Almost all foods that come in packages have a Nutrition Facts label. Those labels tell you just about everything you need to know to make healthy food choices. So it’s a good idea to learn to read them. Here’s how.

Start here

What you eat is important. But so is how much you eat. So start by looking here. You’ll see that a serving size of this food is ½ cup. The label tells you the amount of nutrients and calories you would get for every ½ cup eaten. And there are 3.5 servings in this container. If you didn’t know that and ate the whole can, you’d be getting 3.5 times the calories, fat, and everything else shown on the label! Talk with your diabetes care team about how much of each nutrient on the label you need every day.

Calories

If you’re trying to lose weight or even keep your weight the same, the number of calories you eat counts. To lose weight, you need to eat fewer calories than your body burns. Talk with your diabetes care team about how many calories you need each day. Then use this line to see if the food fits into your plan. You can read the Nutrition Facts labels to compare calorie counts of similar foods to find the lowest-calorie option.

Total fat

This line tells you how much fat is in a serving of this food. It includes fats that are good for you, such as mono- and polyunsaturated fats. It also includes fats that are not good for you, such as:

- Saturated fats
- Trans fats

Eating lower-fat foods more often may help with calorie control and keeping a healthy body weight. A low-fat food contains 3 grams or less of fat per serving.

Sodium

Sodium does not affect your blood sugar. But many people eat more sodium than they need. Intake of no more than 2300 milligrams (1 teaspoon) a day is recommended. Sodium comes in many forms. When we think of sodium sources, we often think first of table salt. But the fact is that many of the foods we eat contain sodium. Reading the label can help you compare the amount of sodium in different foods so that you can choose lower-sodium options.

Talk with your diabetes care team about what to include in your meal plan.
Total carbohydrate
If you are counting carbs, this is a very important place to look. “Total carbohydrate” includes sugar, starches, and fiber.

Fiber
Fiber is the part of plant foods that the body does not digest. Adults should aim to eat 25 to 30 grams of fiber a day.

Sugars
Sugars raise blood sugar quickly. So it’s important to be aware of foods with a lot of sugar. Avoid foods with added sugar.

Protein
Protein is needed by the body. Protein helps you feel full, but it does not increase blood sugar. Most people don’t get enough protein.

% Daily Value
• 5% daily value or less means that the food is low in that nutrient
• 20% daily value or more means that the food is high in that nutrient

Try these tips when using the Nutrition Facts label to choose your foods:
- Keep these low: saturated fats, trans fats, cholesterol, and sodium
- Get enough of these: potassium, fiber, vitamins A, D, and C, calcium, and iron

For more information, visit Cornerstones4Care.com
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.

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