

TIMECODE	VISUALS	AUDIO
	<b>dLife Intro</b>	<b>VO</b>  <b>dLife TV, the only show for your diabetes life. Packed with information, insights, cooking and real stories about real people. dLife brings it all together to help you live a healthy diabetes life</b>
	<b>Woman checking blood sugar</b>  <b>Blood glucose monitor screens</b>	<b>Nicole Johnson VO</b>  <b>Today on dLife, is your diabetes in good control and what does good control really mean?</b>
	<b>dLife logo</b>	
	<b>Man walking into pharmacy</b>  <b>Woman opening container of medicine bottles in kitchen</b>	<b>Also, can a city save money by giving its residents free medicine for treating diabetes?</b>
	<b>dLife logo</b>	
	<b>Chef Nischan working in kitchen</b>	<b>Plus, chef Michel Nischan is in the dLife kitchen cooking up some delicious low carb food.</b>
	<b>Nicole Johnson in studio</b>  <b>Lower third:</b>  <b>NICOLE JOHNSON</b> <b>Diabetes Since 1993, Miss America</b> <b>1999</b>	Nicole Johnson  Welcome to dLife, your source for a healthy diabetes life. I'm Nicole Johnson. Ever since treatment for diabetes was discovered, medical experts have debated a crucial question: what is good control?
	<b>dLife logo</b>	
	<b>Card:</b>  <b>A1c</b>  <b>Gloved hands using syringe</b>  <b>Blood testing machine monitor</b>  <b>Shots of different blood glucose monitors</b>	<b>Jim Turner VO</b>  <b>The common measure of control is an A1c but what exactly is an A1c? Well it's actually a hemoglobin A1c which is a blood test that measures your average blood sugar level over a three-month period. A1c values correspond to mean blood sugar numbers that are more familiar to anyone who uses a blood glucose monitor.</b>

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	<p><b>Chart: A1c Levels and Blood Glucose Equivalents</b></p>	<p>Man</p> <p>It's an index basically of what the average blood sugar has been over time. The normal range uh.. in non-diabetic individuals is from 4 to 6. At the American Diabetes Association we say that less than 7 uh.. indicates good blood sugar control.</p>
	<p><b>Interview with John Buse</b></p> <p><b>Lower third:</b></p> <p><b>John Buse, MD, PhD                      Current President of the ADA</b></p>	<p>John Buse</p> <p>Basically the risk of complications goes right in proportion with the A1c.</p>
	<p><b>Chart: Risk of Progression of Complications DCCT Study</b></p> <p><b>Lines moving across chart</b></p>	<p><b>John Buse VO</b></p> <p><b>The risk as you go from 6 to 7 is pretty small. You know, from 7 to 8 it's a bit higher. From 8 to 9 it's greater even than the difference between 7 and 8. And the higher and higher the A1c the greater the payoff for getting it down.</b></p>
	<p><b>Back to interview with John Buse</b></p>	<p>So there's more payoff from getting your A1c from 15 to 9 uh.. than there is from getting it from 9 to 5 uhm.. by a long, long, long shot.</p>
	<p><b>Man sitting in chair getting treatment</b></p> <p><b>Outside shot of American Diabetes Association building</b></p>	<p><b>Jim Turner VO</b></p> <p><b>If an A1c is the best way to determine the risk of complications, it makes sense that there should be a target for people with diabetes to help reduce their risk. And the most widely known standard is the one set by the American Diabetes Association.</b></p>
	<p><b>Interview with Susan Kirkman</b></p> <p><b>Lower third:</b></p> <p><b>Susan Kirkman, MD                      VP of Clinical Affairs, ADA</b></p>	<p>Susan Kirkman</p> <p>In general for most people the A1c should be less than 7%.</p>
	<p><b>Video of people walking and running on sidewalk</b></p>	<p><b>Susan Kirkman VO</b></p> <p><b>A normal A1c is less than 6%.</b></p>

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	<p><b>Lower third:</b></p> <p><b>6%<sup>3</sup> 135 mg/dl (7.5 mmol/l)</b></p>	
	<p><b>Woman in purple shirt walking into ADA offices</b></p> <p><b>Doctor standing talking to patient laying on examining bed</b></p> <p><b>Shot of man on gurney in hospital reception</b></p> <p><b>Doctor talking to patient</b></p> <p><b>Woman talking with client across desk</b></p>	<p><b>Jim Turner VO</b></p> <p><b>When a large national organization such as the ADA sets a standard it has a huge impact. Many doctors tend to follow the recommendations and so do hospitals and insurance companies. The ADA standard gets passed along to patients millions of times per day in every town across the country.</b></p>
	<p><b>Card:</b></p> <p><b>A1c &lt;7% (less than 7%)</b></p>	<p><b>But why this magic number?</b></p>
	<p><b>Interview with John Buse</b></p> <p><b>Card:</b></p> <p><b>7%<sup>3</sup> 170 mg/dl (___ mmol/l)</b></p>	<p><b>John Buse</b></p> <p>Well, in the studies that have been to date, the average glucose that's been achieved in the intensive arm ha- has never been less than 7. Uhm.. so to give general recommendations uh.. that we aim for substantially less than 7 when it's never been achieved in clinical trials on average, you know, runs the risk of people trying to do something that we know uh.. is uh..- is difficult to do in the best centers, in the best hands, uh.. with the best care.</p>
	<p><b>Doctor listening to patient's heart</b></p>	<p><b>Jim Turner VO</b></p> <p><b>But many physicians like Dr. Mary Vernon say that the standard of 7 based on a belief that nothing else is realistic is a disservice to people it matters to most -- the patients.</b></p>
	<p><b>Doctor shining light in patient's eyes</b></p>	<p><b>Mary Vernon VO</b></p> <p><b>I'd like a hemoglobin A1c below 5.8 but certainly below 6.5.</b></p>

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	<p><b>Interview with Mary Vernon</b></p> <p><b>Lower third:</b></p> <p><b>Mary Vernon, MD, CMB                      Author, Diabetologist</b></p>	<p>Mary Vernon</p> <p>In my particular approach, I want the best control I can get because I want to stop complications and I want my patients to be the healthiest they can be.</p>
	<p><b>Dr. Vernon reviewing chart with patient</b></p> <p><b>Back to interview with Dr. Vernon</b></p>	<p>Mary Vernon</p> <p>If they say to me, I don't wanna do this doc, that's okay with me. There are a lot of people that do wanna do it. I'm happy to work with them. But that's the patient's choice, not my choice.</p>
	<p><b>Dr. Bernstein examining patient laying on examining table</b></p>	<p><b>Jim Turner VO</b></p> <p><b>If the ADA represents a conservative approach, then Dr. Richard Bernstein would have to be considered on the extreme side.</b></p>
	<p><b>Interview with Richard Bernstein</b></p> <p><b>Lower third:</b></p> <p><b>Richard K. Bernstein, MD                      Author, Diabetologist</b></p> <p><b>Lower third:</b></p> <p><b>4.2-4.6%<sup>3</sup> 72-86 mg/dl (3.9-4.7 mmol/l)</b></p> <p><b>Dr. Bernstein checking patients eyes</b></p>	<p>Richard Bernstein</p> <p>What makes sense is a value that a slim non-diabetic young individual has and those people run between about 4.2 and 4.6 on their A1c's. And that's what we seek for our patients.</p>
	<p><b>Woman checking blood sugar</b></p>	<p><b>Jim Turner VO</b></p> <p><b>Though the ADA believes that lower is better, they would argue that being too aggressive in attempt to lower A1c's could have disastrous consequences.</b></p>
	<p><b>Interview with Susan Kirkman</b></p> <p><b>Lower third:</b></p> <p><b>DCCT stands for Diabetes Control</b></p>	<p>Susan Kirkman</p> <p>We know from studies like the DCCT that uhm.. if the A1c is treated very aggressively that people can</p>

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	<p><b>and Complications Trial.</b></p> <p><b>The DCCT was a landmark study to see if "tight control" prevents complications.</b></p> <p><b>Sirens blaring, ambulance and EMT on sidewalk</b></p>	<p>have hypoglycemia, which is low blood glucose, and that those episodes can be- can be very severe and they can lead to unconsciousness, seizures, uh.. automobiles accidents, that sort of thing.</p>
	<p><b>Purple gloved hands using blood glucose monitor</b></p> <p><b>EMTs working with person on ground in office</b></p> <p><b>Injecting into person's arm</b></p>	<p><b>Jim Turner VO</b></p> <p><b>Doctors Vernon and Bernstein argue that the potentially deadly low blood sugars that the ADA fear are a result of poor management and no excuse for a higher A1c.</b></p>
	<p><b>Interview with Dr. Bernstein</b></p> <p><b>Lower third:</b></p> <p><b>Dr. Bernstein is the author of "Dr. Bernstein's Diabetes Solution."</b></p> <p><b>Person pricking finger with blood glucose monitor</b></p> <p><b>Plate of food</b></p> <p><b>Syringe and insulin bottle</b></p>	<p>Richard Bernstein</p> <p>There are occasional cases but there are far more cases of dying of complications to the diabetes, that's number one. But, it's easy enough to control blood sugars without the hypoglycemia. You lower the A1c in a manner where you could keep blood sugars level and that's only possible with a low carbohydrate diet and very small doses of insulin if you're using insulin.</p>
	<p><b>Interview with Mary Vernon</b></p>	<p>Mary Vernon</p> <p>If you build your diabetes management plan with nutrition first, and the food that's going in goes in a very stable and steady way, then you can plan medication, if you need it, to be stable and steady as well. And then you avoid both the highs and the lows.</p>
	<p><b>Dr. Vernon with patient</b></p>	<p>Dr. Vernon: There is a glucose of 104.</p> <p>Patient: Oh, that's great.</p>

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	<p><b>Back to interview with Mary Vernon</b></p>	<p>Mary Vernon</p> <p>I have many patients who have been diagnosed with type 2 diabetes by other physicians who have come to me hemoglobin A1c's of 12, blood sugars of 300. And then after they engage in a nutritional management program they have normal blood sugars. I mean fasting blood sugars of 100, hemoglobin A1c's of 5.8. Normal.</p>
	<p><b>Man starting machine for black man hooked up to it</b></p>	<p><b>Jim Turner VO</b></p> <p><b>So what should a target A1c level be? Should it be even lower than the ADA's recommendation to better avoid the risk of complications?</b></p>
	<p><b>Interview with John Buse</b></p>	<p>John Buse</p> <p>I- I think being overly fixated that a- you know, a particular number just below it is perfect and just above it is a disaster, it- is not an appropriate way to think about things.</p>
	<p><b>Woman having mouth examined</b></p> <p><b>Dr. examining bearded man on examining table</b></p> <p><b>Back to interview with John Buse</b></p>	<p>Uh.. but you know, really, you know, working with a- a wise healthcare team that's up to date on the latest information uh.. is the best way to make sure that you're- you know, you're pursuing the right target for you, which may be different for the target for someone else.</p>
	<p><b>Pricking finger with blood glucose monitor</b></p> <p><b>Dr. Vernon sharing results with patient</b></p> <p><b>Man running in field with dogs</b></p>	<p><b>Jim Turner VO</b></p> <p><b>So what does all this mean for you? One thing everyone agrees on, including the ADA, is that aiming for less than 7 is good. Just how much lower and how to get there is for you and your doctor to decide. So be informed and ask questions because it's your diabetes life.</b></p>
	<p><b>dLife logo</b></p>	
	<p><b>Nicole Johnson in studio</b></p>	<p>Nicole Johnson</p>

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	<p><b>Lower third:</b></p> <p><a href="http://www.dLife.com">www.dLife.com</a></p> <p><b>Cars driving down street</b></p> <p><b>Pharmacist greeting woman in red shirt</b></p> <p><b>Woman opening container of medicine containers</b></p> <p><b>Back to Nicole Johnson in studio</b></p>	<p>What's your idea of good control? Weigh in on our poll at dLife.com. Up next we'll visit a city that's started a new healthcare trend by giving residents free diabetes medicine and supplies. But first, here's a good eating, good living food idea from Kraft.</p>
	<p><b>dLife logo</b></p>	
	<p><b>Nicole Johnson in studio</b></p> <p><b>Lower third:</b></p> <p><b>NICOLE JOHNSON</b></p>	<p>Nicole Johnson</p> <p>An astounding 47 million Americans don't have health insurance. Without coverage people with diabetes are simply unable to manage the condition properly. But what can be done? dLife went to Asheville, North Carolina to learn about a community-based program that is providing free medication, which is lowering healthcare costs and saving lives.</p>
	<p><b>dLife logo</b></p>	
	<p><b>Nurse walking into patients room</b></p>	<p>Donna Eaton: Hey, I'm Donna Eaton. I'm your nurse for today. How you doing?</p>
		<p><b>Nicole Johnson VO</b></p> <p><b>Donna Eaton is a nurse at Mission Hospital in Asheville, North Carolina. She was diagnosed with diabetes eight years ago.</b></p>
	<p><b>Man clocking in at warehouse</b></p> <p><b>Man working at machine</b></p> <p><b>Donna putting on stethoscope to examine patient</b></p>	<p><b>Glenn Young works for Dalton Utilities in Dalton, Georgia. He was diagnosed two years ago. Besides living with diabetes, Donna and Glenn have something else in common: their employers pay for all of their diabetes medicine and supplies as long as they agree to monthly coaching sessions by specially trained</b></p>

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	<b>Glenn walking into pharmacy</b>	<b>pharmacists.</b>
	<b>Glenn meeting with pharmacist, pharmacist showing him to meeting room</b>  <b>Interview with Daniel Garrett</b>  <b>Lower third:</b>  <b>DANIEL G. GARRETT</b> <b>Founder, The Asheville Project</b>	Daniel Garrett  The genesis of the Asheville project came out of the idea that pharmacists could make a difference uhm.. in the community in a clinical role.
	<b>Exterior shot of Mission Hospital</b>	<b>Nicole Johnson VO</b>  <b>Dan Garrett, former pharmacy director at Asheville's Mission Hospital, helped start the free medicine program.</b>
	<b>Woman meeting pharmacist in store</b>	Woman in red shirt: Good to see you.  Pharmacist: Got your lab work?  Woman in red shirt: Got my lab work.
	<b>Woman in red shirt sits opposite pharmacist</b>	<b>Nicole Johnson VO</b>  <b>Along with supplying medicine to city and hospital employees, the city pays pharmacists a fee for every coaching session they provide.</b>
	<b>Interview with Jennifer Hobson</b>  <b>Lower third:</b>  <b>JENNIFER HOBSON</b> <b>Clinical Pharmacist</b>	Jennifer Hobson  For me it's very professionally satisfying to be able to have an impact on patients.
	<b>Jennifer meeting with Donna Eaton</b>	<b>Jennifer Hobson VO</b>  <b>I've got her chart and I can see where we started off. I can see where we went the next month</b>

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		<b>and the next month and the next month and so having that continuity of care I can see that, yeah, I'm making a difference.</b>
	<b>Interview with Donna Eaton</b>  <b>Donna walking on treadmill</b>  <b>Back to interview with Donna Eaton</b>	Donna Eaton  Since I joined the program I have seen a change. I have more energy. I'm more knowledgeable. I'm more accountable with my disease as far as management of it.
	<b>People walking on street</b>  <b>EMT personnel pushing gurney in hospital</b>  <b>Shots of signs in hospital</b>  <b>Interview with Daniel Garrett</b>  <b>Pharmacist weighing Donna Eaton</b>	Daniel Garrett  The employers for this program make an investment. But within the first year there is a decrease in enough hospitalizations and ER visits that by the end of the first year they see a positive return on their investment. By the end of the second year they're seeing a 4 to 1 return. The question became uh.. can you do this other places than Asheville.
	<b>Exterior shot of large white building</b>  <b>Three men walking</b>	<b>Nicole Johnson VO</b>  <b>About 40 other employers, private companies and municipalities have now adopted versions of the Asheville model. One of them is Dalton Industries in Dalton, Georgia.</b>
	<b>Interview with Glenn Young</b>  <b>Lower third:</b>  <b>GLENN YOUNG</b> <b>Diabetes Since 2005</b>  <b>Glenn meeting with pharmacist</b>	Glenn Young  When I visit my pharmacist once a month we sit and we just talk. And uh.. they've actually become friends.
		Pharmacist: Sounds like things are going pretty good. Let me download your meter.
	<b>Interview with Jonathan Marquess</b>  <b>Lower third:</b>  <b>JONATHAN MARQUESS</b>	Jonathan Marquess  When Glenn came in to see us he had heard a little bit about diabetes. His doctor had talked to him a

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	<b>Clinical Pharmacist</b>	little bit about diabetes but he really didn't know all of the basics of diabetes.
	<b>Glenn meeting with pharmacist talking about glucose readings</b>	Jonathan Marquess: Glenn, this is a download of your blood glucose reading.
	<b>Back to interview with Jonathan Marquess</b>	Jonathan Marquess  We got to explain how his food, his medications, his monitoring all worked together to help his condition.
	<b>Interview with Daniel Garrett</b>  <b>Donna Eaton meeting with pharmacist</b>  <b>Close up of Glenn Young meeting with pharmacist</b>	Daniel Garrett  Once you have met a person who's been in one of these programs and you hear the stories about how it's changed their life, you don't need any other reason to want to put a program in place than that. Because most patients will tell you that for the first time in their life they feel that they're in control of their diabetes rather than their diabetes being in control of them.
	<b>dLife logo</b>	
	<b>Nicole Johnson sitting in studio</b>  <b>Lower third:</b>  <a href="http://www.dLife.com/drughelp">www.dLife.com/drughelp</a>  <b>Chef Nischan holding casserole dish</b>	Nicole Johnson  If you need help paying for your medication, visit dLife.com/drughelp. When we come back Chef Michel Nischan is in the dLife kitchen.
	<b>dLife logo</b>	
	<b>Chef in kitchen</b>  <b>Lower third:</b>  <b>Michel Nischan dLife Chef</b>	Chef Michel Nischan  Hi, I'm Michel Nischan and welcome to the dLife kitchen. Now, I have a question for you: who doesn't love the flavor of mac and cheese. We all

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	<p><b>Close up of finished mac and cheese dish</b></p> <p><b>Chef Nischan talking to camera</b></p>	<p>love the flavor of mac and cheese but also who doesn't know that those carbs of pasta might not be in your best interest if you're living with diabetes. So today we're gonna eliminate those carbs by using something really wonderful and nutritious for you: cauliflower. Here's how you do it.</p>
	<p><b>Cauliflower in pan on stovetop</b></p> <p><b>Chef removes cauliflower from pan and places it on plate</b></p> <p><b>Lower third:</b></p> <p><b>A half-cup contains 50% of the daily requirement for vitamin C.</b></p>	<p>What I've done is I've steamed ahead a cauliflower about 15 minutes. And it's important that you don't go much beyond that because if you do the cauliflower gets really difficult to handle. So here we have about 15 minutes. We're gonna transfer it to a towel and we're gonna allow this to drain. Now, one of the things I really love about cauliflower is it's actually high in vitamin C. A lot of folks don't know that, they're always thinking oranges or something like that. Cauliflower: great source of vitamin C, soluble fiber, a variety of other nutrients. It's just good for you.</p>
	<p><b>Close up of cauliflower on plate</b></p> <p><b>Chef adding ingredients to glass bowl</b></p>	<p>Now, we let it drain and we don't have to let it drain too much but maybe just about a half a minute more. Here I have a topping. I'm gonna use a little bit of uh.. - little bit of mayonnaise and a little bit of mustard. Now, some recipes, depending on the area of the country, call for mustard believe it or not in mac and cheese. Because we're using cauliflower, I like to use mustard because cauliflower can be perceived as a little bit bland and mustard and cauliflower really love each other.</p>
	<p><b>Close up of chef mixing the cauliflower and mayonnaise</b></p> <p><b>Spooning mixture over cauliflower</b></p>	<p>So I'm just taking a little bit of light mayonnaise and I'm just transferring the cauliflower into this kind of casserole dish, almost like a soufflé dish. And I'm gonna take my mixture and just spoon it on top, just like this. And then just let it kind of melt over the cauliflower. And this is gonna really- at the bottom of the pot when you take it out, the bottom of this beautiful little soufflé dish is gonna be this kind of creamy cheesy mustardy mixture down there.</p>
	<p><b>Putting dots of butter on top of</b></p>	<p>After we do that we take a couple of dots of butter. And the butter's been softened to room temperature so I can do this, I can just kind of press it into the</p>

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	<b>cauliflower dish</b>	head and it'll stay there even though the head of cauliflower is a little bit warm. And then last but not least some freshly grated cheese.
	<b>Sprinkling cheese on cauliflower dish</b>	Now this is parmesan and you really could use almost any good melting cheese: cheddar is great, Muenster is great, Monterey Jack cheese. It's all good. Uhm.. cheese is a great, great source of calcium and just obviously that kind of really comforty flavor that lends itself to mac and cheese.
	<b>Chef picks up casserole dish</b>  <b>Chef puts casserole into oven</b>   <b>Chef takes casserole out of oven and places it on countertop</b>	Now I'm gonna transfer this to a preheated 350 degree oven. We're gonna bake it for about another 15 to 20 minutes or until the cheese is nice and brown and we've made that really good looking sauce. The timer's gone off, it's been about 15 minutes. And look at that. That is nice.
	<b>Left half:</b>  <b>Cauliflower "Mac &amp; Cheese"</b> <b>Serves 5</b> <b>Per serving--</b> <b>Calories: 164</b> <b>Carbs: 6g</b> <b>Fiber: 3g</b> <b>Sodium: 281mg</b> <b>Saturated Fat: 8g</b>  <b>Right half:</b>  <b>Mac and cheese dish</b>	You can see all of the things that you would see in a perfectly baked macaroni and cheese casserole except for the pasta. So there you have it, a low carb delicious, healthful meal for you and your family or just even a great side.
	<b>Chef Nischan standing at kitchen counter</b>  <b>Lower third:</b>  <b>www.dLife.com/recipebox</b>	For this recipe and many more great tips on how to manage your diabetes, visit us at the website dLife.com/recipebox. I'm Michel Nischan, thanks for joining me in the dLife kitchen
	<b>dLife logo</b>	
	<b>Woman riding motorbike</b>	<b>Nicole Johnson VO</b>  <b>Up next, a woman proud of her grand children</b>

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		<b>and her motorcycle.</b>
	<b>dLife logo</b>	
	<b>Nicole Johnson in studio</b>  <b>Lower third:</b>  <b>NICOLE JOHNSON</b> <b>Type 1 Diabetes</b>	Nicole Johnson  Millie Gregiore is an indomitable spirit. She and her husband have a love for the open road that keeps them young-hearted and diabetes healthy.
	<b>dLife logo</b>	
	<b>Motor bikes on road</b>	Millie Gregiore  We're part of the Christian Motorcyclists Association, Riders of the Cross, Chapter 499, Lake Wales, Florida. .
	<b>Group of men and women bikers</b>	Bikers: Welcome to Lake Wales, Florida
	<b>Millie sitting on bike</b>  <b>Close up of Association badge</b>  <b>Millie at kitchen counter getting blood glucose monitor</b>  <b>Interview with Millie Gregiore</b>  <b>Lower third:</b>  <b>MILLIE GREGIORE</b> <b>Diabetes Since 1998</b>  <b>Millie in kitchen testing blood glucose</b>	Millie Gregiore  My name is Mildred Gregiore. I go by Millie, a boss hoss lady. I am type 2 diabetic. I was diagnosed in June of 1998. In 2002 I was diagnosed with kidney failure and they felt I probably had diabetes. sometime 10 to 15 years before I was diagnosed.
	<b>Interview with Millie Gregiore</b>  <b>Millie's husband looking at bike</b>  <b>Shot of Millie through bike's side</b>	The diabetes I felt I could have no problems with the control uhm.. because my husband being diabetic I knew how to handle that. The kidney failure I thought my world was gonna end.

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	<b>mirror</b>	
	<b>Millie getting off bike</b>  <b>Interview with Dick Gregiore</b>  <b>Lower third:</b>  <b>DICK GREGIORE</b> <b>Diabetes Since 1977</b>	Dick Gregiore  When Millie was diagnosed with diabetes I was very surprised, I was very shocked, and I was very disturbed. And then she was told she had kidney failure. And we've been living with that and that's even been worse. Although now she's been holding her own for four years on her kidneys.
	<b>Millie outside by bikes</b>  <b>Lower third:</b>  <b>Treatment options for kidney failure include dialysis and kidney transplant</b>  <b>Interview with Millie Gregiore</b>	Millie Gregiore  And they told me in six years I'd probably be on dialysis or dead uh.. because it was stage four kidney failure which stage five is dialysis.
	<b>Millie in garage by bike</b>  <b>Millie riding on bike</b>	It is now 2008 and uh.. I'm still at the same percentage I was six years ago.
	<b>Interview with Millie Gregiore</b>  <b>Millie riding on bike</b>	Doctor Ricardo, he's a young man from Venezuela, he said, "You're a person with kidney failure, you don't- you're not a kidney failure patient." And he said, "Live your life to the fullest." And uh.. I knew that but I think I needed somebody to tell me. That was great encouragement and that's probably about the time that I really realized that uh.. I was gonna be okay.
	<b>Millie backing bike out of garage</b>  <b>Interview with Millie in garage</b>  <b>Millie riding on bike</b>	In 2004 my husband thought it might be a nice idea if I rode again. We'd seen the boss hoss trikes and we purchased one. And I've been riding ever since.
	<b>Back to interview with Millie in</b>	I test my sugar three times a day and if it is low I uh.. will pull over and eat. But I'm very fortunate that I don't have a lot of low sugars. It gives me a freedom uh.. to do what I want, to get out in the

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	<p><b>garage</b></p> <p><b>Millie riding bike</b></p>	<p>area that God's made: the sky is there, uh.. the wind blows in your face, you can just enjoy yourself. I consider myself very blessed for being where I am right now.</p>
	<p><b>dLife logo</b></p>	
	<p><b>Jim Turner on set with blue frame and background picture of golfers</b></p>	<p>Nicole Johnson</p> <p>Next on dLife we'll spend a few minutes with our own Jim Turner.</p>
	<p><b>dLife logo</b></p>	
	<p><b>Nicole Johnson in studio</b></p> <p><b>Lower third:</b></p> <p><b>NICOLE JOHNSON</b>  <b>Diabetes Since 1993</b></p>	<p>Nicole Johnson</p> <p>Jim Turner always has something he wants to tell his fellow members of the diabetes community. Jim.</p>
	<p><b>Jim standing by directors chair swinging golf club</b></p> <p><b>Lower third:</b></p> <p><b>JIM TURNER</b>  <b>Film &amp; TV Actor, Type 1 Diabetes</b></p>	<p>Jim Turner</p> <p>Normal blood sugar. We all know what normal blood sugar feels like because we're occasionally there. Feels good right? But what about highs and lows. What does high blood sugar feel like?</p>
	<p><b>Interview with girl in black shirt</b></p> <p><b>Lower third:</b></p> <p><b>Ticker clock clicking through numbers, finally reading out Highs</b></p>	<p>Girl in black shirt</p> <p>You feel as if your mind is going a thousand miles a minute, uh.. thoughts are going bam, bam, bam through your head, you're thirsty, you're irritable. You just don't feel like yourself.</p>
	<p><b>Jim Turner pulling on collar of shirt</b></p>	<p>Jim Turner</p> <p>It's a clammy, oppressive sweat.</p>
	<p><b>Interview with girl with scarf</b></p>	<p>Girl with scarf</p> <p>For me actually it affects my legs first so I feel this kind of weighty, just heaviness in my legs.</p>
	<p><b>Interview with girl wearing glasses</b></p>	<p>Girl wearing glasses</p> <p>I'll feel almost like there's syrup or something</p>

TIMECODE	VISUALS	AUDIO
		running through my legs.
	<b>Hands covered in sand rubbing together</b>	Man  My skin crawls. It feels like there's sand just beneath the surface of my skin.
	<b>Interview with man with glasses on shirt</b>	Man 2  I'll have the stomach thing, like somebody sitting on me, and then I'll have a little tightness here and then occasionally a slight headache.
	<b>Jim Turner looking at arm with cotton balls on it</b>	Jim Turner  I feel like I'm bursting and not like I'm full but more like every cell in my body is kind of bulging.
	<b>Interview with girl wearing glass</b>	Girl wearing glasses  I'm not in a good mood.
	<b>Interview with woman in patterned top</b>	Woman 1  I kind of know it's not, you know, like a normal crabbiness, you know, that I'm so crabby that I don't know how to deal with it.
	<b>Jim Turner sweating profusely</b>  <b>Jim Turner pushing face against cling wrap</b>	Jim Turner  In fact all of the physical sensations of a high are oppressive and clammy, suffocating.
		<b>Jim Turner VO</b>  <b>But what about lows?</b>
	<b>Interview with girl wearing scarf</b>  <b>Lower third:</b>  <b>Ticker showing numbers, landing on Lows</b>	Scarf  It's a feeling of almost being instantly hot.
	<b>Interview with girl wearing glass</b>	Girl wearing glasses  You always seem like you're shivering and freezing

TIMECODE	VISUALS	AUDIO
		cold.
	<b>Jim Turner holding balloon with face drawn on it</b>	Jim Turner My head feels like it's full of air and weighted wrong.
	<b>Interview with girl wearing scarf</b>	Girl wearing scarf I'm ravenous. I wanna eat everything.
	<b>Interview with girl in black top</b>	Girl in black top I feel like I could just take the refrigerator and just dump it into my mouth.
	<b>Interview with girl in scarf</b>	Girl wearing scarf Oh my God, taste the raisin, taste the chocolate in that.
	<b>Interview with girl in glasses</b>	Girl wearing glasses I need this sandwich to complete me.
	<b>Close up of Jim's eyes</b>	Jim Turner My eyes feel very swimmy and watery. It's very hard for me to focus.
	<b>Interview with girl wearing scarf</b>	Girl wearing scarf Kind of like I have ADD 'cause I can't keep my thoughts straight.
	<b>Interview with woman wearing patterned top</b>	Woman 1 I feel very out of control
	<b>Interview with girl wearing glasses</b>	Girl wearing glasses In life everybody perspires once in a while.
	<b>Jim Turner with water dripping down face</b>	Jim Turner It's actually kind of pleasant. You know, it's like a pores open renewing gush.

TIMECODE	VISUALS	AUDIO
	<b>Interview with girl wearing glasses</b>	Girl wearing glasses  But not in this way that's like I have a weird film coating my entire body of like- like I'm a- like I was just born.
	<b>Interview with woman wearing scarf</b>	Girl wearing scarf  I'm in this foggy dream.
	<b>Jim Turner bursts balloon</b>	Jim Turner  Mentally I feel depleted, empty.
	<b>Interview with woman wearing patterned top</b>	Woman 1  It's not a good feeling
	<b>Jim Turner sitting in directors chair</b>	Jim Turner  And the weird thing about having all these physical feelings about high and low blood sugars and just knowing what they are is that sometimes I'll test and I'm completely off. And we say it on the show all the time: test don't guess. And the reason why is sometimes those physical feelings are dead wrong.
	<b>Nicole Johnson in studio</b>  <b>Lower third:</b>  <b>Watch dLifeTV on CNBC every Sunday evening.</b>  <b>Nicole Johnson walks off set</b>	Nicole Johnson  That's all the time we have. We'll be back again next week with another edition of dLife TV to inform, inspire and connect for a healthy diabetes life.
	<b>Card:</b>  <b>dLife is produced by LifeMed Media and does not represent the views or opinions of CNBC, Inc.</b>	
	<b>Card:</b>  <b>Creator</b>	

TIMECODE	VISUALS	AUDIO
	<p><b>HOWARD STEINBERG</b></p> <p><b>executive producer</b> <b>GARY COHEN</b></p> <p><b>senior story editor</b> <b>PAULA FORD-MARTIN</b></p> <p><b>supervising producer</b> <b>TOM KARLYA</b></p> <p><b>Senior producer</b> <b>WILLIAM SORENSEN</b></p>	
	<p><b>Left side:</b></p> <p><b>Closing credits</b></p> <p><b>Right Side:</b></p> <p><b>Nicole Johnson talking to camera</b></p>	<p>Nicole Johnson</p> <p>Remember, we're not role models, we're people living with diabetes just like you. What we do and how we manage may work for us but everyone is different and you have to work with your diabetes care team to find out what works best for you. Remember, it's your diabetes life and there's no substitute for getting control of it.</p>
	<p><b>dLife logo</b></p>	