You are not alone

If you are caring for someone with diabetes, you are not alone. Millions of people today have diabetes. And that means that millions of people, like you, are caring for a loved one with diabetes.

Being a care partner for someone with diabetes can bring forth many feelings. You may feel stressed. You may feel frustrated. You may feel overwhelmed at times. At other times, you may feel angry. But you probably also feel rewarded. That’s because the work of being a care partner is so important.

You matter too

Care partners often put their own needs and feelings aside. But to take good care of others, you need to take good care of you. It’s like they tell you on an airplane: Put on your own oxygen mask before you help others with theirs.

As a care partner, you may think of yourself as “the healthy one.” But caring for someone else can be hard on you. Care partners of any age are less likely than others to take care of their own health. They also may have trouble:

- Getting enough sleep
- Eating well
- Finding time for physical activity
- Finding time to make medical appointments for themselves

Think about whether any of these is true for you. If you find that some of them are, keep in mind that you need to look after yourself so you can help your loved one with his or hers. Your loved one has a care plan in place to take care of his or her diabetes. You need a care plan in place to take care of you. On the next pages are some things to include.
A plan for managing stress

Many care partners may feel stressed by their role. But there is a lot you can do to manage your stress.

See your own signs of stress early
Signs of stress may include anger, sleep problems, or forgetfulness. If you see these signs, you can take steps to make changes right away, before you feel overwhelmed.

Figure out what is causing your stress
Maybe it’s that you just have too much to do. Maybe it’s that you feel that your loved one is not doing enough. Whatever your sources of stress, once you know what they are, it may be possible to find ways to reduce them.

Be clear on what you can— and cannot—change
We can’t change others. We can only change ourselves. Trying to change another person will only increase your stress. Ask yourself, “What can I change in this situation? What do I have control over?”

Take action to change what you can
Once you figure out what you can change, take action. That in itself can reduce your stress.

Learn stress-reducing methods
Things like walking and deep breathing can reduce stress no matter what its source.

Replace a negative with two positives
We all have negative thoughts from time to time. But negative thoughts have a way of mounting up—and bringing us down. So try this: Every time you have a negative thought, replace it with two positive thoughts. For example, say you’re thinking, “We’re never going to have time to drive to the gym five times a week. This diabetes care plan is never going to work.” Instead, think, “We can find ways to get more physical activity into our lives without going to the gym. We’re trying hard with this plan, and we’re going to make it work.”

A plan for keeping up your health

As a care partner, you may spend a lot of time and energy taking care of your loved one’s health needs. But that can cause you to neglect your own health. You need to have a plan to look after your own health care needs. Here are some steps you can take:

- Make an appointment for a physical check-up, and keep the appointment
- If medicines have been prescribed for you, be sure to take them as directed
- Find time to be active. Even light exercise such as walking, stretching, or dancing can give you more energy. Try to find an activity you both like so you can be active together
A plan for making time for yourself

You’re likely to be a better care partner if you take time for yourself. Find something nice to do for yourself each day. Set aside “your time,” and make sure you don’t let anything else get in the way. Think about what you enjoy and make sure you take the time to do it, every day.

A plan for talking with your loved one

Most care partners and their loved ones feel more stress than usual in their relationship. They may have to make many decisions and changes together. And that may cause stress for you. It will help if you can be honest with each other about your feelings. You may want to:

- Take time out each day to talk about how each of you are feeling and coping
- Talk about the things that are causing you both stress
- Discuss choices you can make together
- Find new and more positive ways to talk with your loved one. For example, instead of saying, “You’re not even trying to follow your meal plan,” you can say something like, “Changing the way you eat can be really hard. What can we do together to make it easier?”
- Focus on what makes you grateful for each other

A plan for finding support

You might sometimes think that no one knows how you feel. But you are not alone. Other diabetes care partners share your experiences and your feelings. That’s why support groups can be so helpful.

At a support group, you can share many things, including your feelings about being a care partner. And you can help others by listening to their feelings. You can also share tips that have worked for you and get tips from others.

Depending on where you live, it may not be easy to find a diabetes care partner group. One place to start is with your local chapter of the American Diabetes Association. You can also try the social services department of your local hospital. If they don’t have a group yet, they may be willing to start one when you tell them how important it is. With so many people being diagnosed with diabetes these days, there are likely to be many people in your area who could benefit from such a group.
Commitment to my health

Use this chart to help you decide on your wellness goals and plan how to get to the goals you choose.

<table>
<thead>
<tr>
<th>What I will do</th>
<th>Example: I will do deep breathing exercises for 5 minutes every day to relax.</th>
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</thead>
<tbody>
<tr>
<td>Goal 1:</td>
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<td>Goal 2:</td>
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<table>
<thead>
<tr>
<th>When will I start</th>
<th>Example: I will start tomorrow.</th>
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</thead>
<tbody>
<tr>
<td>Goal 1:</td>
<td></td>
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<thead>
<tr>
<th>How will I start</th>
<th>Example: I will start by looking up how to do deep breathing online.</th>
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<tbody>
<tr>
<td>Goal 1:</td>
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<tr>
<th>My barriers</th>
<th>Example: I am always short on time.</th>
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<tr>
<td>Goal 1:</td>
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<tr>
<th>How I will overcome my barriers</th>
<th>Example: I will take 5 minutes out of my lunch hour.</th>
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<tbody>
<tr>
<td>Goal 1:</td>
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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
- ☐ 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:
  (_____) _______ – _______

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

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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