

Diabetes and your eyes

You can protect your vision!

It's important to take care of your eyes when you have diabetes. Diabetes can affect your eyes. But there is a lot you can do to keep your eyes healthy. Take these steps, recommended by the American Diabetes Association:

Keep your blood sugar as close to your target levels as possible

- Research shows that the better your blood sugar control, the less likely diabetes-related eye problems are to happen

Keep your blood pressure within your diabetes goal range

- High blood pressure can make eye problems worse by damaging the tiny blood vessels in your eyes
- Have your blood pressure checked at every visit with your diabetes care team
- If it is too high, talk with your team about what you can do to lower it

Quit smoking

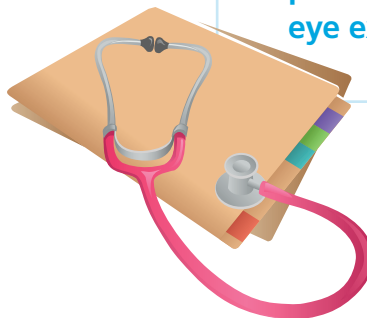
- Like high blood pressure, smoking damages the tiny blood vessels in your eyes. It also increases pressure inside your eyes
- You don't have to do it alone. Ask your diabetes care team for help to stop smoking



See your eye care professional at least once a year for a dilated eye exam—even if your vision seems fine

- Having your regular doctor look at your eyes is usually not enough
- During your dilated eye exam, your eye care professional may use eye drops to enlarge your pupils. This will help him or her to see more of the inside of your eyes. He or she will also use a special magnifying lens to look at your eyes
- Your eye care professional will also check
 - The pressure in your eyes
 - Your side, or peripheral, vision
 - How well you can see at various distances

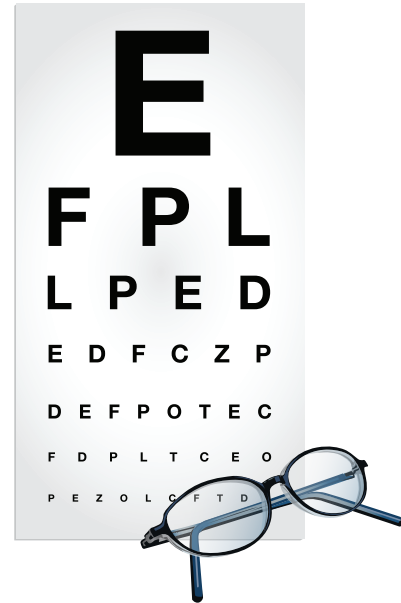
Make sure that your eye care professional sends the results of your eye exam to your diabetes care team.



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See your eye care professional right away if:

- Your vision becomes blurry
- You have difficulty reading signs, books, or newspapers
- You are having double vision
- You have pain in one or both of your eyes
- Your eyes get red, and the redness doesn't go away
- You feel pressure in your eyes
- You see spots or floaters before your eyes
- When you look at straight lines, they don't look straight
- Your peripheral vision (your ability to see things at the sides) is not as clear as it was



Keep track!

Use the spaces below to keep track of your eye exams.

Name of eye care specialist: _____

Phone number: _____

Fax number: _____

Date of last exam: _____

Findings: _____

Recommended follow-up: _____

Results sent to diabetes care team? Yes No

For more information, visit
Cornerstones4Care.com

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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

Review and complete below.

* Phone number:

(_____) _____ - _____

* Cell phone number:

(_____) _____ - _____

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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

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