



# Diagnosis of Diabetes / Prediabetes:

	Prediabetes	Diabetes**
<b>Fasting Blood Glucose</b>	6.1 – 6.9 mmol/L	7.0 mmol/L or greater
<b>Random Blood Glucose</b>		11.1 mmol/L or greater + symptoms of diabetes
<b>2 hour Glucose Level in a 75 gram Oral Glucose Tolerance Test</b>	7.8 – 11.0 mmol/L	11.1 mmol/L or greater
<b>A1C</b>	6 – 6.4%	6.5% or higher

**DEFINITIONS**

**Fasting:**  
Nothing to eat or drink (except water) for at least 8 hours

**Random:**  
Any time of the day

**Some signs and symptoms of diabetes:**  
Unusual thirst, frequent urination, weight change, extreme fatigue and blurred vision.

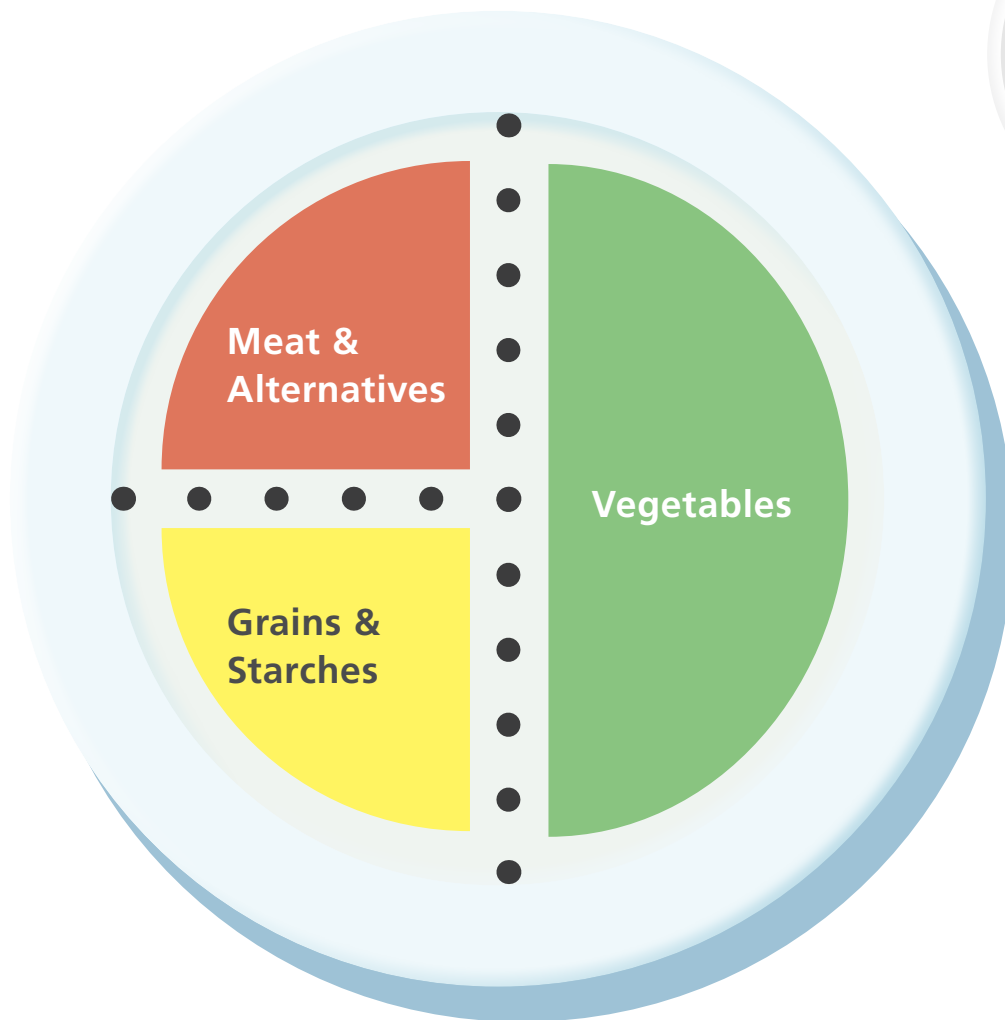
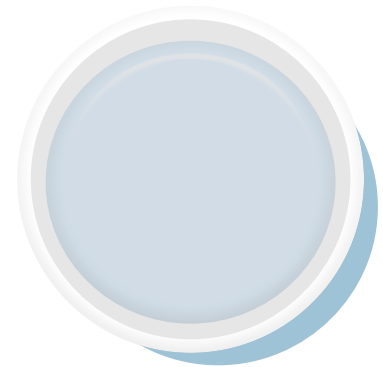
**\*\*** A second lab blood test must be done on another day to confirm the diagnosis.  
If there are symptoms of high blood glucose, then a second blood test is not required.

This handout is for self-care. It should not be used to replace a visit with your healthcare provider. If you have questions about your personal medical situation, please call your healthcare provider.

# Healthy Plate Portion

A healthy guideline for serving sizes on your plate.

## Milk & Alternatives



## Fruit





# Healthy Plate Portion Foods I eat

## Grains & Starches

## Fruits

## Milk & Alternatives

## Meat & Alternatives

## Vegetables

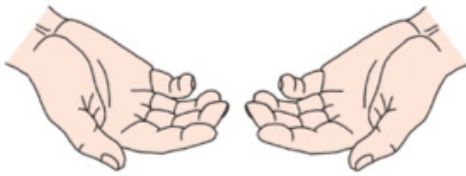
## Other

## Notes

# Hand Portion Guide

Choose healthy portions from each of the food groups.

Use these pictures to help you choose healthy servings from each of the food groups.



## Vegetables

Choose as much as you can hold in both hands.  
(Provides 1 to 2 cups)

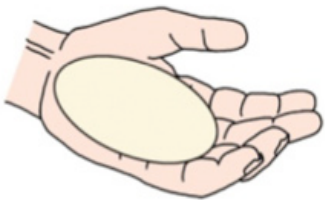


## Grains and starches

Choose an amount up to the size of a small fist or a tennis ball.  
(Provides ½ to 1 cup)

## Fruit

Choose an amount up to the size of a small fist or a tennis ball.  
(Provides ½ cup to 1 cup)



## Meat and Alternatives

Choose an amount up to the size of the palm of your hand and the thickness of your little finger.  
(Provides 2 to 3 ounces)



## Fats

Limit fat to an amount the size of the tip of your thumb.  
(Provides 1 teaspoon)

## Mental Health Continuum Self-Assessment

Check the signs and indicators that really speak to how you experience stress and write any additional changes you might notice in 'my personal changes' section.

	HEALTHY	REACTING	INJURED	ILL
Changes in Mood	<input type="checkbox"/> Normal mood fluctuations <input type="checkbox"/> Calm <input type="checkbox"/> Confident	<input type="checkbox"/> Irritable <input type="checkbox"/> Impatient <input type="checkbox"/> Nervous <input type="checkbox"/> Sadness	<input type="checkbox"/> Angry <input type="checkbox"/> Anxious <input type="checkbox"/> Pervasive sadness	<input type="checkbox"/> Easily enraged <input type="checkbox"/> Excessive anxiety/panic <input type="checkbox"/> Depressed mood, numb
Changes in Thinking and Attitude	<input type="checkbox"/> Good sense of humour <input type="checkbox"/> Take things in stride <input type="checkbox"/> Ability to concentrate and focus on tasks	<input type="checkbox"/> Displaced sarcasm <input type="checkbox"/> Intrusive thoughts <input type="checkbox"/> Sometimes distracted or lost focus on tasks	<input type="checkbox"/> Negative attitude <input type="checkbox"/> Recurrent intrusive thoughts/images <input type="checkbox"/> Constantly distracted or cannot focus on tasks	<input type="checkbox"/> Non compliant <input type="checkbox"/> Suicidal thoughts/intent <input type="checkbox"/> Inability to concentrate, loss of memory or cognitive abilities
Changes in behaviour and Performance	<input type="checkbox"/> Physically and socially active <input type="checkbox"/> Performing well	<input type="checkbox"/> Decreasing activity/socialization <input type="checkbox"/> Procrastination	<input type="checkbox"/> Avoidance <input type="checkbox"/> Tardiness <input type="checkbox"/> Decreased performance <input type="checkbox"/> Begins to pull away from family	<input type="checkbox"/> Withdrawal <input type="checkbox"/> Absenteeism <input type="checkbox"/> Can't perform duties/tasks <input type="checkbox"/> Is not mentally present at home
Physical Changes	<input type="checkbox"/> Normal sleep patterns <input type="checkbox"/> Good appetite <input type="checkbox"/> Feeling energetic <input type="checkbox"/> Maintaining a stable weight	<input type="checkbox"/> Trouble sleeping <input type="checkbox"/> Changes in eating <input type="checkbox"/> Some lack of energy <input type="checkbox"/> Some weight loss or gain	<input type="checkbox"/> Restless sleep <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Some tiredness or fatigue	<input type="checkbox"/> Cannot fall/stay asleep <input type="checkbox"/> No appetite <input type="checkbox"/> Constant lasting fatigue/exhaustion
Changes in Addictive Behaviours	<input type="checkbox"/> Limited alcohol consumption, no binge drinking <input type="checkbox"/> Limited/no addictive behaviours <input type="checkbox"/> No trouble/impact (social, economic, legal, financial) due to substance abuse	<input type="checkbox"/> Regular to frequent alcohol consumption, limited binge drinking <input type="checkbox"/> Some regular to addictive behaviours <input type="checkbox"/> Limited to some trouble/impacts due to substance abuse	<input type="checkbox"/> Frequent alcohol consumption, binge drinking <input type="checkbox"/> Struggle to control addictive behaviours	<input type="checkbox"/> Regular to frequent binge drinking <input type="checkbox"/> Addiction <input type="checkbox"/> Significant trouble/impact due to substance abuse
My Personal Changes	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>

