

TIMECODE	VISUALS	AUDIO
	<p>GFX Center</p> <p>dLife for Your Diabetes Life</p>	<p>VO 1</p> <p>dLifeTV, 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.</p>
	<p>Shot of woman with insulin pump</p>	<p>Nicole Johnson</p> <p>Today on dLife, insulin pumps can be an effective treatment tool for type 1 and type 2 diabetes. But is a pump right for you?</p>
	<p>Shot of pumping heart</p>	<p>Nicole Johnson</p> <p>Also, how to protect yourself from the increased risk of heart disease from living with diabetes.</p>
	<p>Blind man walking with another man</p>	<p>Nicole Johnson</p> <p>Plus, real stories about real people living with diabetes.</p>
	<p>Lower Third:</p> <p>Nicole Johnson Type 1 Diabetes, Miss America 1999</p> <p>GFX Center</p> <p>dLife for Your Diabetes Life</p>	<p>Nicole Johnson</p> <p>Of the over 21 million Americans living with diabetes, about 200,000, or one percent, use an insulin pump. I'm one of them. Those doctors who recommend pump therapy will also tell you that pumps are not for everyone. Switching to one requires training, vigilance, and a fair amount of money. So the decision to go on a pump is not an easy one. dLife spent time with two new pumpers, one with type 1 diabetes, and one with type 2 diabetes. Jim Turner reports.</p>
	<p>Lower Third:</p> <p>Jason Rosenberg Type 1 Diabetes</p>	<p>Jason Rosenberg</p> <p>My name is Jason Rosenberg. I've been a diabetic since I was five years old. I've been on the insulin pump now for a little over a month. The pump has been a new part of the daily routine.</p>
	<p>Jason doing daily, routine things</p>	<p>VO 2</p> <p>The decision to use an insulin pump can be a long, complex, and personal process. Jason had always had his diabetes in good control and had resisted the pump for many years. Recent</p>

TIMECODE	VISUALS	AUDIO
		events changed his mind.
	<p>Lower Third:</p> <p>Lois Bordo Rosenberg Jason's Mother</p>	<p>Lois Bordo Rosenberg</p> <p>He was stopped by a policeman and he was being very combatant. The hypoglycemia was taking its effect and the policeman didn't know that he was diabetic and proceeded to, I think he- he hit him or he was very physical with him and that was the worst.</p>
	<p>Lower Third:</p> <p>Always check to make sure your blood sugar is in a safe range before driving.</p>	<p>Jason Rosenberg</p> <p>At that point we kind of figured alright, maybe the pump will keep that from happening in the future.</p>
	<p>Lower Third:</p> <p>Howard Wolpert, M.D. Director, Insulin Pump Program Joslin Diabetes Center, Boston</p> <p>Shots of insulin pump</p>	<p>Dr. Howard Wolpert</p> <p>The advantage of the pump is that insulin delivery is much more precise and predictable than with injection therapy. With a pump, people are less likely to have wide glucose fluctuations.</p>
	Shots of the insulin pump	<p>VO 3</p> <p>Wearing a pump is not a simple process. It's a serious undertaking that requires training from a professional.</p>
	Jason speaking	<p>Jason Rosenberg</p> <p>I went through diabetic education classes. I listed all that I ate and the amount of carbohydrates, what the sugar was prior and what the sugar was two hours after.</p>
	Jason getting food out of the refrigerator	<p>VO 4</p> <p>The medical team decides on an insulin to carb ratio that is programmed into the pump. Pumpers use this formula to determine their mealtime insulin needs.</p>
	Jason with insulin pump	<p>Jason Rosenberg</p> <p>My ratio is one unit of insulin will cover 13 grams of carbs. We put in about 35 grams of carbs, so, you</p>

TIMECODE	VISUALS	AUDIO
	<p>Lower third:</p> <p>Large amounts of carbs makes blood glucose management challenging</p>	<p>know, that came out to a little over two units, 2.1.</p>
	<p>Shots of the insulin pump</p> <p>Joyce Stockwell walking down the street</p>	<p>VO 5</p> <p>Unlike injections, the pump gives insulin in partial units. Users can now adjust their insulin to precisely cover their food intake. This benefit attracted Joyce Stockwell, diagnosed with type 2 diabetes more than 20 years ago. She's been on the pump for about a month.</p>
	<p>Lower Third:</p> <p>Joyce Sage Stockwell Type 2 Diabetes</p>	<p>Joyce Stockwell</p> <p>For me, it's been an improvement to have the insulin pump. I don't have to take extra carbs to cover extra activity.</p>
	<p>Joyce checking pump readout</p>	<p>Joyce Stockwell</p> <p>113, so I'm in a good range.</p> <p>Before, it would be okay, I'm going to go for a walk. I'd better eat an extra 15 to 30 grams of carbohydrate.</p>
	<p>Joyce coming out of her RV</p>	<p>VO 6</p> <p>Being able to fine-tune and adjust in increments makes traveling in her RV easier for Joyce.</p>
	<p>Joyce in her RV</p>	<p>Joyce Stockwell</p> <p>Before, we'd be driving down the road and I'd say, "We have to stop in a half an hour" because, you know, that's the time I have to have a meal. And now we can wait until we find the place where we want to stop. We can have more choices.</p>
	<p>Shots of food and nutrition labels</p>	<p>VO 7</p> <p>While the insulin pump does offer increased flexibility around eating, mealtime can become a mathematical chore. Carb counting is essential, but it is not always easy.</p>

TIMECODE	VISUALS	AUDIO
	Jason at the dinner table at home	<p>Jason Rosenberg</p> <p>It is a major challenge when there is no label on the food. And you deal with that every time you go into a restaurant. I don't know what is in the foods that have been prepared.</p>
	Shots of the insulin pump	<p>Dr. Howard Wolpert</p> <p>One misconception is that it makes life simpler. It does, once people have mastered the pump. But they still need to be very attentive to their pump.</p>
	Shot of infusion stint	<p>Jason Rosenberg</p> <p>The infusion site is a little piece of tubing that is going subcutaneously into your system, which is delivering the insulin. Every two days, I change the infusion set. Uhm.. we'll change the site.</p>
	Jason removing stint and showing pump	<p>VO 8</p> <p>Repeated use of the same site can cause scarring, causing insulin delivery and absorption to be erratic. Other mechanical factors can also affect the pump's ability to get insulin into your body.</p>
	Pump triggers alarm and Jason adjusts tubing	<p>Jason Rosenberg</p> <p>There's an occlusion. An occlusion means that there's no- no delivery in the insulin. Uhm.. you know, it could be a kink in the tubing. A lot of times I just need to reprime.</p>
	Howard Wolpert	<p>Dr. Howard Wolpert</p> <p>If a person with diabetes on an insulin pump has any unexplained high blood glucose, the first step is actually to examine the infusion set.</p>
	<p>Filling shot with insulin</p> <p>Jason testing blood</p>	<p>Jason Rosenberg</p> <p>When you do inject insulin, you know, with a regular needle, you know that your getting that insulin that's being delivered. With this pump, sometimes you know that it's not. But you have to be in tune with those symptoms of being high and being low. And don't be afraid to test.</p>

TIMECODE	VISUALS	AUDIO
	Shots of Jason wearing his pump	<p>Jason Rosenberg</p> <p>I think the biggest challenges that I face is the fact that it is always there. There's always a reminder that, okay, you have this disease. If I'm not wearing a shirt, you're going to see that there's something there and there's probably tubing sticking out.</p>
	Joyce preparing her RV and showing her pump on her pants	<p>Joyce Stockwell</p> <p>The only thing that might be a little bit more difficult is where to put it. I've had to switch over to wearing pants where I can wear a belt with them, just so I can hook my pump on that. But some people wear them in a bra. I just find that that's not comfortable.</p>
	Shows young patient hooking up pump	<p>VO 9</p> <p>While Jason and Joyce both feel that their transition to the insulin pump has been relatively easy, many new users find the additional guidelines and lifestyle changes are not worth the benefits.</p>
	Jason fixing his pump to his pants	<p>Dr. Howard Wolpert</p> <p>What I tell people is if they- if they try the pump and- and decide that it's not for them, that's not failure. That's an informed decision that they've made based on experience. To be successful with the pump, one needs to be fairly engaged and enrolled in managing one's diabetes.</p>
	Jason talking	<p>Jason Rosenberg</p> <p>The blood sugar control since going on the pump has been really good. The one major positive that I found, there's not the swings. The one down side, I am still getting the lows. But it's, you know, it's- it's an ongoing process and we'll deal with that.</p>
	Jason picking up food	<p>Jason Rosenberg</p> <p>Dish, alright ma, this looks great.</p>
	Joyce talking	<p>Joyce Stockwell</p> <p>Instead of having waves like this <moves hand up and down in big waves>, I'm having waves like this <moves hand up and down in small waves>. So I'm</p>

TIMECODE	VISUALS	AUDIO
		staying in a more normal range. And I just feel better.
	Joyce taking her dog for a walk	Joyce Stockwell Good boy. Okay, let's go.
	Lower Third: Jim Turner dLife Correspondent, Type 1 Diabetes	Jim Turner While both Joyce and Jason have found the insulin pump to be a useful tool in managing their diabetes, many others continue to prefer injections. It's a personal choice.
	Jim talking	Jim Turner Nicole, I take insulin. I- I don't use a pump. I use old-fashioned needles. I would put my control up against anybody on a pump. I take a shot just whenever I need it.
	Nicole talking and showing pump	Nicole Johnson I've been using a pump for almost 10 years now and so this is kind of like an artificial pancreas on the outside of your body, because it's dripping slowly insulin into my body continuously.
	Jim Turner talking	Jim Turner I find this is really- it really frees me up.
	Nicole Johnson talking	Nicole Johnson It's really not a big deal to wear a device all the time. At least it hasn't been for me. It's been lifesaving. So I'm a fan.
	Jim Turner talking	Jim Turner All right.
	Shot of pumping heart Shot of doctor	Nicole Johnson Well, up next, from insulin pumps to the pump that everyone has--your heart. We'll talk to a cardiologist who specializes in diabetes.
	GFX Center dLife	

TIMECODE

VISUALS

AUDIO

	For Your Diabetes Life!	
	<p>Lower Third:</p> <p>Nicole Johnson</p> <p>Lower Third:</p> <p>Sheldon H. Gottlieb, M.D., FCG Johns Hopkins Bayview Medical Center</p>	<p>Nicole Johnson</p> <p>Welcome back to dLife. Here's a shocking statistic that those of us with diabetes must face. Two out of three people with diabetes will die from heart disease or a stroke. Well, Dr. Sheldon Gottlieb is Director of the Diabetes Heart Failure Program at Johns Hopkins Medical School and he joins us to talk about good heart health. Thank you so much for being here, Dr. Gottlieb.</p>
	<p>Dr. Gottlieb talking at table with Nicole Johnson</p>	<p>Dr. Sheldon Gottlieb</p> <p>Thank you for having me.</p>
	<p>Nicole Johnson talking</p>	<p>Nicole Johnson</p> <p>Now can you explain to us the link between heart disease and diabetes?</p>
	<p>Dr. Gottlieb talking</p>	<p>Dr. Sheldon Gottlieb</p> <p>The- the link is very strong. A- as you said, about 75%, or three out of four people with diabetes are going to have a cardiovascular problem--heart disease or stroke. But the connection is- is really very basic. Ah.. it- it has to do with the effect of blood sugar ah.. on the ah.. interlining of the blood vessels.</p>
		<p>Nicole Johnson</p> <p>Uh-huh.</p>
	<p>Dr. Gottlieb talking</p>	<p>Dr. Sheldon Gottlieb</p> <p>But the ah.. the way you get from diabetes to heart disease is- is through many different ah.. mechanisms ah.. that are ah.. a- some of which are- are well understood and some are not.</p>
	<p>Nicole Johnson talking</p>	<p>Nicole Johnson</p> <p>I would like to better understand or have a- a good definition of LDL and HDL, so that we all know the components that we're dealing with.</p>

TIMECODE	VISUALS	AUDIO
	Dr. Gottlieb talking	<p>Dr. Sheldon Gottlieb</p> <p>It's very confusing. I've seen lots of- of ways. Ah.. one is that the HDL, the H should be high because it's good and the LDL, well L should be low, because it's bad. Uhm.. they're- they're very different ah.. compounds. So you have a kind of cholesterol that brings the cholesterol ah.. from the liver out to the body so that it can produce ah.. blood cells and- and cell walls throughout the body and that's the LDL cholesterol.</p>
	Dr. Gottlieb talking	<p>Dr. Sheldon Gottlieb</p> <p>And then, whatever is left over is scavenged and picked up by the HDL cholesterol and then brought back to the liver to be repackaged so it can go back out and- and circulate around very, very efficiently. So the- the LDL cholesterol, we call it bad but it's really essential. It's bad when it's too high and that's the problem.</p>
	Nicole Johnson talking	<p>Nicole Johnson</p> <p>Now what about preventive measures that people with diabetes can take to avoid some of these heart disease issues?</p>
	Dr. Gottlieb talking	<p>Dr. Sheldon Gottlieb</p> <p>The preventive measures are absolutely essential for ah.. anybody with diabetes. The first is smoking. Ah.. the next is maintaining a healthful body weight and- and by doing that with diet and exercise and- and ah.. diet is very straightforward. I- I call it greens, beans, and leans. Ah.. in New Zealand, there's a- a national program called Eat Your Colors, which is that every day you should eat five different color foods. So be physically active every day. Ah.. not- not being inactive, very important. And try to be happy.</p>
	Nicole Johnson talking	<p>Nicole Johnson</p> <p>Are there other preventive medications that we should be thinking about?</p>

TIMECODE	VISUALS	AUDIO
	<p>Lower third:</p> <p>Fibrates, such as TriCor and Lopid, help raise HDL cholesterol.</p>	<p>Dr. Sheldon Gottlieb</p> <p>Most people with diabetes should be taking at least a baby aspirin. And- and I've gone through the data and- and it's- it's pretty convincing and in one of the guidelines of the American Diabetes Association. Then you get into various medications to control cholesterol. Ah.. and then we're talking about the statin medications and there are others called fibrates. And then there- there are also various types of plastic resin.</p>
	<p>Lower Third:</p> <p>Ezetimibe helps reduce the amount of cholesterol the body absorbs from food.</p>	<p>Dr. Sheldon Gottlieb</p> <p>Ah.. there's a new medicine called Ezetimibe, which is very interesting. So there are a whole bunch of different medicines that- that can be used creatively ah.. and most people will tolerate at least one of those. Ah.. and if the- if their cholesterols are seriously out of balance with- many people with diabetes, that is the case, ah.. these medications can help to bring it, along with- with diet and exercise, and- and glycemic control and controlling blood sugars will help to bring it into balance.</p>
	<p>Nicole Johnson talking</p>	<p>Nicole Johnson</p> <p>Now sometimes there are some issues related to adherence.</p>
	<p>Dr. Gottlieb talking</p>	<p>Dr. Sheldon Gottlieb</p> <p>It's actually very scary, because most people do not adhere to their medications. Uhm.. either they start to run out ah.. and then they start cutting the pills in half, which is extremely common. And in many pills, there's a major problem, ah.. because the way the pills are packaged, ah.. the- the actually, the wrapping, the little coating around the pill may be a very important part of the pill.</p>
	<p>Nicole Johnson talking</p>	<p>Nicole Johnson</p> <p>Right.</p>
	<p>Dr. Gottlieb talking</p>	<p>Dr. Sheldon Gottlieb</p> <p>I mean, how the pill actually works. And so you've absolutely got to ask your pharmacist or discuss it</p>

TIMECODE	VISUALS	AUDIO
		with your physician.
	Nicole Johnson talking	Nicole Johnson You have to discuss whatever your plans are with your healthcare team.
	Dr. Gottlieb talking	Dr. Sheldon Gottlieb Absolutely, right.
	Nicole Johnson talking	Nicole Johnson Well thank you so much for all of this helpful information, Dr. Gottlieb.
	Lower Third: www.dLife.com/heartrisk	Nicole Johnson Well, are you wondering what your personal heart disease risk is? Take our screening quiz at dLife.com/heartrisk.
	Shots of a blind man walking with white walking stick	Nicole Johnson Coming up next, keeping it real with a former inner city security guard.
	GFX Center dLife For Your Diabetes Life!	
	Lower Third: Nicole Johnson Type 1 Diabetes, Miss America 1999	Nicole Johnson Welcome back. Gregory King was diagnosed with diabetes 32 years ago, while living in the inner city and working as a security guard. Gregory's retired now. He gave dLife this brutally honest assessment of his life with diabetes.
	Shot of Gregory with walking stick Gregory talking Photograph of Gregory as a young boy	Gregory King My name is Greg King, born and raised in the city that rocks, the City of Cleveland, where I had Type 1 diabetes, 31 years, 11 months and 11 days. My onset was when I was 10 years old. I didn't give a damn about it. I could care less.
	Lower Third:	Gregory King

TIMECODE	VISUALS	AUDIO
	<p>Gregory King Type 1 Diabetes Shots of various food</p>	<p>Uhm.. my mother did all the right things, cooked all the right meals and ah.. and all that. But the problem was that, you know, I was eating all the well-balanced meals, but I was also ah.. junk, junk, junk. Back when I was diagnosed, there was no such thing as formal diabetes education. You were basically handed a orange and a syringe and told to practice.</p>
	<p>Gregory getting out of a cab Dialysis center and machines</p>	<p>Gregory King When I was 26 years old, I started to develop diabetic retinopathy. I had to quit driving cold turkey. By far, the dark years were the years that I was on kidney dialysis. You'll never hear anybody say ah.. "Boy, I had a great time at dialysis today." But by the time I got my kidney transplant, I was up to five hours. I was running out of pavement.</p>
	<p>Gregory talking Gregory twirling his thumbs</p>	<p>Gregory King In 2002, I was 11 years out with my kidney transplant. And ah.. I consulted two times on pancreas transplant. Uhm.. my diabetes would just come along again and take out the transplanted kidney. So I thought about it a while and I talked it over with my family and, you know, they really didn't want me to go through another major surgery. You know, but hey, we was talking about getting rid of diabetes.</p>
	<p>Lower Third: A pancreas transplant surgery is a last resort. Transplant patients require a lifetime regimen of immunosuppressant drugs.</p>	<p>Gregory King I didn't receive a pancreas until January 9, 2004. When I woke up from the surgery, my diabetes was gone.</p>
	<p>Gregory standing on street Gregory in office</p>	<p>Gregory King I feel that the complications, for the most part, in the medical community are glossed over. You go to most doctor offices ah.., you know, they want to hand you a whole bunch of literature and- and- and, you know, "Here's some things to read. Ah.. we'll</p>

TIMECODE	VISUALS	AUDIO
		see you in two months” or whatever.
	<p>Gregory standing on street</p> <p>Gregory riding in car</p>	<p>Gregory King</p> <p>And that’s when I really became keenly aware of the- the lack of education that residents in the inner city is just totally lacking for a lot of- a lot of reasons.</p>
	<p>Lower Third:</p> <p>Gregory has educated inner city kids about diabetes at a local clinic</p> <p>Photograph of group of kids</p> <p>Shot of eating French fries</p>	<p>Gregory King</p> <p>I’ll talk to anybody who wants to talk about it. I want to keep diabetes real. So I want my message to be to the children or to the teenagers. If you’re out there eating junk and just doing wrong, just- just stop.</p>
	<p>Gregory walking down the street in the rain with an umbrella and his walking stick</p>	<p>Gregory King</p> <p>Because I know why I’m at where I’m at because I didn’t give a damn when I was a teenager and a kid.</p>
	<p>Nicole Johnson talking</p>	<p>Nicole Johnson</p> <p>Thanks, Gregory. When we come back, some new ideas for exercise.</p>
	<p>GFX Center</p> <p>dLife</p> <p>For Your Diabetes Life!</p>	
	<p>Lower Third:</p> <p>Nicole Johnson</p>	<p>Nicole Johnson</p> <p>We all know exercise is a key component in diabetes management. I try to exercise for at least an hour a day. But just 30 minutes of exercise can lower blood glucose for more than 24 hours. dLife went to California to find some innovative exercise ideas.</p>
	<p>Lower Third:</p> <p>Ray Cotter, Jr.</p> <p>Type 1 Diabetes</p> <p>Ray doing tai chi</p>	<p>Ray Cotter</p> <p>My name is Ray Cotter, Jr. And in 1981, I was diagnosed with ah.. type 1 diabetes. I hate exercising, until about 10 years ago, when I started into a tai chi program. Tai chi is really a form of</p>

TIMECODE	VISUALS	AUDIO
		meditation in motion. But I found that using tai chi as a tool, that helps lower the blood sugar and also blood pressure.
	Lower Third: Many forms of exercise have positive physical and emotional effects.	Ray Cotter My energy level is up and my stress level is down.
	Lower Third: Maribel Bremermann Type 2 Diabetes	Maribel Bremermann A very important element in my doing the exercise is my dear, dear husband, who always promised me to come out from the house, he holds me by the hand and we walk together like that.
	Maribel walking hand-in-hand with her husband Lower Third: Exercising routinely with a partner helps maintain motivation.	Maribel Bremermann I had to choose a place, which as congenial to my personality. I realized that walking at the mall, we have trees and plants and I look around and- and there are other people walking also. The glucose in the blood is certainly much, much better. It has even gone to- to below the normal.
	Maribel and husband walking hand-in-hand	Maribel Bremermann When I walk, I'm happy, I'm entertained. It truly is beautiful.
	Exercise class Lower Third: Dorothy Cheek Type 2 Diabetes	Dorothy Cheek I'm Dorothy Cheek. I've had type 2 diabetes since 1998. No, I do not like exercise. Ah.. I have a stationary bike at home and I-- it's just hanging with clothes on it.
	Dorothy with friends Dance class	Dorothy Cheek So after I heard about the dance classes, my girlfriends and I decided we would come. And we laugh at each other when we step on- on our own feet or whatever. So that makes it enjoyable, better than just being at home on my stationary bike. I usually feel a little lighter. I have lost maybe about five pounds. So I'm working on 20.

TIMECODE	VISUALS	AUDIO
	<p>Pouring soup into a bowl</p>	<p>Nicole Johnson</p> <p>Next, Chef Michel Nischan's in the dLife kitchen, stirring up some diabetes-healthy soup.</p>
	<p>GFX Center</p> <p>dLife</p> <p>For Your Diabetes Life!</p>	
	<p>Lower Third:</p> <p>Nicole Johnson</p> <p>Type 1 Diabetes</p>	<p>Nicole Johnson</p> <p>We all love a hearty delicious soup. But for people with diabetes, this presents a problem, because many popular soups have hidden carbohydrates. With help from our friends at Diabetic Cooking magazine, Chef Michel Nischan has some healthy recipes and advice for making delicious and diabetes-friendly soup.</p>
	<p>Lower Third:</p> <p>Michel Nischan</p> <p>dLife Chef</p>	<p>Michel Nischan</p> <p>Hi, I'm Chef Michel Nischan and welcome to the dLife kitchen. Today we're going to cook a delicious winter squash soup. Now when most folks go to a restaurant and they order soup, they think they're doing something healthy, but they really don't know just how many carbs and how much fat can be in that recipe.</p>
	<p>Chef Nischan in kitchen</p>	<p>Michel Nischan</p> <p>A lot of soups are thickened with flour or corn starch, and they often contain things like potatoes, pasta, and cream and butter in abandon. Today, we're going to use nature's best winter vegetable to make a really creamy soup. It's awesome. Let's get started.</p>
	<p>Shot of butternut squash</p> <p>Chef Nischan putting shallots and garlic in pan</p>	<p>Michel Nischan</p> <p>What I have here is some butternut squash. I love butternut squash, because it's kind of tastes like sweet potatoes, but it doesn't have the carbs. It also purees beautifully. Now what I like to use is- is a little bit of grape seed oil. We're going to add the shallots and the garlic. And you can see that I have the pan just hot, over a medium flame.</p>

TIMECODE	VISUALS	AUDIO
	Chef Nischan stirring shallots and garlic	<p>Michel Nischan</p> <p>I'm going to stir these around and let them cook until they become fragrant and a little bit translucent.</p>
	Chef Nischan adds herbs and squash to the pan	<p>Michel Nischan</p> <p>Here I have my nice dried rosemary. I'm going to add that and then fresh thyme. And now we're ready for the butternut squash. And you can see this beautiful orange color of the squash is going to come through in the finished product. It's just going to be a beautiful soup.</p>
	Chef Nischan stirs squash in pan and adds vegetable stock	<p>Michel Nischan</p> <p>And what we're going to do is take this raw squash and toss it until it's well coated with the oil. It's going to pick up all of the flavor from the herbs. And then we're going to add some store bought low-sodium vegetable stock.</p>
	Chef Nischan puts lid on pan, opens pan that has been cooking	<p>Michel Nischan</p> <p>So what I do is I put a lid on, increase the simmer, and then just let it cook 15 to 20 minutes, or just until the squash is soft. Now here we have some that's been cooking about 15 or 20 minutes. The squash is really tender.</p>
	Chef Nischan puts squash into blender and purees	<p>Michel Nischan</p> <p>Now we're going to move over to the blender and puree the squash into a beautiful smooth soup. There we go. And there you have it, beautiful smooth butternut squash soup. Now I'm just going to thin it out with a little bit of nonfat milk. And if you think it's going to be a little bit too thick or you need to thin it out, just a little more veg stock at the end. And we're just going to puree it a couple of seconds.</p>
	<p>Left half:</p> <p>Winter Squash Soup</p> <p>Per Serving:</p>	<p>Michel Nischan</p> <p>Voila! It's soup. And look at that. That's just gorgeous. Here, check this out. Look at the color. That is beautiful. Now what I like to do is take a little bit of nonfat sour cream and bring just a little bit</p>

TIMECODE	VISUALS	AUDIO
	<p>Calories: 116 Carbs: 22g Fiber: 2g Protein: 5g Total Fat: 2g</p>	<p>of tanginess in at the end. Now that is a great winter squash soup. I'm Michel Nischan. Thanks for joining us in the dLife kitchen and come back soon to get some more great low-carb recipes and tips.</p>
	<p>Shot of Diabetic Cooking</p> <p>Lower Third:</p> <p>www.dLife.com/recipebox</p>	<p>Nicole Johnson</p> <p>Thanks to our friends at Diabetic Cooking magazine. You can find this and other delicious recipes at dLife.com/recipebox.</p>
	<p>Lower Third:</p> <p>Hear more from today's guests on dLife Backstage Podcasts at www.dLife.com</p> <p>dLifeTV on CNBC: next Sunday 4 p.m. PT / 7 p.m. ET</p> <p>To order a copy of any dLifeTV episode, visit dLife.com/orderdLifeTV</p>	<p>Nicole Johnson</p> <p>And that's all the time we have. We'll be back again next week with another edition of dLifeTV, to inform, inspire, and connect for a healthy diabetes life.</p>
	<p>GFX Center</p> <p>dLife is produced by LifeMed Media and does not represent the views or opinions of CNBC, Inc.</p>	
	<p>GFX Center</p> <p>creator</p> <p>Howard Steinberg</p>	
	<p>GFX Center</p> <p>executive producer</p> <p>Gary Cohen</p> <p>senior story editor</p> <p>Paula Ford-Martin</p>	

TIMECODE	VISUALS	AUDIO
	<p>GFX Center</p> <p>supervising producer Tom Karlya</p> <p>senior producer William Sorensen</p> <p>producer Erik Sorenson</p>	
	<p>Roll credits on left, Nicole Johnson on right</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's different. And you have to work with your diabetes care team to find out what works best for you. Remember, it's your diabetes and there's no substitute for getting control of it.</p>
	<p>GFX Center</p> <p>dLife</p>	