



Diabetes Essentials

Facilitator Guide

This session will take 2 hours to complete.

Goals of the Program:

- Identify what diabetes is, how it works and how it affects you
- Recognize self-management through healthy eating, regular physical activity and medications as needed.

Intended Participants:

This program is open to anyone who:

Has type 2 diabetes or prediabetes

Has a family member who has diabetes and is interested in helping them manage.

***This program is part of a 4-part series “Diabetes – Separating Fact or Fiction.” It will provide a comprehensive understanding of how to manage diabetes and prevent complications. It is recommended they be taken in the following order: (1) Diabetes Essentials, (2) Diabetes & Eating, (3) Eating for Health, and (4) Mind & Body Wellness.**

ACKNOWLEDGEMENTS

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ABOUT THE FACILITATOR GUIDE

This guide offers service providers a framework for facilitated group work.

Education, skill building, and practical activities are incorporated to help participants identify how simple changes can make a lasting impact. This session promotes overall well-being and presents the building blocks to further self-management skills by linking them to other programs available throughout the WRHA.

All the information provided is based on current Clinical Practice Guidelines (2018) and evidence-based research, and is to be provided by a regulated healthcare professional.

This guideline is designed to arm you with knowledge to help you organize your class. It is not the expectation that 100% of these topics get covered. Interests identified by the participants will dictate what areas you spend more time on.

Facilitator's Role:

As a facilitator of a community group, it is important that you:

- have an empathetic, non-judgmental attitude
- allow all group members opportunity to express themselves
- prepare other relevant information and resources to help the group
- provide group members your contact information so they can follow-up with you if needed.

Text Colors:

- **“BOLD”**: Read aloud! This information is appropriate for the group
- Normal font: This information is for you as the facilitator to help guide the class. It may also provide supporting information on the topic that does not need to be read to the group.
- *“TIP” text boxes*: This information is to help you as a facilitator.

CHECKLIST OF MATERIALS

Facilitator Guide

Name Tags

White Board/Flip Chart

Markers

Pens

Evaluation

Projector with speakers (as required for optional video(s) or visuals)

Advertisements for other sessions of this series offered in your area

Education and Interactive Material:

Choose any of the following, based on availability:

- Glucose wands
- A1C pillow
- Blood vessel vases with RBC balls (see appendix for photos)
- Materials for locked key activity (see appendix for list and photos)
- Slide deck of images/diagrams (provided as a Power Point document)

Suggested Handouts:

Choose a few (no more than 8-10) of these handouts to make available to your participants. These handouts are not intended to be gone through during the class, but to be given as optional take home resources. They can all be found at <http://guidelines.diabetes.ca/patientresources>

- Type 2 Diabetes: the Basics
- Diabetes Fact Sheet
- Prediabetes Fact Sheet
- Lows and Highs: Blood Glucose Levels
- Staying Healthy with Diabetes
- Cholesterol and Diabetes
- High Blood Pressure and Diabetes
- What medications should I be taking to protect myself from heart disease and stroke?
- My Diabetes Care: Not just about blood sugar
- Managing your blood sugar
- Just the Basics: Tips for Healthy Eating
- Handy Portion Guide
- Physical Activity and Diabetes
- Benefits of Physical Activity
- Thinking of Starting Insulin
- Staying Safe When You Have Vomiting or Diarrhea

- Hypoglycemia: Low Blood Sugar in Adults
- Drive Safe with Diabetes
- Know Your Team WELCOME TO DIABETES ESSENTIALS (10 min)

This session is designed to take 2 hours, and includes some interactive discussions and optional interactive activities that can be done if the group is interested, as well as time for questions at the end. It is strongly recommended that group sessions include opportunities for participation and interaction and that some time is spent indicating why this information is important to the adult learner.

OVERVIEW OF SESSION

“During the session, we will discuss diabetes: how it affects us and what we can do about it. We will provide background information, strategies to help you manage your diabetes and stay healthy.”

“We hope that you feel comfortable asking questions, and interacting with the group. Please ask questions as we go and also respect each other by listening and giving everyone a chance to speak. Everything that you share in class will be kept confidential.”

Provide your group with specific housekeeping info:

- Outline for today
- Bathrooms
- Break, etc.

Activity 1: INTRODUCTIONS

“Let’s start the session by going around the table and have each person introduce themselves and share: how long they’ve lived with diabetes (or pre-diabetes) and one thing they really want to learn today.”

TIP: Write what participants want to learn on a whiteboard/poster sheet. They will be “parked” for later discussion. At the end of the session, you can review to make sure that each concern was addressed.

This list may give you an idea about which OPTIONAL activities would work well.

“Thank you for sharing. We will discuss many of these questions, Fictions, or ideas as well as what we currently know about diabetes during this session. Please feel free to ask questions and interact, as this session is for you!”

DIABETES: THE BASICS (30 min)

WHAT IS DIABETES?

DID YOU KNOW?

“In Manitoba, there are 373,000 people living with diabetes – that’s almost 30% of our population! And that number is increasing.” (Jun 2016 statistic)

“Diabetes is a chronic disease in which the body either cannot produce enough insulin and/or cannot properly use the insulin it produces.

Insulin is a hormone that controls the amount of glucose (or sugar) in the blood. The body needs insulin in order to be able to use sugar as an energy source.

Diabetes leads to high blood sugar levels, which can damage organs, blood vessels and nerves.”

Ask: “**Does anyone know what the different types of diabetes are? What are the main differences are of each?**

“**There are 3 main types of diabetes:**

- **Type 1 diabetes occurs when the pancreas is unable to produce any insulin. This type will usually develop in childhood or adolescence but can be diagnosed at any age. It affects 10 % of people living with diabetes.**
- **Type 2 diabetes occurs when the pancreas does not produce enough insulin, when the body does not effectively use the insulin that is produced, or both. Type 2 diabetes affects 90% of people living with diabetes.**
- **Pre-diabetes refers to blood glucose levels that are higher than normal, but not yet high enough to be diagnosed as type 2 diabetes. Many people with prediabetes will go on to develop type 2 diabetes, but not all. It’s important to note that while type 2 diabetes is not reversible, prediabetes may be.”**

Other Types of Diabetes:

- Gestational diabetes mellitus refers to glucose intolerance with onset or first recognition during pregnancy.
- There are other relatively uncommon conditions-genetically defined forms of diabetes or diabetes associated with other diseases or drug use.

Activity 2: DIABETES PHYSIOLOGY

Please choose one of the following:

- a) Show this video outlining the physiology of diabetes:
Diabetes Made Simple (4 min)
<http://www.youtube.com/watch?v=MGL6km1NBWE>
- b) Go through the "Locked Jar" activity (details on pg 27 of the appendix)
(10-15 min)
- c) Go through Diabetes Conversation Map #2 (15 min)

After the activity is finished, ask if anyone has questions and check for understanding. Clarify the main traits occurring in Type 2 diabetes: Insulin resistance, beta cell dysfunction, and liver output of glucose.

TIP: Helpful Visuals for this section: Slide 1: stomach/pancreas diagram

RISK FACTORS

There are many risk factors that are associated with diabetes. For full list of Risk Factors, see: [Table 1: Risk Factors for type 2 diabetes – takes you to "Screening for Diabetes in Adults"](#)

- Age >40 yrs
- Behaviours related to: nutrition, physical activity, sleep, stress and smoking
- Environment - explain and discuss (i.e. convenience foods, technology, inactivity, especially in relation to low socio-economic status)
- Weight management (abdominal obesity or extra weight around the middle)
- Other medical conditions (including high blood pressure and high cholesterol) and certain medications
- Genetics
 - Family History
 - Ethnicity (People of African, Arab, Asian, Hispanic, Indigenous, or South Asian descent are at higher risk)
- History of prediabetes or gestational diabetes

TIP: Many people carry guilt about their diabetes diagnosis and its cause. Try to lessen this guilt by talking about the multi-factorial nature of diabetes; it's not as simple as, for example, how much sugar they ate in their life.

"Scientists don't know the exact cause of type 2 diabetes. What we know is that the onset of diabetes is contributed to by a combination of environmental and genetic factors. Remember: no one specific thing causes diabetes and it may not always be possible to prevent."

SYMPTOMS

Symptoms associated with diabetes are caused by high blood sugar, called *hyperglycemia*

- Unusual thirst
- Frequent urination
- Weight change (gain or loss)
- Extreme fatigue or lack of energy
- Blurred vision
- Frequent or recurring infections
- Cuts and bruises that are slow to heal
- Tingling or numbness in the hands or feet
- Trouble getting or maintaining an erection

Ask: “Have any of you felt any of these symptoms? Did you know that they may have been caused by diabetes?”

Fact or Fiction- But I feel fine?

“I would know I have diabetes because I would feel it.”

Fiction: Many people who have type 2 diabetes don't display any symptoms! This is why checking your blood sugar at home or at the lab is important.

THE NUMBERS

Ask: “How do we diagnose diabetes or pre-diabetes?”

Fasting Plasma Glucose (FPG): A simple blood test that measures the concentration of glucose (sugar) in the blood after several hours of not eating. You will need to fast for 8 hours before getting your blood taken.

Glycosylated Hemoglobin (A1C): Another blood test that can estimate the average of your blood glucose levels over the past 3 months. You do not need to fast for this test.

Oral glucose tolerance test (OGTT): A different blood test that is less commonly used. It measures your body's ability to break down and use carbohydrate. You are given a standard dose of glucose in an orange drink and your blood glucose levels are tested at several intervals (usually fasting, 1 hr, and 2hrs after drinking). Note: this test is not routinely recommended anymore.

	A1C	FBG	OGTT
No diabetes	<5.5%	≤6.0 mmol/L	<7.7mmol/L
Prediabetes	6-6.4%	6.1–6.9 mmol/L	7.8-11.0mmol/L
Type 2 diabetes	≥6.5%*	≥7.0 mmol/L	≥11.1 mmol/L

*Only for adults without factors that affect the accuracy of the A1C and suspected T1DM

TIP: Try to encourage active participation by asking:

- Does anyone know what normal blood sugars are without diabetes?
- What happens in the 6s? Reiterate that it's prediabetes, not “borderline”
- Does anyone know their diagnosing number?
- Has anyone had an OGTT?

Keep this section brief, especially the diagnostics.

Encourage participants that only knowing their numbers as “good”, or “a little high” etc. is subjective, while knowing the number is concrete.

Helpful Visuals for this section:

A1C pillow (see appendix for details)

Slide 2: High vs low A1C

Slide 3: Coloured arrow chart of diagnostic numbers

Slide 4: A1C compared to average blood sugar

MONITORING AND STAYING HEALTHY (30 min)

Fact or Fiction- What Causes Complications

“When my aunt started on insulin she ended up losing her vision.”

Fiction: We often hear statements like this. It was likely not the insulin that caused the loss of vision, but could be related to other factors such as:

- **Blood sugars not on target for a long time**
- **Insulin wasn't started early enough (for various reasons)**
- **Other factors affecting her eye health. The goal is to stay healthy with diabetes. We do this by managing our blood sugars, blood pressure, cholesterol and staying up to date with health checks.**

TIP: This section can be very scary for some participants, especially if they have gone through diabetes complications with another person. It is important to cover this topic but do it in a gentle, positive, and empowering way.

For example: Yes those are potential complications. That's why it is important to manage our blood sugars. But you can also help prevent them with regular checkups. Let's look at the Staying Healthy with Diabetes handout.

COMPLICATIONS

“High blood sugar, blood pressure, and cholesterol, as well as smoking, affect the blood flow and circulation to all of our important organs. They can cause damage to our blood vessels, leading to health problems. This is why we monitor them and use management strategies to stay healthy!”

Helpful Visuals for this section:

Slides 5-8: glucose, cholesterol, and blood pressure’s effects on blood vessels Blood vessel vases with RBC balls (see appendix for details)

Glucose wands (see appendix for details)

Activity 3: HEALTHY HEAD TO TOE

Provide each participant (or group of participants) with a “Staying Healthy” card (cards found in the appendix).

“Let’s do a quick head to toe on how to stay healthy. We’ll go through everyone’s cards, one at a time, and brainstorm which check-ups we might get done for each. We’ll also give you some handy tips to know along the way so we can stay healthy with diabetes!”

Eyes:

- **Get your eyes checked once every 1-2 years (with no disease and controlled blood sugars)**
- **Tell your eye care provider (optometrist or ophthalmologist) that you have diabetes. A portion of their testing is then covered by Manitoba Health**
- **People living with diabetes are at higher risk of glaucoma, cataracts and retinopathy (a disease of the blood vessels at the back of your eyes that can lead to blindness).**
- **You may need to have your pupils dilated for this exam and would not be able to drive home.**

Teeth:

- **Go to the dentist at least once per year (or as your insurance plan permits)**
- **Let your dentist know that you have diabetes**
- **People living with diabetes are at higher risk for gum disease and cavities**
- **If you have dentures, you should ensure they fit well and there are no sore spots. If you notice a sore that is not healing please see your provider.**

Heart:

- **See your provider or diabetes health care team member regularly (usually**

every 3-6 months)

- People living with diabetes have a higher risk of heart attack and stroke so there are a few things that can be checked:
 - Your blood pressure should get checked at every visit. The goal is to keep your blood pressure <130/80. Some people can test at home as well, but this isn't required for most people.
 - A yearly blood test to check your lipid profile (cholesterol) is ordered by your provider. The goal for your LDL ("bad cholesterol") is <2
- You might be prescribed medications to decrease your risk of heart attacks and strokes. This is discussed in a bit more detail later.

Kidneys:

- See your provider or diabetes health care team member regularly (usually every 3-6 months)
- People living with diabetes have a higher risk of kidney disease, which can end up needing dialysis to treat
- Your provider does two kidney tests every year: a blood test and a urine test. Make sure you "pee in a cup" at least once a year!

Feet:

- Check your feet at home every day!
- People living with diabetes have a higher risk of nerve damage, especially in the feet, and of infections. If left untreated, this can lead to amputations. The most common amputation in diabetes is toe amputations.

Review the foot care handout here: [Foot care: A step toward good health](#)

- Dry feet well after showering or bathing (especially between the toes), moisturize daily (except between the toes), trim your toenails regularly, and keep your eye out for cuts, scrapes, and anything out of the ordinary! If you have trouble seeing your feet, use a mirror or get a partner to help you.
- Your provider should also regularly check the health of your feet. Take off your shoes and socks at every visit!
- Once a year, they will do a 10g monofilament test or use a 128-Hz tuning fork to test the health of your nerves
- If you ever feel like your feet are numb or on "pins and needles" talk to your provider

Emotions:

- Your provider should check in with you and your mental health at least every year. They might get you to answer a questionnaire (PHQ9).
- If they don't ask, book a separate appointment with your provider to talk

about it. Your healthcare team can help.

- Depression and anxiety are common feelings that can occur with and without diabetes. Diabetes itself can negatively affect your mental health and those symptoms in turn can negatively affect your diabetes control

Nerves (important for sexual function)

- Your provider should check in with you about your sexual health at least every year.
- If they don't ask, don't be shy: book a separate appointment with your provider to talk about it, where you can discuss management strategies and/or treatments.
- People living with diabetes have a higher risk of sexual dysfunction because of issues with blood flow and damage to nerves. In men, it usually presents as trouble getting and/or maintaining an erection. Women can also have symptoms, but they can sometimes be less obvious.
- Depression and anxiety as well as stress can also contribute

Smoking

- When you're ready to quit, there are lots of options! Talk to your provider about what's right for you, whether that's a one on one visit or a "Commit to Quit" group session.
- Smoking adds additional risk to many of the problems people living with diabetes already are at risk for. For example, smoking can increase your risk for heart attacks and strokes 3-fold!
- Quitting is not easy! It often takes multiple attempts to quit, so keep trying!

Glucose Monitor

- If you monitor your sugars at home, bring your meter to your medical appointment when you're getting blood tests done.
- Check your blood sugar with your meter around the same time as your blood is drawn. Write down the date and number so you can compare the results to ensure your meter is working correctly (within <15% difference).

Ask: "Are there any checkups we missed? Is there anything that you do (either at home or at your doctor's office) to check on your diabetes? Are there any of these tests you think you may have missed?"

SELF MONITORING OF BLOOD SUGAR

"A1C and blood glucose levels can also be used for monitoring (not just diagnostics). It is also possible to monitor your blood glucose levels at home."

Ask: **“Does anyone check their sugar levels at home?”**

“Home Blood Glucose Monitoring requires a meter, test strips and lancets that can be purchased at your pharmacy. There are many different kinds of meters. Your diabetes health care team can help you decide which is best for you.”

A box of 100 test strips costs \$80-90, but is eligible for coverage through MB Health, Non-Insured Health Benefits (Treaty status), or private insurance plans.

- MB Health covers the full cost through EIA or Pharmacare (once the deductible is met), but only up to certain maximums:
 - Insulin users: 3650 strips per year
 - Sulfonylureas or repaglinide: 400 strips per year
 - Everyone else: 200 strips per year
- NIHB also covers the full cost and uses the same maximums, except for:
 - Insulin users: 500 strips every 100 days
- Private insurance plans have variable coverage

Test strips that are currently available last at least 1 year before expiring, regardless of when the package is opened, so this doesn't affect coverage.

Ask: **“What do you think might be a benefit of checking your sugars at home?”**

- It can provide feedback on the results of healthy behaviour interventions and medications for diabetes.
- It increases empowerment in managing diabetes.
- It provides information to both the person with diabetes and their diabetes health-care team to facilitate longer-term treatment modifications. (CPGs 2018)
- Monitoring blood glucose (BG) is the optimal way to confirm and appropriately treat hypoglycemia (which we will discuss shortly)

Ask: **What Time of Day and How Often Should I Check?**

The frequency of monitoring BG should be individualized to each person's unique circumstances. Factors influencing this include:

- type of diabetes
- medications
- changes to medications
- blood sugar targets
- patient comprehension (i.e. literacy/numeracy)
- risks for hypoglycemia, awareness of hypoglycemia
- occupational requirements
- acute illness
- finances or coverage

Talk to your diabetes educator about the timing and pattern that best suits your individual needs. If you monitor your blood sugars, it is important to understand what the numbers mean and what actions to take to correct them (ie. hyper- or hypo- glycemia) in that moment. Make sure someone from your diabetes health care team takes a look at your logs to help you with your daily adjustments.

NOTE: People with diabetes should receive instruction on how and when to perform self-monitoring; how to record the results in an organized fashion; the meaning of various BG levels and how behaviour and actions affect BG results.

TARGETS

Ask: **“Does anyone know what numbers they are aiming for?”**

A1C targets	
≤6.5%	Some adults with type 2 diabetes, to reduce the risk of CKD and retinopathy, if at low risk of hypoglycemia
≤7%	MOST ADULTS WITH TYPE 2 DIABETES
7.1-8.5%	Adults with type 2 diabetes and: functional dependency, recurrent severe hypoglycemia or hypoglycemia unawareness, limited life expectancy, frail elderly, and/or those with dementia

SMBG targets	Blood sugar
Before a meal	4-7mmol/L
After a meal	5-10mmol/L
	5-8mmol/L if trying to reduce A1c

“These targets are general recommendations for most patients with type 2 diabetes, however; all targets should be individualized based on patient specific factors. Your diabetes health care provider might set different targets for your diabetes management based on your individual risks and benefits.”

Helpful Visuals for this section:
Slide 9: Effects of food on blood glucose
Slide 10: A1C targets

Fact or Fiction- Is there a cure?

“If my blood sugars get back to *normal range*, I no longer have diabetes.”

Fiction: Once you have been diagnosed with type 2 diabetes, you will always have it. Careful diabetes management can get your numbers in the target ranges and decrease your risk of symptoms and complications, but diabetes must be managed for life - whether you're using healthy behaviours alone or along with medications and insulin.

Currently there is no cure... but researchers are continuing to look for one!

TOOLS FOR MANAGEMENT (45 min)

Ask: "Does anyone know how we treat type 2 diabetes?"

"These are four different management strategies for type 2 diabetes. We will go through each of them briefly, but if you'd like more information about any of them, there are additional classes you can take or you can meet one on one with a diabetes health care team member."

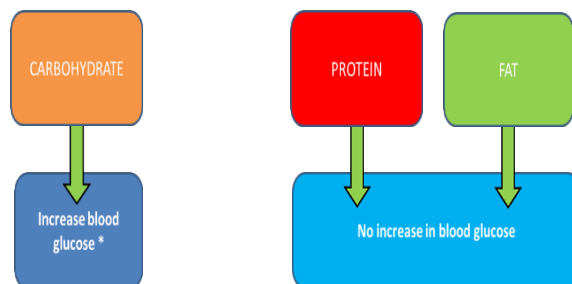
1. Healthy Eating
2. Physical Activity
3. Medications and Insulin
4. Stress Management

HEALTHY EATING

"Healthy eating is the same with or without diabetes: there is no such thing as a *diabetic diet*. The idea is to have a variety of whole foods; try to get higher fibre, less salt, and lower fat, have less processed foods, more meals at home, all with appropriate portions."

Ask: "What are some health benefits of healthy eating?"

- Can reduce A1C by 1-2 % (more potent than medications)
- Can help decrease high blood pressure
- Provides the body with more energy



Tip: Choose how much of the nutrition information below to discuss with your group depending on time and interest. You can discuss the tips or go through the handouts or both. Be sure to let your class know there are two additional classes just on nutrition!

How does fibre help with diabetes?

When the glucose from our food is absorbed more slowly, we can avoid blood sugar spikes. That way, our bodies have more time to use insulin to move the glucose into our cells. Fibre slows down glucose absorption very well. Protein and healthy fats can also help slow glucose absorption.

Nutrition Tips:

- Eat three meals per day at regular times and space meals no more than 6 hours apart. You may benefit from a healthy snack.
- Limit sugars and sweets such as sugar, regular pop, desserts, candies, jam and honey.
- Limit the amount of high fat food you eat such as fried foods, chips and pastries.
- Eat more high fibre foods such as whole grain breads and cereals, lentils, dried beans and peas, brown rice, vegetables and fruits.
- If you are thirsty, drink water.
- Use “the plate method” to get the right amount of different nutrients.
- Use “the hand jive” to measure out portions.

Helpful Visuals for this section: Slide 11: Carb/Protein/Fat chart (as above)

“Do you want to learn more? You can attend our other diabetes classes on nutrition! You can also access Dial-a-Dietitian over the phone!”

Healthy Eating with Diabetes

Eating for Health

Dial-a-Dietitian: 204-788-8248 OR 1-800-830-2892

PHYSICAL ACTIVITY

“Physical activity is one of the most effective ways to lower blood sugars and stay healthy!”

Ask: **“How does physical activity help with diabetes?”**

- Uses up glucose (cardiovascular activity)
- Makes your cells recognize insulin better (strengthening activities).

Tip: Choose how much of the physical activity information below to discuss with your group depending on time and interest. Remember that there is an additional class on physical activity!

How much do we need?

- 150 minutes of cardiovascular activity (i.e. walking, swimming, biking etc.)

- 2 sessions of strength training (i.e. body weight, free weights or weight machine activities)
 - If you decide to begin strength training, you should ideally get some instruction from a qualified exercise specialist

Health benefits start with as little as 10 min bouts! Start with 5 minutes per day and work your way up to the goal of 150 minutes. If you are already there great! Don't forget to add your strength training too.

Other info from Key Messages for People with Diabetes

- It is best to avoid prolonged sitting. Try to interrupt sitting time by getting up briefly every 20 to 30 minutes.
- Using a step monitor (pedometer or accelerometer) can be helpful in tracking your activity.

Brief Safety guidelines:

- Talk to your health care provider before starting any activity more strenuous than a walk.
- Proper foot wear is essential.
- Keep hydrated with water.
- If you are at risk of hypoglycemia, carry some form of fast-acting carbohydrate with you in case you need to treat a low blood sugar, for example, glucose tablets.

Fact or Fiction- Losing weight?

“If I'm not losing any weight, my health changes aren't working”

Fiction: Getting physical activity and eating healthy provides benefits to your health regardless of weight change. Try to use other measurements to monitor your health behavior change efforts: blood sugar monitoring, blood pressure, energy levels/how you feel, and physical fitness are all more accurate ways to gauge your success.

Focus on health behavior changes we discussed today: healthy eating, regular physical activity, adequate sleep and healthy ways to manage stress.

“Do you want to learn more? You can attend our other diabetes class that discusses physical activity (Mind, Body Wellness) or Exercise HealthSense.

MEDICATIONS AND INSULIN

Fact or Fiction- My changes aren't working

“Going on a medication for diabetes means I've failed with my healthy behaviour changes and my diabetes is getting worse.”

Fiction: Diabetes is a progressive disease. What works today to manage your blood sugars may not always be enough. Healthy behaviours (healthy eating and activity) are the cornerstone of diabetes management and should always be recommended and encouraged throughout the course of diabetes. Medications can be offered at any time throughout the course of diabetes as well – either to improve symptoms and/or prevent complications. This can be the case even as early on as in prediabetes.

Take home message: When deciding on medications you should always weigh the benefits and the risks (pros vs cons) specific to YOU.

Ask: **“Does anyone take medications for diabetes? Is anyone willing to share what diabetes medication you take?”**

Metformin is the most commonly used medication for diabetes because its benefits outweigh its risks for most individuals with diabetes.

If your group would like more information about any medication, you can go through an example of how someone might decide whether or not to start a medication. Here's an example for Metformin:

PROS	CONS
Improves symptoms of high blood sugars.	May cause stomach upset/diarrhea.
Decreases risks of complications and prolongs life.	
Inexpensive (\$0.03 per tablet).	
No weight gain.	
No low blood sugars.	

Have a discussion about insulin:

Ask: **“Is anyone willing to share how they'd feel if they were told they needed insulin? Why do you think people are so reluctant to start on insulin?”**

“Diabetes is a progressive illness (it gets worse over time). Some may find over time there needs to be adjustments in the tools used to manage blood sugars. Insulin is another tool we have to help manage blood sugars.”

Tip: Insulin is scary for many people living with type 2 diabetes. Clear up any misinformation while still acknowledging its risks. *Remind participants*

that starting insulin does not change type 2 diabetes into type 1.

Some examples of reasons we've heard people are hesitant to start insulin

- **Fear of needles/pain**
 - Often people on insulin tell us that it is easier to do than they thought and it hurts much less than checking your blood sugars
- **Weight gain**
 - There is a possibility as insulin is a "storage hormone"
 - Healthy eating and regular physical activity are helpful in promoting well-being. As discussed earlier, weight isn't the best indicator of health. If you're using insulin, it should be offering you more benefits than drawbacks.
- **Low blood sugar**
 - There is a risk for lows associated with insulin. Regular monitoring and the type of insulin you use can help with this.

Other Medications important in diabetes:

Statins ("cholesterol pills"):

- **Decrease the risk of heart attacks and strokes and prolong life (even if you already have normal cholesterol levels!)**
- **Well tolerated and inexpensive**
- **Recommended for all people with diabetes over 40 years old**

Note: not all cholesterol pills are the same, only statins have these benefits

Blood pressure lowering meds:

- **Decrease the risk of heart and kidney complications and prolong life.**
- **Lots of different options with different side effects and cost profiles.**
- **Recommended in diabetes only if you have high blood pressure.**

Helpful Visuals for this section:

Slide 12: Where medications work in the body

Slide 13: Pros and Cons of diabetes meds

SICK DAY MANAGEMENT

Ask: **"What happens if I get a cold or the flu with Diabetes?"**

Having a cold or flu is not fun with or without diabetes. Illness causes stress to the body that can affect blood sugar levels. It's good to be prepared for illness as it can sneak up on you!

Here are a few suggestions to consider:

- **Prevention is key:** good hand washing, getting the flu shot, limiting contact with people when they are sick, avoiding touching your eyes/nose/mouth, making sure you always cough/sneeze into your arm/elbow or a tissue instead of your hands, and getting regular physical activity and eating healthy are all good ways to prevent colds and flus
- **Drink plenty of extra sugar-free fluids** (including water). Avoid caffeine-containing beverages like coffee, black tea, or colas, since they can cause you to lose more fluids
- **Check your blood sugars more often than usual** For example, every 2-4 hours, or as instructed by your health care provider
- **Even if you may not be eating as much, you still need to take your medications, including insulin.** Talk to your provider about making a specific plan for your medications when you're sick
- If you can't eat according to your usual meal plan, replace solid foods with sugar-containing fluids. Try to consume 15g of carbohydrate every hour (eg. 2/3 cup of juice or 6 soda crackers)
- If vomiting occurs more than twice in 24 hours, speak with a healthcare provider if you can, or go to the ER
- **Always check with the pharmacist before using any over the counter cold remedies or cough syrups** since some of them can be dangerous in diabetes or with certain diabetes medications. Many products contain added sugar. Ask the pharmacist to help you find a sugar-free, safe option.

Be sure to talk to your provider to make a plan for your individual sick day management

Fact or Fiction- Natural Products?

“It’s better to treat my diabetes naturally than with medications.”

Fiction: There are many “natural products” that are *advertised* as the newest, coolest thing for treating (or even curing!) diabetes, but they often don’t have any evidence to show that they work OR even to show that they’re safe. Many have already been shown to be ineffective, but are still marketed because natural products have different advertising rules than medications. Many of these could be dangerous to your health and are not recommended.

If you are taking any herbal or natural products for any condition, make sure to talk to your pharmacist and health care provider about them to make sure they’re safe, especially in combination with other prescribed medications.

HYPOGLYCEMIA

Ask: “Has anyone ever experienced a low blood sugar? How did it feel? The definition of hypoglycemia is a blood sugar level less than 4mmol/L.”

Symptoms		
Trembling	Difficulty concentrating	Dizziness
Palpitations	Confusion	Nausea
Sweating	Weakness/drowsiness	Headache
Anxiety	Vision Changes	Hunger
Tingling	Difficulty speaking	

Ask: **“Does anyone know what might trigger a low blood sugar for people on certain medications or insulin?”**

- Skipping a meal, not eating enough carbohydrate
- Late for a meal
- Exercising more than usual without a snack or having eaten enough
- Vomiting and diarrhea/illness
- Alcohol intake

Ask: **“How do you treat a low blood sugar?”**

STEP 1: If blood sugar is less than 4mmol/L:

Eat or drink 15g of fast acting carbohydrate:

15g glucose from glucose tablets

15 ml (3tsp, 3 packages, or 5 cubes) of sugar in water

150 ml clear juice or regular pop

15ml (1 tbsp) honey

6 lifesavers

STEP 2: 15 minutes after treatment

Check blood sugars again.

If it's still low (<4 mmol), repeat steps 1 and 2 (treatment and check sugar).

STEP 3: Once your blood sugar is above 4mmol/L:

If your next meal is more than an hour away: have a snack that contains 15g carbohydrate plus a protein:

Yogurt

Cheese

6 soda crackers + nut butter

Bread with meat

If you are scheduled to eat a meal within the hour: eat as usual

Driving-

If your blood sugar is in the normal range, you can feel safe to drive. But, if your blood glucose is less than 4 mmol/L, do not start driving until you have treated

your low. It is suggested to wait for 40 minutes after treating before driving.

Fact or Fiction- Chocolate Bar Emergency

If you have diabetes you should always carry a chocolate bar with you “just in case”?

Fiction: Chocolate bars are a mix of protein, fats and carbohydrates - it isn't digested fast enough for the sugar to be absorbed quickly to treat a true low blood sugar.

It is important to note as well that most people with type 2 diabetes don't experience low blood sugars unless they're on certain medications (see above).

FYI- False lows or Pseudo-hypoglycemia:

This is when you feel low, but your SMBG number is not < 4mmol. This is your body adjusting to lower blood sugar levels overall. Once blood sugars are under better control the perception of these symptoms will disappear. If you are very symptomatic treat with 15g of sugar or try having a small snack to relieve the symptoms. (Essentials, 2013)

Take home message:

Know if you are at risk for lows. If you are, you should know the signs and symptoms and treatments, carry fast acting carbohydrate sources like “dex tabs” with you, and wear a medic alert bracelet.

STRESS MANAGEMENT

Ask: **“How does stress management help with diabetes?”**

“Our bodies release extra sugar into our blood in response to stress. By managing stress we can prevent that increase! Stress is a normal part of life, the important thing about stress is how we deal with it. There are non-healthy ways and healthy ways.”

Ask: **“Let's consider some of the negative ways we deal with stress?”**

- Smoking: tobacco or marijuana
- Stress eating
- Alcohol

“These are not the most helpful ways to manage. If you fall into any of the above, you are not alone. If you find these behaviours problematic for you and you'd like some help with changing them, talk to us after to discuss the variety of different options we offer” (eg. Craving Change, Commit to Quit etc.)

“Now let's focus on some more helpful behaviours!”

Ask: **“Does anyone have any ideas?”**

- Make time for yourself to do something you enjoy: exercises, read, socialize - ANYTHING!
- Get active
- Get a good night's sleep (without sleeping pills)
- Keep routines
- Mindfulness and meditation
- Get support:
 - Peer support groups
 - Friend groups or family
 - Professional support: counsellor, psychologist, family doctor/nurse practitioner, or psychiatrist

“Do you want to learn more? You can attend our other diabetes class that discusses physical activity!”

If your site offers on-site counselling or other classes, mention them here
Mind & Body Wellness
Craving Change
Get Better Together (GBT)

EVALUATION & CLOSING (5 min)

YOU ARE AT THE CENTER OF YOUR CARE



Key Messages for People Living with Diabetes (Organization of Care)

Know the members of your diabetes team and stay connected with them. Remember you **are** the most important member of the team.

- **Be prepared to learn how to care for your diabetes on a daily basis. Also, be ready to share in decision making regarding how you will care for your diabetes and health.**
- **Prepare for visits with your diabetes health-care team:**
 - **Have laboratory tests done prior to the visit so the results will be available to review at the visit.**
 - **Set and update your personal goals for caring for your diabetes and health. Be prepared to share any issues that may affect your ability to care for your diabetes on a daily basis, including any fears or anxiety you may have.**
 - **Bring your medication bottles or an up-to-date medication list, including nonprescription drugs and supplements. Also, bring your glucose meter and insulin pen device if you use one.**
 - **Bring or upload your most recent glucose monitoring results as well as other health behaviour records (e.g. food and exercise diary), as well as a health-care diary in which you have recorded important health events (e.g. visits with health-care providers, surgeries, illnesses, vaccinations).**
- **Share the information you learn during your visits with your diabetes health-care team, with all of your health-care providers, as well as your family supports.**

Helpful Visuals for this section:

Slide 14: You are the centre of your care (as above)

“As part of your continued learning you are welcome to attend these sessions again at any time. You will find that at different points of your journey with diabetes, you take away new or different information.”

“We hope that you found today helpful. There probably are a few things that really stood out for you. We recommend you take a few minutes to reflect on what, if anything, you would like to work on. This goal sheet can help you do this.”

Provide **“Action Plan for Change & Problem Solving Steps”**

“If you have further questions or any comments please let us know. Please take a moment to fill out the evaluation form.”

REFERENCES

- Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes. 2018;42(Suppl 1):S1-S325.
- Manitoba Health Provincial Drug Programs. "Drug Benefits and Interchangeability Formulary." Updated July 19, 2018. <<http://www.gov.mb.ca/health/mdbif/>>
- The Non-Insured Health Benefits (NIHB) Program. "Drug Benefit List." Indigenous Services Canada, First Nations and Inuit Health Branch. Spring 2018. <<https://www.canada.ca/content/dam/isc-sac/documents/services/reports-publications/nihb/drug-benefit-list/dbl-2018-eng.pdf>>

INTERACTIVE MATERIAL

ACTIVITY RESOURCES

Activity 2a: Locked Jars

Cards for Activity 3: Head to Toe

Goal setting worksheet

ACTION PLAN FOR CHANGE & PROBLEM SOLVING STEPS

PHOTOS OF OPTIONAL VISUAL AIDS

A1C Pillow

Glucose wands

Blood Vessel Vases with red blood cell balls

EVALUATION SHEETS

ACTIVITY RESOURCES

Activity 2a: Locked Jars

Materials:

- 8 clear containers (eg. glass jars) that can be locked.
 - Mark 4 jars red and the other 4 green
- 8 padlocks with 8 keys: all the keys should open all the locks.
 - Padlock two red jars closed and fill the key holes with glue
- Bag of small candies or beads (at least 15-20)
- 3 name tags marked with: Pancreas, Liver, Intestines

Process:

“We’ll be going through the steps of digestion, including the actions of glucose and insulin, after eating a meal. Everyone in the room acts as the body: the table represents the bloodstream, the jars represent different cells (e.g. muscle cell, brain cell, skin cell, etc.), and the candies/beads represent glucose.”

1. Hand out the 4 green jars to participants
2. Facilitator puts on the name tag that says *Intestines*
 - a. Ask: **“What do intestines do after a meal?”**
(Answer: Break down food and absorb nutrients, including glucose)
 - b. Act as the intestines and *absorb the glucose into the blood*: scatter about half the candies onto the table amongst the jars.
3. Replace *Intestines* name tag with *Pancreas* tag
 - a. Ask: **“What does the pancreas do once glucose is absorbed?”**
(Answer: Secretes insulin)
 - b. As the pancreas, *secrete insulin into the blood*: put 4 keys on the table
 - c. Have the participants *feed the cells with glucose*: open their jars with the keys and put 1-2 candies inside them
4. Replace *Pancreas* name tag with *Liver* tag
 - a. Ask: **“What does the liver do after several hours of not eating (fasting)?”**
(Answer: Releases stored glucose)
 - b. As the liver, *release stored glucose into the blood*: scatter about half of what's left of the candies onto the table
5. **“This is what happens in a body without diabetes”**. Discuss what happened:
 - a. All the jars have candies in them: the cells have been fed with glucose
 - b. The table has some candies on it: Normal blood sugar level



6. Collect the green jars, keys and candies.
7. Repeat steps 1-4. **“Now we’re going to repeat the activity, but this time we’re going to go through what happens in a body with diabetes and discuss the differences.”**
 - a. Repeat step 1, but hand out the red jars
 - b. Repeat step 2 (no changes).
 - c. Repeat step 3, with 2 changes:
 - i. Hand out only 2 keys (*represents insulin deficiency*)
 Ask: **“What happens when you have to share keys?”**
 (Answer: It takes longer to put candies in the jars; candies stay on the table.)
 - ii. Two jars won't open since 2 locks are glued shut (*insulin resistance*).
 Ask: **“What happens to the candies and the jars if the jars won't open?”**
 (Answer: Candies stay on the table, the jars stay empty)
 - d. Repeat step 4, with 1 change:



- i. Scatter all the remaining candies on the table (*represents leaky liver*)

8. Ask: **“What did we do differently this time compared to the first time?”**
- e. Fewer keys handed out=the pancreas produces less insulin: *Insulin deficiency*
 - b. Keys don't work in glued locks=insulin can't open all cells: *Insulin resistance*
 - c. More candies dumped out=the liver releases more glucose: *Leaky liver*

Ask: **“What did these 3 changes result in?”**

- a. More candies on the table: *High blood sugar*
- b. Empty jars: *cells had no glucose to use as energy*

Optional Step

9. Relate these consequences to diabetes complications and symptoms:
- f. **“High blood sugar makes blood “stickier” and irritates blood vessel walls.”** Ask: **“How might this cause complications?”**
 - i. Heart attacks: the heart's blood vessels get blocked more easily because swollen blood vessels are a smaller space that can be blocked more easily and “sticky” blood can stick to blood vessel walls or clots.
 - ii. Strokes, neuropathy, retinopathy: Also caused by sticky blood blocking their inflamed blood vessels
 - iii. Kidney disease: Occurs when “sticky blood” can't be filtered as quickly– imagine water vs syrup through a coffee filter.
 - b. **“Cells without glucose can't function properly.”** Ask: **“How might you feel if specific cells don't have enough energy?”**
 - i. Muscle cells: feel tired, weak, sore
 - ii. Brain cells: sluggish, can't think clearly, lower mood
 - iii. Skin cells: dry, more susceptible to infection (especially if BS is high)

Tips

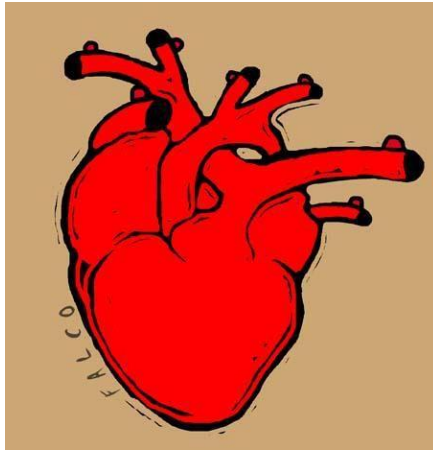
- Try to involve everyone: hand out the red jars to different participants than the green jars, give one jar to every 2 people if you have a large group.
- The second time through the activity, make sure to ask again what each organ does. They should be able to answer without prompting the second time. Repetition is important - don't skip these questions!
- Don't let the “red jar” participants with the glued locks struggle for long. Once they notice their locks don't open, tell them that they've been glued shut.
- Only go through Step 9 (the examples of complications/symptoms) if you have an engaged group who will get something out of it and you have enough time.

Cards for Activity 3: Healthy Head to Toe

Teeth



Heart



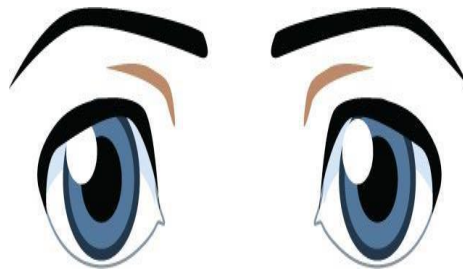
Smoking



Kidneys



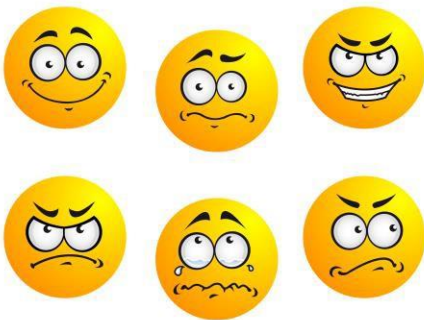
Eyes



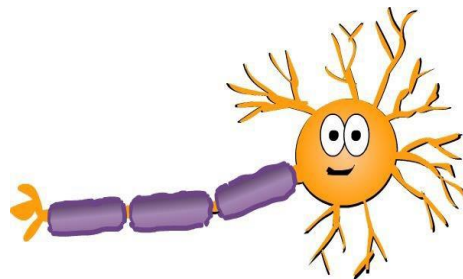
Feet



Emotions



Nerves



Blood Sugar Meters



Worksheet
Action Plan for Change & Problem Solving Steps

Action Plan for Change

* We **strongly** encourage you to share this with your primary care provider (doctor, nurse practitioner) and their team (nurse, dietitian, etc.) so they can help support you.

1. A behaviour I would like to change:

2. Is this something you can achieve in the next week or two? Yes No

3. Is YES, move to the next questions. If NO, take it off the table for now and try again with something you are likely to have success with.

4. Is the question specific? If not, try to re-word it so it is easy to measure!
Does it answer the questions:

- a. What?
- b. How much?
- c. When?
- d. How often?

How confident are you that you can make this change? _____
(0 = not at all sure to 10 = absolutely sure)

If you are at 7 or more, you are ready to move ahead with planning your behavior change. If not, spend time thinking about the reasons why you may not feel ready. (See the back page for some problem-solving steps).

Try a new goal that you feel you can meet as a starting point, or maybe a smaller piece of a larger goal.

Problem-solving steps

1) Identify the problem

2) List ideas to solve the problem

3) Select one method to try

4) Check the results

5) Pick another idea/method if the first didn't work

6) Use other resources available and trial again. (Repeat Steps 1-5)

7) If you have attempted to fix the problem with no success a few times, accept that the problem may not be solvable now. Think about what might help you to be ready to revisit it again in the future, get support from your healthcare team/family/friends, and re-visit when ready.

Source: Lorig, Holman, and Sobel et al. *Living A Healthy Life with Chronic Conditions*, Canadian 4th Ed, 2013

PHOTOS OF OPTIONAL VISUAL AIDS

Hint:

These photos are NOT intended to be shown to your participants. They are intended to show the facilitator which 3 dimensional visual aids exist and how to use them. If you don't have access to these materials, you are welcome to use the power point slide deck that contains visual aids that can be shown with a projector.

1. Hgb A1C pillow

Shows what the Hgb A1C test measures

Suggested script:

"A hemoglobin A1C measures how much glucose is stuck to a sample of red blood cells - called hemoglobin. It tells us what your blood sugar has been on average over the last 3 months.

"An A1C is different than a blood sugar (when you prick your finger), which tells us the *concentration* of glucose; in other words, it counts the amount of glucose molecules in a blood sample.

"When blood sugars are high, there is more circulating glucose that can stick to red blood cells. When blood glucose is low, less glucose gets stuck. The higher the blood glucose on average, the higher the A1C will be. Because red blood cells live for 3 months, the A1C tells us the average blood glucose concentration over that time period.



"In someone without diabetes, an A1C would be around 5% and look like this: a hemoglobin cell with a few glucose molecules stuck to it. This person's average blood glucose concentration would be around 5.4mmol/L. Don't get thrown off – the numbers are very close, but they're not telling us the same thing!

"Diabetes is diagnosed when the A1C level is 6.5% or greater, meaning

there is more glucose circulating in the blood and sticking to red blood cells most of the time.

"An A1C of 10% might look more like this. This person's average blood glucose concentration would be around 13.4mmol/L."



2. Glucose wands

Shows the impact of high blood sugar on blood flow

Two different blood vessel “wands”

1. Normal blood sugar
2. Hyperglycemia



Suggested script:

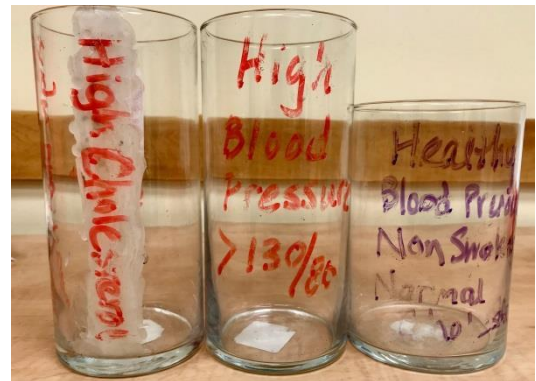
“When looking at the glucose wands, you can see that when blood sugar is normal, blood flows smooth and easily like water, but when blood sugar is high, blood flows more slowly and can appear thicker, like syrup.”

3. Blood vessel vases and red blood cell balls

Shows the impacts of certain risks (high A1C, high blood pressure, high cholesterol, and smoking) on health, particularly diabetes complications

Three different blood vessel vases

1. Healthy blood vessel (right): Wide, clean
2. High blood pressure (middle): narrow
3. High cholesterol + smoking (left): glue & velcro

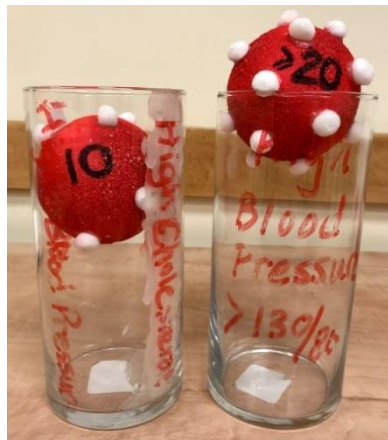
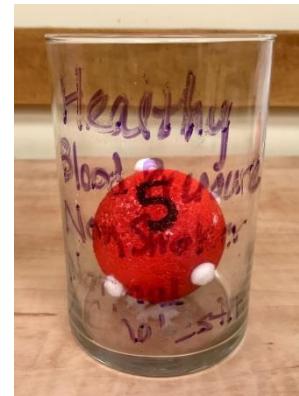


Four different red blood cells

1. A1C=5% (RBC ball with 5 cotton balls)
2. A1C=7% (RBC ball with 7 cotton balls)
3. A1C=10% (10 cotton balls)
4. A1C>20% (20 cotton balls)

Suggested script:

“If you look at these glass cylinders representing blood vessels, this wide cylinder represents normal blood pressure. And if you have normal blood sugar, represented by this red blood cell with a small amount of sugar stuck to it (ball with #5), you can see that blood would flow easily with normal blood pressure and normal blood sugar (roll ball in and out of vase). But if you have higher blood sugar (ball with #7 or #10), you can see that blood does not flow as easily (roll ball in vase).



“Now if you also have high blood pressure, represented by this narrow cylinder - because high blood pressure can occur when our blood vessels have become narrowed from cholesterol or plaque build-up - you can see that blood flow would be affected even more by high blood sugar (attempt to roll ball #7 in vase).

“High cholesterol can build up like wax, as you can see in this cylinder, damaging the blood vessel and affecting blood flow. The same is true for smoking, represented here by this velcro strip (attempt to place a ball in vase).

“This is why we always look at controlling blood sugar, blood pressure, and cholesterol all together, because all 3 things can affect our circulation or blood vessels. And we have circulation all throughout our body, so if these 3 factors are not managed, further health problems (complications) can develop anywhere in the body.”



Diabetes Essentials – Pre-Program Survey

Date: _____

Participant Name: _____ Birthdate (MM-DD-YYYY): _____

Address: _____ Postal Code: _____

1. How sure are you that you can make changes to improve your health in the next 3 months?

Not at All												Very
Sure	1	2	3	4	5	6	7	8	9	10	10	Sure

2. How sure are you that you know what to do when your blood sugar level goes higher or lower than it should be?

Not at All												Totally
Sure	1	2	3	4	5	6	7	8	9	10	10	Confident

3. I know when to ask for support for having and caring for my diabetes.

Strongly												Strongly
Disagree	1	2	3	4	5	6	7	8	9	10	10	Agree

4. I can make diabetes care choices that are right for me.

0	1	2	3
Does not apply to me	Applies to me to some degree	Applies to me to a considerable degree	Applies to me very much

5. In general, would you say your health is...?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

6. In general, would you say your mental health is...?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

For Office Use Only: HbA1c Value: _____

Diabetes Essentials – Post-Program Survey

Date: _____

Participant Name: _____ Birthdate (MM-DD-YYYY): _____

Address: _____ Postal Code: _____

1. How sure are you that you can make changes to your behaviour to improve your health in the next 3 months?

Not at All												Totally
Sure	1	2	3	4	5	6	7	8	9	10	Sure	

2. How sure are you that you know what to do when your blood sugar level goes higher or lower than it should be?

Not at All											Totally
Sure	1	2	3	4	5	6	7	8	9	10	Sure

3. I know when to ask for support for having and caring for my diabetes.

Strongly											Strongly
Disagree	1	2	3	4	5	6	7	8	9	10	Agree

4. I can make diabetes care choices that are right for me.

0	1	2	3
Does not apply to me	Applies to me to some degree	Applies to me to a considerable degree	Applies to me very much

How sure are you that you can make changes to your behaviour to improve your health in the

5. In general, would you say your health is...?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

6. In general, would you say your mental health is...?

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

7. How many classes in the Diabetes series have you taken?

1	2	3	4
---	---	---	---

8. How satisfied were you with the program?

0	1	2	3
Very dissatisfied	Dissatisfied	Satisfied	Very Satisfied

9. What did you like most about the program?

10. What would you suggest to change to improve the program?

11. Consider the listed items below. At this point in time, are any of these things that you would like to work on?

<input type="checkbox"/> Increase physical activity/exercise	<input type="checkbox"/> Reduce stress level
<input type="checkbox"/> Manage weight	<input type="checkbox"/> Enhance coping skills
<input type="checkbox"/> Improve eating habits	<input type="checkbox"/> Learn about medications or other treatments
<input type="checkbox"/> Quit or reduce smoking	<input type="checkbox"/> Drink less alcohol

12. Regarding your health, are there any other things you want to work on?

For Office Use Only: HbA1c Value: _____

