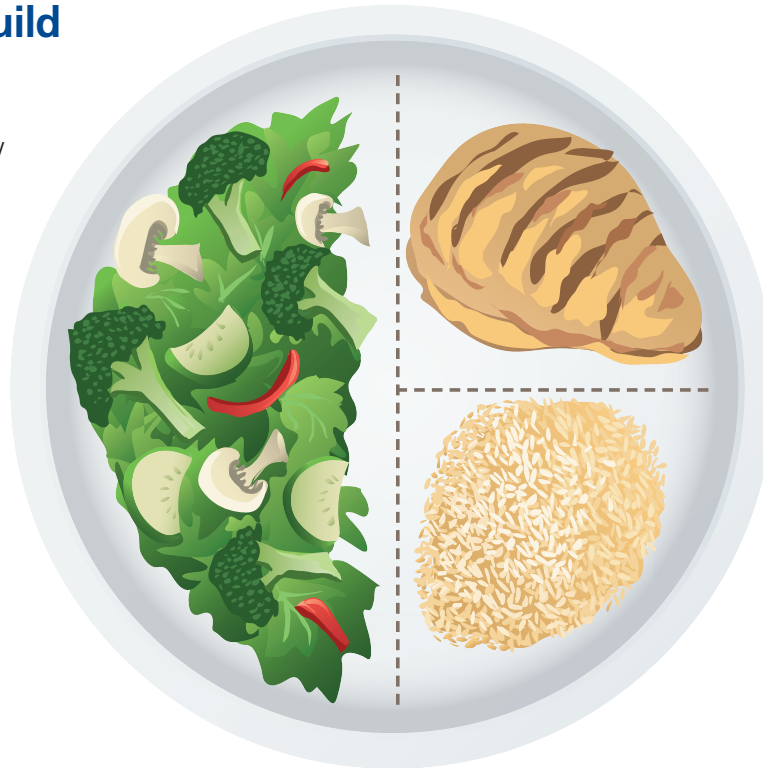


# Building a balanced meal

## A great way to build a healthy meal!

Sometimes it's hard to know where to start when you're trying to plan healthy meals. The American Diabetes Association's Create Your Plate guide makes it easy to create a balanced meal.



## Here's how to do it:

### ■ Divide your plate

Draw an imaginary line down the middle of your plate. Then divide 1 of the sections in half. You should now have 3 sections on your plate—1 large and 2 small.

### ■ Start with vegetables

Fill the largest section with vegetables that are not starchy. Those could include, for example:

- Asparagus
- Broccoli
- Cauliflower
- Celery
- Green beans
- Kale
- Lettuce
- Mushrooms
- Spinach
- Zucchini

### ■ Next, it's starches and grains

In 1 of the small sections, add some grains and starchy foods. Those could include, for example:

- Beans (black, lima, pinto)
- Bread
- Corn
- Green peas
- Lentils
- Pasta
- Potatoes
- Quinoa
- Rice
- Tortillas

### ■ Then, put in the protein

In the other small section, add your protein. Maybe you'd like:

- Chicken
- Eggs
- Low-fat cheese
- Salmon
- Tilapia
- Tofu
- Tuna
- Turkey

### ■ Fill in with fruit and dairy

Add a serving of fruit or a serving of dairy, or both, as your meal plan allows.

### ■ Drink up!

To top off your meals, add a low-calorie drink, like water, unsweetened iced tea, or unsweetened coffee.

### ■ Fats may be fine

If you're not sure whether fats are okay on your meal plan, talk with your dietitian or diabetes care team. Then, add in healthy fats, such as avocado or nuts, in small amounts. For cooking, use oils. For salads, try adding nuts, seeds, and vinaigrettes.

**It's time to dig in to a healthy meal!**

# Building a balanced meal

## Breakfast

<b>Non-starchy vegetables</b> _____ _____ _____ Calories: _____ Carbs: _____	<b>Starches and grains</b> _____ _____ Calories: _____ Carbs: _____
	<b>Protein</b> _____ _____ _____ Calories: _____ Carbs: _____

## Lunch

<b>Non-starchy vegetables</b> _____ _____ _____ Calories: _____ Carbs: _____	<b>Starches and grains</b> _____ _____ Calories: _____ Carbs: _____
	<b>Protein</b> _____ _____ _____ Calories: _____ Carbs: _____

<b>Fruit and dairy</b> _____ _____ _____ Calories: _____ Carbs: _____	<b>Low-calorie drink</b> _____ _____ _____ Calories: _____ Carbs: _____
--	--

<b>Fruit and dairy</b> _____ _____ _____ Calories: _____ Carbs: _____	<b>Low-calorie drink</b> _____ _____ _____ Calories: _____ Carbs: _____
--	--

**Healthy fats:** \_\_\_\_\_  
 Calories: \_\_\_\_\_ Carbs: \_\_\_\_\_

**Healthy fats:** \_\_\_\_\_  
 Calories: \_\_\_\_\_ Carbs: \_\_\_\_\_

Use the plates above to create your meals. Ask your diabetes care team for the Novo Nordisk booklet *Carb Counting and Meal Planning*. It will help you find the nutritional value and portion sizes of your favorite foods.



You may want to make copies of this before you begin so that you can plan your whole week.

## Afternoon snack

<b>Snack</b> _____ _____ _____ Calories: _____ Carbs: _____
--

# Dinner

<b>Non-starchy vegetables</b> _____ _____ _____ Calories: _____ Carbs: _____	<b>Starches and grains</b> _____ _____ Calories: _____ Carbs: _____
	<b>Protein</b> _____ _____ Calories: _____ Carbs: _____

**Fruit and dairy**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Carbs: \_\_\_\_\_

**Low-calorie drink**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Carbs: \_\_\_\_\_

**Healthy fats:** \_\_\_\_\_

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

# Evening snack

**Snack**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Carbs: \_\_\_\_\_

## Your daily meal plan

Use the spaces below to add up your calories and carbs for the day. Make any changes you need to so that your meal plan matches your goals.

Breakfast	Calories	Carbs
Non-starchy vegetables	_____	_____
Starches and grains	_____	_____
Protein	_____	_____
Fruit and dairy	_____	_____
Low-calorie drink	_____	_____
Healthy fats	_____	_____

**Meal total:**

Lunch	Calories	Carbs
Non-starchy vegetables	_____	_____
Starches and grains	_____	_____
Protein	_____	_____
Fruit and dairy	_____	_____
Low-calorie drink	_____	_____
Healthy fats	_____	_____

**Meal total:**

Afternoon snack	Calories	Carbs
Non-starchy vegetables	_____	_____
Starches and grains	_____	_____
Protein	_____	_____
Fruit and dairy	_____	_____
Low-calorie drink	_____	_____
Healthy fats	_____	_____

**Meal total:**

Evening snack	Calories	Carbs
Snack total:	_____	_____
<b>Total for day:</b>	<input type="text"/>	<input type="text"/>





**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

