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**References:** 1. Centers for Disease Control and Prevention. Prediabetes: Your Chance to Prevent Type 2 Diabetes. <https://www.cdc.gov/diabetes/basics/prediabetes.html>. Accessed February 2019. 2. Stratton IM, Adler AI, Neil HAW, et al; UK Prospective Diabetes Study Group. Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 35): prospective observational study. *BMJ*. 2000;321(7258):405-412. 3. Nathan DM, Zinman B, Cleary PA, et al; Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications (DCCT/EDIC) Research Group. Modern-day clinical course of type 1 diabetes mellitus after 30 years' duration: The Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications and Pittsburgh Epidemiology of Diabetes Complications Experience (1983-2005). *Arch Intern Med*. 2009;169(14):1307-1316. 4. Knowler WC, Barrett-Connor E, Fowler SE, et al; Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002;346(6):393-403. 5. Tuomilehto J, Lindström J, Eriksson JG, et al; Finnish Diabetes Prevention Study Group. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *N Engl J Med*. 2001;344(18):1343-1350. 6. Narayan KMV, Boyle JP, Thompson TJ, Sorensen SW, Williamson DF. Lifetime risk for diabetes mellitus in the United States. *JAMA*. 2003;290(14):1884-1890. 7. United States Department of Agriculture. Choose My Plate. <https://www.choosemyplate.gov/>. Accessed February 2019. 8. Flegal KM, Carroll MD, Ogden CL. Prevalence and trends in obesity among US adults, 1999-2008. *JAMA*. 2010;303(3):235-241. 9. US Department of Health and Human Services. Weight and Waist Measurement: Tools for Adults. <https://fhs.umr.com/print/UM0868.pdf>. Accessed February 2019. 10. American Diabetes Association (ADA). Standards of Medical Care in Diabetes. *Diabetes Care* 2019;42(Suppl 1):S1-S193. 11. National Institutes of Health, US Department of Health and Human Services. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. Bethesda, MD: National Institutes of Health; 1998. NIH publication 98-4083. 12. American Diabetes Association. Heart Disease. <http://diabetes.org/living-with-diabetes/complications/heart-disease>. Accessed February 2019. 13. Handelsman Y et al. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for developing a diabetes mellitus comprehensive care plan. *Endocr Pract*. 2015;21(suppl 1):1-87. 14. Peterson KP, Pavlovich JG, Goldstein D, Little R, England J, Peterson CM. What is hemoglobin A1c? An analysis of glycated hemoglobins by electrospray ionization mass spectrometry. *Clin Chem*. 1998;44(9):1951-1958. 15. Fauci AS, Braunwald E, Kasper DL, et al, eds. Harrison's Principles of Internal Medicine. 17th ed. New York, NY: The McGraw-Hill Companies, Inc; 2008. 16. Nathan DM, Buse JB, Davidson MB, et al. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy. *Diabetes Care*. 2009;32(1):193-203. 17. Invokana [package insert]. Titusville, NJ; Janssen Pharmaceuticals Inc; 2013. 18. Victoza [package insert]. Bagsvaerd, Denmark; Novo Nordisk A/S; 2011. 19. Pearson TA, Blair SN, Daniels SR, et al. AHA guidelines for primary prevention of cardiovascular disease and stroke: 2002 update: consensus panel guide to comprehensive risk reduction for adult patients without coronary or other atherosclerotic vascular diseases. *Circulation*. 2002;106(3):388-391. 20. Evert AB, Boucher JL, Cypress M, et al; for American Diabetes Association. Nutrition therapy recommendations for the management of adults with diabetes. *Diabetes Care*. 2013;36(11):3821-3842. 21. Tudor-Locke C, Bassett DR Jr. How many steps/day are enough? Preliminary pedometer indices for public health. *Sports Med*. 2004;34(1):1-8. 22. US Department of Health and Human Services. Understanding Adult Overweight and Obesity. <http://win.niddk.nih.gov/publications/PDFs/understandingobesityrev.pdf>. Accessed October, 2014.

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06/19 92000031 PP-CTR-P-US-0147

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# Know Your<sup>TM</sup> Healthy Steps

A Personal Approach to Diabetes Management



# Know Your™ Healthy Steps

## Knowledge Is Power

Diabetes is a growing global health concern. The Centers for Disease Control and Prevention reports that over 30 million people are affected by diabetes in the United States.<sup>1</sup> Knowing the steps to better health may help you reduce your risk of developing complications from diabetes.<sup>2</sup>

### Knowing Your Healthy Steps Includes:

- Knowing the risk factors for diabetes
- Knowing your numbers and your goals for your blood sugar, cholesterol, and blood pressure
- Knowing how your food affects your blood sugar
- Knowing the potential for complications from diabetes and how to help prevent them
- Knowing how physical activity can help your diabetes, blood pressure, and cholesterol
- Knowing that you CAN control your diabetes

## Knowledge Is Power

- Approximately 1 in 3 Americans born in the year 2000 will develop diabetes<sup>6</sup>
- The number of people with diabetes will more than double by the year 2050<sup>6</sup>
- Diabetes is a major cause of blindness, kidney failure, and amputations\* in the United States<sup>1</sup>
- Complications can be prevented<sup>2,3</sup>

### What Can Decrease Your Chance of Getting Diabetes?<sup>4,5</sup>

- Being physically active
- Eating a healthy diet
- Eating enough fruits and vegetables<sup>7</sup>
- Reducing fats and sodium
- Maintaining a healthy weight
- Body mass index (BMI) <25. Your BMI is a calculation of your weight in relation to your height
- Use the BMI chart on the next page to find your number<sup>8</sup>
- Maintaining a healthy waist size: no more than 40 inches for men; no more than 36 inches for women<sup>9</sup>

\*Nontraumatic lower-limb amputations.

## Where it Begins: Prediabetes

There are about 84 million people with prediabetes in the United States.<sup>1</sup> Prediabetes is a condition in which blood sugar or A1C (average blood sugar over time) levels are higher than normal, but not high enough to be diagnosed with diabetes. Prediabetes may put you at risk for developing type 2 diabetes, heart disease, and stroke.<sup>10</sup>

### What Is Prediabetes?

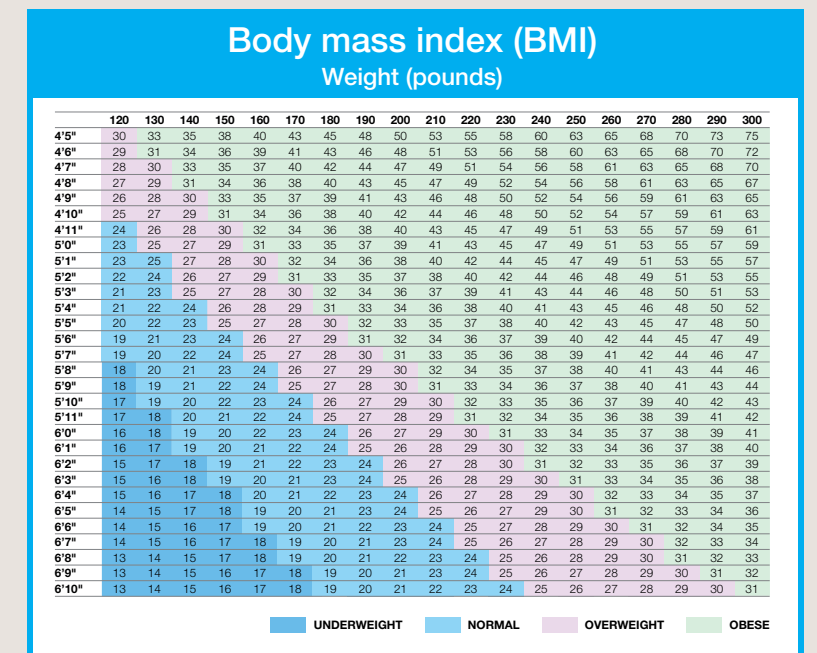
- A1C of 5.7% to 6.4%<sup>10</sup>  
or
- FPG<sup>†</sup> 100 -125 mg/dL  
or
- 2-hour plasma glucose in the 75-g OGTT<sup>‡</sup> 140 -199 mg/dL

### What Is Diabetes?

- A1C of >7.0%<sup>10</sup>

### To get your BMI number<sup>11</sup>:

- Find your height in the far left column
- Find your weight in the line that goes across the top of the chart
- Draw a line from your height to your weight—that number is your BMI
- For example, if you are 5'6" tall and weigh 180 pounds, your BMI is 29



Always discuss your BMI results with your doctor.

<sup>†</sup>Fasting plasma glucose, or FPG, is a test performed after going without food for at least 8 hours and is used to diagnose diabetes.

<sup>‡</sup>Oral glucose tolerance test, or OGTT, is a test performed to measure the body's ability to use sugar. It can be used to diagnose prediabetes and diabetes.

# Key Factors to Consider

## Complications of Diabetes

### If you have diabetes, you are:

- Two times more likely to develop heart disease or have a stroke<sup>12</sup>
- More likely to go blind. (Diabetic retinopathy is the most frequent cause of new cases of blindness among adults aged 20 to 74 years)<sup>10</sup>
- At risk for kidney disease<sup>10</sup>
- At risk for numbness and tingling in the foot which can lead to amputation if left untreated.<sup>10</sup>

**However, by keeping your blood sugar in control, you can help reduce the risk of the complications of diabetes<sup>2,3</sup>**

To help reduce your risk<sup>4,5,12</sup>:

- Eat healthy
- Be physically active
- Test your blood sugar
- Talk to your healthcare provider (HCP) about other appropriate measures

**The great news is that you can improve your overall health and reduce your risk of developing complications. Following the healthy steps outlined on the following pages may help you take control of your diabetes.**



# STEP 1: Know Your Numbers

## Blood Sugar Testing

A blood sugar (or blood glucose) test tells you how much sugar is in your blood at the moment it is tested. Testing tells you if your blood sugar is too high or too low. Testing your blood sugar may indicate if your meal plan, medication, and physical activity levels are working to help manage your diabetes. For example, if you test your blood sugar before and then 2 hours after the start of a meal, you can see the effect of that meal on your blood sugar. This can help you make healthy food choices and learn how to plan meals. The same can be true for exercise. If you test before and after a brisk walk, you may see the effect of exercise on your blood sugar results.



CONTOUR®NEXT ONE  
Blood Glucose Meter

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Blood Glucose Meter

# Testing Your A1C

## A1C (Hemoglobin A1C) or eAG (Estimated Average Glucose)

The A1C test tells you your average blood sugar control over the past several months.<sup>10</sup> The A1C test looks at the amount of sugar that has attached to the hemoglobin (red blood cells) in the blood. As blood sugar levels rise, more and more sugar attaches to the hemoglobin.<sup>14</sup> The A1C test result is shown as either a percentage or as eAG, which is a number more like your daily blood sugar tests.<sup>15</sup>

A1C (%)	Blood sugar (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

An A1C test can be done by a laboratory test or in an HCP’s office. Testing your A1C in an HCP’s office gives you the opportunity to discuss the result during your visit.

# Know Your Goals

High levels of lipids in your blood can cause heart disease, heart attack, and stroke. It is important to keep your lipids at a healthy level. Check your lipid levels at least once a year and speak with your HCP if any action needs to be taken. Your HCP may recommend medications to help reach your blood pressure and lipid goals.

For a complete list of recommended follow-up tests and exams, refer to the table below.

Goals for Control <sup>II</sup>		
Test	AACE <sup>13¶</sup>	ADA <sup>10</sup>
Fasting/before-meal blood sugar	<110 mg/dL	80-130 mg/dL
After-meal blood sugar 2 hours after start of meal	<140 mg/dL	<180 mg/dL
A1C	≤6.5% <sup>#</sup>	<7% <sup>#</sup>
Blood pressure	<130/80 mm Hg	<140/90 mm Hg <sup>**</sup>
Urinary Albumin-to-Creatinine Ratio (UACR)	<30 µg/mg creatinine on a spot sample <sup>#</sup>	<30 µg/mg creatinine on a spot sample <sup>#</sup>
<b>Lipids (fats)</b>		
LDL cholesterol	<100 mg/dL for moderate risk	<100 mg/dL
HDL cholesterol	>40 mg/dL for men >50 mg/dL for women	>40 mg/dL for men >50 mg/dL for women
Triglycerides	<150 mg/dL	<150 mg/dL

<sup>II</sup> For non-pregnant adults.

<sup>¶</sup> American Association of Clinical Endocrinologists.

<sup>#</sup> More or less strict goals may be appropriate for individual patients. Discuss your goal with your HCP.

<sup>\*\*</sup>Lower targets may be appropriate for some people.

# STEP 2: Know Your Medications

## Understand Your Medications

There are different oral medications, non-insulin injectables, and many types of insulin sold in the United States to treat diabetes. It is important to have regular discussions with your healthcare team about your medications and diabetes management plan. Your medications may need to be adjusted according to changes in your diet and physical activity level.

Diabetes Medications	
<b>Oral diabetes medications<sup>16,17</sup></b>	
<b>Alpha-glucosidase Inhibitors</b>	(acarbose/Precose <sup>®</sup> and miglitol/Glyset <sup>®</sup> ) Work in the intestines by blocking or slowing the breakdown of carbohydrates, reducing blood sugar peaks after meals.
<b>Biguanides</b>	(metformin/Glucophage <sup>®</sup> ) Work mostly by decreasing the amount of sugar produced by the liver.
<b>DPP-4 Inhibitors</b>	(sitagliptin/Januvia <sup>®</sup> ) Help your body keep balanced blood sugar levels by doing 2 things: <ul style="list-style-type: none"> <li>• Increasing insulin when blood sugar is high, especially after you eat</li> <li>• Reducing the amount of sugar made by your liver after you eat</li> </ul>
<b>Meglitinides</b>	(repaglinide/Prandin <sup>®</sup> and nateglinide/Starlix <sup>®</sup> ) Cause the pancreas to release more insulin, are taken before meals, and have the chance of causing hypoglycemia.
<b>Secretagogues/ Sulfonylureas</b>	(such as glyburide/Micronase <sup>®</sup> and Glynase <sup>®</sup> , glimepiride/Amaryl <sup>®</sup> , and glipizide/Glucotrol <sup>®</sup> and Glucotrol XL <sup>®</sup> ) Cause the pancreas to release more insulin and may cause hypoglycemia.
<b>Sodium-glucose co-transporter 2 (SGLT2) inhibitors</b>	(canagliflozin/Invokana <sup>®</sup> ) Decreases blood glucose levels by increasing the amount of glucose that is excreted in the urine.
<b>Thiazolidinediones (TZDs) or glitazones</b>	(rosiglitazone/Avandia <sup>®</sup> and pioglitazone/Actos <sup>®</sup> ) Help muscle and fat cells to use sugar more effectively and reduce the amount of sugar produced in the liver.
<b>Non-insulin injectables<sup>16,18</sup></b>	
<b>Incretin Mimetics</b>	(exenatide/Byetta <sup>®</sup> and liraglutide/Victoza <sup>®</sup> ) Work to lower blood sugar levels by helping your body secrete more insulin when eating.
<b>Pramlintide/Symlin<sup>®</sup></b>	Helps replace a hormone (amylin) your body may be missing that works along with insulin to keep your blood sugar levels in balance. Injected with meals, may cause weight loss and nausea.
<b>Insulin<sup>13</sup></b>	
<b>Basal</b>	Insulin therapy that helps you control blood sugar between meals and during sleep; sometimes referred to as “long-acting insulin.” Examples include Lantus <sup>®</sup> (glargine) and Levemir <sup>®</sup> (detemir).
<b>Bolus</b>	Insulin therapy that helps you control blood sugar from meals—meaning it is released in a burst; sometimes referred to as “rapid-acting insulin.” Examples include NovoLog <sup>®</sup> (aspart), Humalog <sup>®</sup> (lispro), and Apidra <sup>®</sup> (glulisine).

# Another Treatment Option

## Aspirin Therapy\*

The American Heart Association and the American Diabetes Association guidelines recommend the consideration of regular aspirin therapy to help prevent heart attacks and recurrent strokes in certain high-risk patients.<sup>10,19</sup>



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\*Aspirin is not appropriate for everyone, so be sure to talk to your HCP before you begin an aspirin regimen. If you are taking a prescription product for diabetes, it is especially important to talk to your HCP because aspirin can interfere with certain diabetes medications.

# Step 3: Know Your Nutrition

## Consult Your Healthcare Team to Develop Your Meal Plan

The American Diabetes Association (ADA) recommends nutrition therapy for all people with type 1 and type 2 diabetes. Consult with your healthcare team to find a Registered Dietician Nutritionist (RDN - an expert in nutrition) or other qualified HCP, who can personalize your meal plan to fit your individual needs. Within the first 6 months of your diabetes diagnosis, you should meet with your RDN 3 to 4 times. After 6 months, you should continue to visit with your RDN once a year.<sup>20</sup>

Don't hesitate to ask for help with your meal plan. Many health insurance plans cover nutrition and diabetes education sessions.<sup>20</sup>



## What You Need To Know About Nutrition Therapy

- The United States Department of Agriculture's (USDA's) MyPlate provides many options to help people make healthy food choices every day. For more information visit [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov)<sup>7</sup>
- For specific nutrition guidelines for managing your diabetes, meet with your RDN. Your RDN will teach you how the food you eat affects your blood sugar and how you can make better food choices to control your diabetes
- For instance, in nutrition therapy you may learn about carb counting, which helps you figure out how much sugar is in your meal, and if you are on insulin, how much insulin you need at mealtime to keep your blood sugar within your target range<sup>20</sup>
- There is not a one-size-fits-all approach! Nutrition therapy will be tailored to YOUR individual needs, including your cultural background, traditions, lifestyle, financial means, and availability of food where you live<sup>20</sup>
- Your RDN will not make you give up all the foods you enjoy eating. Instead, your RDN will help you to adopt a healthy lifestyle, which includes "everything in moderation"

**The *Know Your*<sup>™</sup> Nutrition brochure has more information on healthy meal planning, including healthy food choices, portion control, carbohydrate counting, and understanding food labels.**

**Ask your HCP to share it with you when discussing your nutrition plan.**



# STEP 4: Know Your Physical Activity

## A Physical Activity Program to Improve Your Diabetes and General Health\*

Exercise is an important part of the diabetes management plan. Regular exercise has been shown to improve blood glucose control, reduce cardiovascular risk factors (blood pressure and cholesterol), contribute to weight loss, and improve well-being (reduce stress and increase energy levels).<sup>10</sup> Make sure you speak with your healthcare provider before starting any exercise regimen.

### Goal:

- To increase your physical activity

### Process:

- Start small and slowly build up the amount of activity you do
- Set goals
- Check your progress with a pedometer or activity tracking device

### Outcome: improved quality of life

- Increased motivation and physical activity measured by a pedometer or activity tracker

### The American Diabetes Association recommends that<sup>10</sup>:

- Individuals should do at least 150 minutes per week of moderate aerobic physical activity such as walking or bicycling
- Activity should be spread over at least 3 days per week
- Do not go more than 2 consecutive days without activity
- Performing resistance training (muscle-strengthening exercises) at least 2-3 times per week, such as push ups and squats may improve glycemic control



## Count Your Healthy Steps

If you are new to exercise, walking may be a good activity for you to start with. You may want to start with 10 minutes a day and build up to 30 minutes slowly over time.

A pedometer is a tool that can help you keep track of your progress. This tool automatically counts and records the number of steps a person takes by sensing the motion of their hips.

Pedometers have improved over the years, with newer versions known as “activity trackers” or “wearable fitness trackers” such as Fitbit<sup>†</sup>. A smartwatch, such as the Apple Watch, can also help track your physical activity.

Pedometers and activity trackers may be available at no cost or at a reduced cost, through your employer or healthcare provider. They are also available for purchase at most retailer and electronic stores.



\*Always talk to your HCP before starting any exercise program

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<sup>†</sup>Endorsement is not implied.

# Get to Know Your Activity Tracker

## What Is an Activity Tracker?

An activity tracker is a device or application used for monitoring and tracking fitness-related metrics such as distance walked or run, calorie consumption, and weight, among others.

Most of these devices are now paired, in many cases wirelessly, to a computer or a smartphone for long-term data tracking. These trackers can track steps, distance, and calories burned. The information tracked on these devices may motivate you to get out and be more active!

## Take The Stairs!

While you wear your activity tracker, there are things you can do to increase your step count.

Skip the elevator and take the stairs! Challenge yourself by taking the stairs at least once a day and see the difference it makes. Consider parking your car farther away from the front door of places you drive to. Don't call your colleague across the office— walk and chat in person. Anytime you can, take more steps.

## Set Your Step Goal and Get Walking

Check your activity tracker several times a day so you can see how many steps you are taking. Are you close to your daily goal? Adjust your goals and activities as you need. Remember to test your blood sugar before and after any long walk so you can see how your physical activity can affect your blood sugar.

## Step Out!

Start with a 10-minute walk experiment.

How many steps do you think you can take in 10 minutes? \_\_\_\_\_

**Now let's find out!**

How many steps did you take in 10 minutes? \_\_\_\_\_



# Calculating Your Steps per Day

## Let's See How Many Steps You Can Take in 30 Minutes

Steps in 10 minutes x 3 =  
\_\_\_\_\_ Steps in 30 minutes

Do you think you could do that many extra steps a day? If you do, you will meet the American Diabetes Association's recommendations.

I know that you can do even more. How many steps are enough? It really depends on your lifestyle and where you are starting from. The average for a moderately active person is about 5,000 to 7,500 steps a day (about 3 miles).<sup>21</sup>



How many steps do you take a day?  
\_\_\_\_\_ Steps/Day

Whatever the number of steps are that you are usually taking now is called your baseline. Now, you need to increase the number of steps that you are currently doing. These are your healthy steps! Studies have shown that if you have a<sup>21</sup>:

<b>Sedentary lifestyle</b>	You are taking less than 5,000 steps/day
<b>Moderately active lifestyle</b>	You are taking 5,000 to 7,500 steps/day
<b>Somewhat active lifestyle</b>	You are taking 7,500 to 10,000 steps/day
<b>Active lifestyle</b>	You are taking 10,000 to 12,500 steps/day
<b>Highly active lifestyle</b>	You are taking more than 12,500 steps/day



# Find Your Balance

Remember: these are only suggestions, and everyone is different. These recommendations may not be right for everyone, including older adults and those living with some long-term diseases.

## Gains and Losses: + and -

What do you gain and lose by increasing your physical activity?

Think about the positives you get when you do more physical activity. Write them down!

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Now think about the negatives you get from being more physically active. Write them down!

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Let's think about a plan to become more physically active that will have fewer negatives and more positives. Write down some plans to become more active that will allow you to make the most of your gains, with the fewest losses.

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# Increasing Your Steps per Day

## How Can I Set Goals to Increase My Daily Steps?

Try to do 150 minutes of activity per week (4,000 to 5,000 steps at least 5 days a week).<sup>22</sup> Then try to slowly increase the number of steps you take each week.

You might want to start by walking an extra 500 steps per week. For example, if your baseline is 2,000 steps, try to walk 2,500 steps in Week 2, and keep adding another 500 every week after that. By 5 weeks, you will have doubled the number of steps you are taking.

- If adding 500 steps feels like too much, you could try adding 300 steps a day or adding 500 steps after every 2 weeks instead
- If you feel you could do more, you could try to increase the number of steps you take by a bigger amount, such as 700 steps a day

## Fun Facts



1 minute of cycling or swimming = 150 steps



1/2 mile of walking = 10 city blocks (1,000 steps)



9 holes of golf (walking) = 8,000 steps



1/2 mile of jogging or running = 2,000 steps

# Strategies

## Making a Plan to Meet Your Goal

What do you do now that reduces your steps per day?

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What do you do now that can increase your steps per day?

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What are some other things you could do to get more steps per day?

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Who can help you to increase your steps per day? How will they help you?

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How sure are you that you can stick to your daily plans?

Not sure     Somewhat sure     Very sure

How many days of the week do you feel you can reach your steps per day goal?

\_\_\_\_\_ Days

# Goal-Setting

## Setting Your Goals

### Week 1: Getting your baseline

Starting tomorrow morning, immediately after waking up, put on your activity tracker and go about your normal activities. Remember, the first week you will be figuring out your baseline. These are your normal activities for the week. At the end of 7 days, capture your steps. This is your baseline per day.

Enter the number below

Baseline steps per day after 7 days:

\_\_\_\_\_ Steps per day

### Week 2: Setting your new goal

Your first week of goal-setting is going to be a trial week. You will be getting used to wearing your activity tracker. You will find out what kinds of activities help you add steps, and how much physical activity is right for your lifestyle. For your second week, you will need to decide how many steps you would like to add to your last week's baseline.

**Example:** If your steps per day baseline is 5,000 and you increase it by 300 steps per day, then your new baseline would be increased to 5,300 total steps per day. How sure are you that you will stick to your new baseline goal for the second week? Remember: You need to be very confident that you will reach your new goal. If not, then lower your goal to a number you can reach.

Be sure you can reach your goal for at least 5 days a week! How many days of the week are you sure that you will reach your daily activity goal over the next week?

\_\_\_\_\_ Days (1-7)

Be sure you can reach your goal for at least 5 days a week!

What plans will you use to get to your goal?

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# Every Step Counts

There are many ways you can add steps throughout your day. Every step counts. Think steps—anytime, anywhere.

## Getting in Your Steps

### At home

- Walk your dog or offer to walk your neighbor's dog
- Do a fun family challenge to see who can log the most steps in a week
- Reward your family for meeting step goals with fun activities
- Walk to your neighbor's or friend's house instead of calling or driving
- Take several trips to unload groceries from your car
- If you make a call, walk while you talk
- Don't use your TV remote control
- Walk around your house during television commercials
- Get up and move around once every 30 minutes
- Try to take half of your goal steps by noon
- Plan walks into your day, for example, with a friend at the beginning of the day, and with your family at the end of the day
- Take a walk after dinner and make it a family tradition

### On the town

- Park farther away in store parking lots
- Return your grocery cart to the store
- Avoid elevators—try the stairs instead. Start by walking up just a couple of flights before taking the elevator
- Walk the escalator, don't ride
- Walk, don't drive, for trips less than 1 mile
- Walk at the airport while waiting for your plane and avoid the moving walkways
- Hike some of your local trails
- Take a walk while your kids are playing sports
- Plan active weekends (longer walks, scenic hikes, playing in the park)
- Play golf without an electric cart
- Take a walk and pick up litter in your neighborhood or in a park



# Anytime, Anywhere

## Getting in Your Steps (continued)

### At work

- Get off the bus earlier and walk farther to work
- Take several 10-minute walks during the day
- Choose the farthest entrance to your building. Then walk the long way to your office
- Host “walking” meetings
- Walk to a restroom, water fountain, or copy machine on a different floor
- Take a longer route to your meeting
- Walk a few laps on your floor during breaks, or go outside and walk around the block
- Walk during your lunch break
- Walk to a colleague's office rather than calling or sending e-mail
- Take 5-minute walking breaks from your computer
- Park farther away in the morning and when you go to lunch
- Take the stairs rather than the elevator or the escalator
- Start a break-time walking club with your co-workers
- Get up and move at least once every 30 minutes



# Observing Trends

## Homework

After week 2, you will have a new baseline of steps per day.

Answer the following questions:

- 1. On the days when your steps per day were the highest, what did you do?  
Can you do more of these things?

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- 2. On the days when your steps per day were the lowest, what did you do?  
Can you do less of these things?

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- 3. On average, how often did you look at the pedometer during the day?

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- 4. How many people did you tell that you were wearing the pedometer?

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# Gauging Your Progress

- 5. For week 2, what was your baseline steps/day?

\_\_\_\_\_ Steps per day

- 6. For week 3, what do you want your new baseline to be?

\_\_\_\_\_ Steps per day

*Be realistic!*

- 7. For week 3, what was your baseline steps/day?

\_\_\_\_\_ Steps per day

- 8. For week 4, what do you want your new baseline to be?

\_\_\_\_\_ Steps per day

*Be realistic!*

- 9. For week 4, what was your baseline steps/day?

\_\_\_\_\_ Steps per day

If I have a setback, I will:

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