen means of communication
- A free buddy matching service based on the unique criteria submitted by the participant
- The opportunity to vent, share, learn and get/give support with someone who "gets it"
- A downloadable toolkit with prompts to help the participant get started communicating with their new peer



BEYOND TYPE 1 COMMUNITY

The Beyond Type 1 and Beyond Type 2 Community apps are diabetes type-specific online communities and resource libraries where people impacted by diabetes connect with each other to ask questions, share successes and vent in a semi-private forum.

What do you get?

Community connection with people who get it—from people living with diabetes to caretakers and family members, the Beyond Type 1 and Beyond Type 2 Communities offer a protected and instant place for people impacted by diabetes to let their guard down and know they’re in the company of people who understand.

- Content including resources, stories and ideas, as well as go-at-your-own-pace support programs and virtual meetups, for living better with diabetes
- Ability to access the community on desktop or through the convenience of a mobile app
- Ability to experience the Beyond Type 1 culture, ethos and intent in an online social setting

Joining takes only a few minutes and you can download the App on [Google Play](#) or the [App Store](#).



GETINSULIN.ORG

GetInsulin.org helps people with diabetes sustainably access the insulin they need to survive and successfully manage their diabetes. Using basic demographic information provided by the user, GetInsulin.org’s Action Plan tool determines the insulin affordability programs available to them, then provides easy-to-understand next steps for access.

INSULIN
IS NOT
OPTIONAL

GETINSULIN.ORG

A program of Beyond Type 1

Accessing insulin in the U.S. often needs clarification; it is expensive and profoundly scary. Insulin isn’t just a life-saving drug; it’s life-sustaining for anyone who needs it to survive.



Launched in October 2020, GetInsulin.org is a first-of-its-kind program led by Beyond Type 1 that helps U.S. residents access the insulin they need quickly and at the lowest possible cost.



VISIT
getinsulin.org
for more
information



BEYOND DIAGNOSIS: A Beginner’s Guide to Thriving with Type 1 Diabetes

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THANK YOU

Thank you to our sponsors and community for making this possible.

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