Your 1500-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.

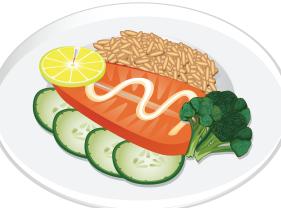
Choose your foods: Exchange lists for diabetes

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**.

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.



For more information, visit Cornerstones4Care.com

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1500-calorie meal plan

For more information about meal planning, go to 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 1500-calorie meal plan includes a total of 6 starch exchanges, 3 fruit exchanges, 3 milk exchanges, 4 nonstarchy vegetable exchanges, 6 meat exchanges, and 4 fat exchanges daily.

Meal Breakfast	Exchanges 1 starch 1 fat 1 meat, lean 1 fruit 1 milk	Sample 1 slice whole-grain toast 1 teaspoon butter or margarine 1/4 cup low-fat cottage cheese 1 small orange (61/2 ounces) 1 cup fat-free milk
Snack	1 fruit	1 extra-small banana (4 ounces)
Lunch	2 starch 2 meat, lean ½ vegetable 1 fat ½ vegetable	2 slices rye bread 2 ounces chicken without skin ¹ / ₂ cup chopped celery 1 teaspoon mayonnaise ¹ / ₂ cup sliced tomato for the sandwich
Snack	1 milk	² / ₃ cup (6 ounces) low-fat yogurt
Dinner	3 meat, lean 2 starch 2 vegetable 1 fruit 1 free food + 1 vegetable 1 fat 1 fat	 3 ounces roast beef ½ large baked potato with skin 1 cup steamed broccoli 1¼ cup strawberries tossed salad greens plus 1 cup raw vegetables (for example, tomatoes, cucumbers, and carrots) 1 teaspoon butter or margarine 2 tablespoons reduced-fat salad dressing
Snack	1 starch 1 milk	3 gingersnaps 1 cup fat-free milk

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Your pers	sonal meal plan			Grams Percent	
Meal plan for: _	Date:		Carbohydrate: Protein: Fat: Calories:		
Dietitian:	Phone:				
Time	Number of Exchanges	Menu Ideas			
Breakfast	Carbohydrate group Starch Fruit Milk Meat and meat substitutes group Fat group				
Snack					
Lunch	Carbohydrate group Starch Fruit Milk Nonstarchy vegetables Neat and meat substitutes group Fat group				
Snack					
Dinner	Carbohydrate group Starch Fruit Milk Nonstarchy vegetables Meat and meat substitutes group Fat group				
Snack					

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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 complet All fields with asterisks (*) are REQUIRED		Review and complete below.	
* I have diabetes or I care fo * First name* Last name	r someone who has diabetes	* Phone number: ()	
* Address 1		* Cell phone number:	
Address 2		()	
* City* State			
* ZIP * Email		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.	
* Birth date mm/dd/yyyy/	/		
* What type of diabetes do you or the (Check one)	e person you care for have?		
□ Type 2 □ Type 1	Don't know	 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 Nordis 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, prercorded 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 reque to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 	
 What type of diabetes medicine has that apply) Insulin GLP-1 med None Other 	icine		
 Diabetes pills (also called oral anti * If you checked "Insulin," "GLP-" 	1 medicine," or "Other,"		
Product 1: How long has this product been to Prescribed but not taken 0-3 months	aken? 7-12 months 1-3 years		
□ 4-6 months Product 2: How long has this product been t			
 Prescribed but not taken 0-3 months 4-6 months 	 7-12 months 1-3 years 3 or more years 	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.	
3 easy ways to enroll:		* Signature (required)	
1. Fax the completed form to 1-86		* Date (required)	
2. Email the completed form to C4		mm/dd/yyyy	
3. Call 1-888-825-1518 and follow	the voice prompts		

