

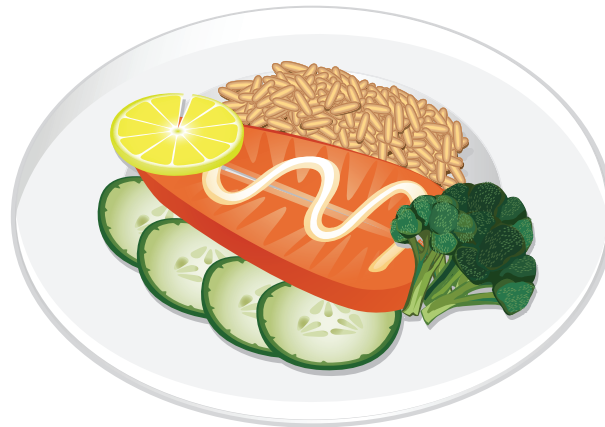
# Your 2200-calorie meal plan

## The importance of healthy eating

Healthy eating is an important part of managing your diabetes. The food in your meal plan will provide the calories and nutrients you need each day to manage your blood sugar and give you the energy you need for healthy living. Speak with your health care professional about the calorie meal plan that's right for you.

To lose weight, you will need to eat fewer calories or use up more calories by being more active. To gain weight, you will need to eat more calories than you use up. Your diabetes care team can help you figure out how many calories you need to take in each day and the amount of physical activity you should get, depending on your goal. Once you know the number of calories, be sure to check the calorie counts of the foods you eat. You can look up calorie counts online. You can also find them on the Nutrition Facts labels on packaged foods.

You may want to ask your doctor to refer you to a registered dietitian. This person can help you come up with a meal plan tailored just for you. You want to have the right balance of food, medicine, and activity.



## Choose your foods: Exchange lists for diabetes

The Exchange Lists offer a large selection of foods grouped together because they have about the same nutritional content. Each serving of a food has about the same carbohydrate, protein, fat, and calories as the other foods in that list. Any food within a list can be "exchanged" for another food in the same list.

Ask your diabetes care team for a copy of the **Cornerstones4Care®** booklet, *Carb Counting and Meal Planning*, from Novo Nordisk. It includes the Exchange Lists for Diabetes and other useful information on healthy eating. Use the Exchange Lists in *Carb Counting and Meal Planning* with this meal-planning information.

To learn more about healthy eating and menu planning, visit [Cornerstones4Care.com](http://Cornerstones4Care.com).

For more information, visit [Cornerstones4Care.com](http://Cornerstones4Care.com)

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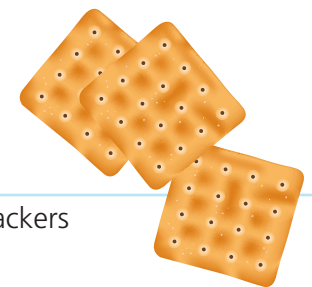


# 2200-calorie meal plan

For more information about meal planning, go to [Cornerstones4Care.com](http://Cornerstones4Care.com) and take advantage of our online Menu Planner to create a 7-day menu plan, including diabetes-friendly recipes and a customized grocery list.

The following sample menu for a 2200-calorie meal plan includes a total of 10 starch exchanges, 4 fruit exchanges, 4 milk exchanges, 4 nonstarchy vegetable exchanges, 7 meat exchanges, and 6 fat exchanges daily.

Meal	Exchanges	Sample
<b>Breakfast</b>	2 starch 1 meat, lean 1 fat 1 milk 1 fruit	1 multi-grain English muffin 1 ounce Canadian bacon 1 teaspoon butter or margarine 1 cup fat-free milk 1 cup cubed honeydew melon
<b>Snack</b>	1 milk 1 starch + 1 fat	$\frac{2}{3}$ cup (6 ounces) reduced-fat plain yogurt $\frac{1}{4}$ cup granola
<b>Lunch</b>	2 meat, lean 1 vegetable  2 fat 2 starch free food 1 fruit	$\frac{1}{2}$ cup egg substitute, scrambled $\frac{1}{2}$ cup sautéed vegetables (for example, onions, peppers, and mushrooms)  2 teaspoons oil or margarine 2 corn tortillas, 6 inches across $\frac{1}{4}$ cup salsa $\frac{1}{2}$ small mango
<b>Snack</b>	1 milk 1 fruit 1 starch	$\frac{2}{3}$ cup (6 ounces) low-fat vanilla yogurt $1\frac{1}{4}$ cups frozen strawberries 3 tablespoons wheat germ
		} Fruit smoothie
<b>Dinner</b>	3 starch 3 meat, medium fat 2 vegetable 2 fat 1 vegetable 1 fruit	1 cup whole-wheat pasta, cooked 3 ounces lean beef meatballs 1 cup sautéed broccoli 2 teaspoons olive oil 1 cup sliced tomato and cucumber $\frac{1}{2}$ cup fresh pear
<b>Snack</b>	1 starch 1 meat, high fat 1 milk	2 to 5 ( $\frac{3}{4}$ ounce) whole-wheat lower-fat crackers 1 ounce cheese 1 cup fat-free milk



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# Your personal meal plan

Grams Percent

Carbohydrate: \_\_\_\_\_

Protein: \_\_\_\_\_

Fat: \_\_\_\_\_

Calories: \_\_\_\_\_

Meal plan for: \_\_\_\_\_ Date: \_\_\_\_\_

Dietitian: \_\_\_\_\_ Phone: \_\_\_\_\_

Time	Number of Exchanges	Menu Ideas
<b>Breakfast</b>	____ Carbohydrate group	_____
	____ Starch	_____
	____ Fruit	_____
	____ Milk	_____
	____ Meat and meat substitutes group	_____
	____ Fat group	_____
<b>Snack</b>	____ _____	_____
	____ _____	_____
<b>Lunch</b>	____ Carbohydrate group	_____
	____ Starch	_____
	____ Fruit	_____
	____ Milk	_____
	____ Nonstarchy vegetables	_____
	____ Meat and meat substitutes group	_____
	____ Fat group	_____
<b>Snack</b>	____ _____	_____
	____ _____	_____
<b>Dinner</b>	____ Carbohydrate group	_____
	____ Starch	_____
	____ Fruit	_____
	____ Milk	_____
	____ Nonstarchy vegetables	_____
	____ Meat and meat substitutes group	_____
	____ Fat group	_____
<b>Snack</b>	____ _____	_____
	____ _____	_____

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**Cornerstones4Care®**  
Your diabetes, your way.

## Support and diabetes management tools built around you.

Enroll today to get **FREE**, personalized diabetes support with **Cornerstones4Care®**.



### Diabetes Health Coach

An online program that builds a customized action plan around your needs to help you learn healthy habits



### Meal Planning Tools

Create tasty, diabetes-friendly meals



### Interactive Trackers

Record A1C, weight, and blood sugar numbers

### Enrolling is easy. Just complete this form.

All fields with asterisks (\*) are **REQUIRED**.

\*  I have diabetes or  I care for someone who has diabetes

\* First name \_\_\_\_\_ \* Last name \_\_\_\_\_ MI \_\_\_\_\_

\* Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_

\* ZIP \_\_\_\_\_ \* Email \_\_\_\_\_

\* Birth date mm/dd/yyyy \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* What type of diabetes do you or the person you care for have?  
(Check one)

Type 2  Type 1  Don't know

\* What type of diabetes medicine has been prescribed? (Check all that apply)

Insulin  GLP-1 medicine  
 None  Other  
 Diabetes pills (also called oral antidiabetic drugs, or OADs)

\* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: \_\_\_\_\_

How long has this product been taken?

Prescribed but not taken  7-12 months  
 0-3 months  1-3 years  
 4-6 months  3 or more years

Product 2: \_\_\_\_\_

How long has this product been taken?

Prescribed but not taken  7-12 months  
 0-3 months  1-3 years  
 4-6 months  3 or more years

### 3 easy ways to enroll:

1. Fax the completed form to 1-866-549-2016
2. Email the completed form to C4Csignup@hartehanks.com
3. Call 1-888-825-1518 and follow the voice prompts

### Review and complete below.

\* Phone number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\* Cell phone number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Novo Nordisk Inc. ("Novo Nordisk") understands protecting your personal and health information is very important. We do not share any personally identifiable information you give us with third parties for their own marketing use.

I understand from time to time, Novo Nordisk's Privacy Policy may change, and for the most recent version of the Privacy Policy, please visit [www.C4CPrivacy.com](http://www.C4CPrivacy.com).

By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

Yes, I'd like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.

By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

\* Signature (required) \_\_\_\_\_

\* Date (required) \_\_\_\_\_  
mm/dd/yyyy

