

Staying on track

Blood sugar diary
included in back pocket

Your blood sugar
tracker and guide to
tracking and adjusting
mealtime insulin



This booklet belongs to:

Name		
Address		
City	State	ZIP
Phone	Email	

If this booklet is found, please contact the owner listed above. Thank you!

Favorably reviewed by:



This booklet was developed to be consistent with American Diabetes Association educational materials, including the Standards of Medical Care in Diabetes. This booklet does not replace the advice of your diabetes care team. Be sure to consult your diabetes care team regarding your individual diabetes care plan.

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Make sure you're on the right track

Checking your blood sugar and taking your diabetes medicine according to your plan are important for managing your diabetes. The tracker in the pocket at the back of this booklet is a useful resource. It is small, so you can easily carry it with you.

Starting on page 6 of the tracker, you'll find a place to write down your blood sugar results. (See the directions on pages 4 and 5.) Sharing your blood sugar results with your diabetes care team will help all of you see how well your diabetes care plan is working.

How to use your blood sugar tracker

EXAMPLE

Your blood sugar tracker 1 Date: 4 / 22 / 2015

	BLOOD SUGAR RESULTS*											
	Breakfast		Lunch		Dinner		Bedtime		Night			
FRIDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
Medicine type and dose	20 units											
Time	6 am	8 am	12 pm	1:30 pm	6:15 pm	8 pm	11 pm	3:30 am				
Blood sugar (mg/dL)	150	89	148	91	152	90	140	140				
Carb intake	18 carbs		21 carbs		26 carbs		2 carbs					
Mealt ime insulin dose	Breakfast: 2 units		Lunch: 2 units		Dinner: 2 units							
Other	B.P.: 120/80											
SATURDAY												
Medicine type and dose	12 units											
Time	6 am	8 am										
Blood sugar (mg/dL)	150											
Carb intake	20 carbs											
Mealt ime insulin dose	Breakfast: 2 units											
Other	B.P.: 120/80											

- Write down the date for the start of the week. (You can start tracking on any day of the week)
- Write the name(s) and dose(s) of your diabetes medicine(s)
- Write the time and your blood sugar readings in the "before" and "after" spaces. After-meal readings are usually taken 1 to 2 hours after you start your meal. Nighttime readings may be taken during the night as needed

Adding a mealtime insulin

You will find a guide to tracking and adjusting mealtime insulin starting on page 55 of the tracker. If you're taking mealtime insulin, the guide can help you track and adjust your insulin dose each day based on your doctor's instructions.

You can learn more about checking your blood sugar and following your diabetes care plan at Cornerstones4Care.com. Plus, when you enroll in the free [Cornerstones4Care®](http://Cornerstones4Care.com) program, you will have access to online tools and resources and receive ongoing personal support to help you manage your diabetes.

OPEN HERE

If your doctor wants you to adjust your mealtime insulin. Use this section based on your doctor's instructions.

+ Adding or starting mealtime insulin

Because diabetes changes over time, your doctor may decide to add mealtime insulin to your plan to help control blood sugar when you eat. **There are many ways to add mealtime insulin to your care plan. Together, your doctor and you will decide on the insulin plan that is right for you.**

You and your doctor can use the example under this flap to see how you might add mealtime insulin one meal at a time.



Know your numbers

Be an active participant in your diabetes care

You are the most important member of your diabetes care plan. Taking an active role on your team can help make sure your care plan works for you. (It's okay—your diabetes care team wants you to be an active part of the team.)

If you have questions, ask them! If there are things about your care plan that are working well for you, and things that aren't, let your team know that too.

MARK C. AND CAROLYN F.
Mark and Carolyn have type 2 diabetes



Your goals are set just for you

Part of managing your diabetes is setting your goals and knowing your numbers. Like your diabetes care plan, your goals are just for you. The goals shown in this booklet are recommended by the American Diabetes Association for many adults with diabetes. Talk with your diabetes care team about your personal goals.



You can write down your goals beginning on page 18 of this booklet.

Diabetes care checklist

Diabetes cannot yet be cured. But it can be managed. One part of managing your diabetes is knowing your numbers. Fill in your numbers on this checklist.

A1C and daily blood sugar readings

Your A1C and daily blood sugar goals

Blood sugar before meals:

Blood sugar 1 to 2 hours after the start of a meal:

A1C:

Blood pressure

► Every time you visit the doctor, get your blood pressure checked

► Goal is less than 140/90 mm Hg for many adults with diabetes

EVERY VISIT

Your blood pressure goal:

Cholesterol

► At least once a year, have your blood cholesterol checked

► Below are the goals for many adults with diabetes

LDL ("bad") cholesterol	Less than 100 mg/dL
HDL ("good") cholesterol	More than 40 mg/dL More than 50 mg/dL
Triglycerides	Less than 150 mg/dL

18

19



Daily blood sugar readings

Checking your blood sugar yourself is one of the best ways to be sure your diabetes is under control. Checking often will tell you:

- ▶ If your insulin or other diabetes medicine is working
- ▶ How physical activity, the foods you eat, and stress affect your blood sugar

You and your diabetes care team will decide when and how often you should check your blood sugar. Here are some times when you might want to check, and why:

When your team may want you to check	Why you should check
When you wake up (called "fasting plasma glucose," or "FPG")	To see if your blood sugar is staying under control while you're asleep
Before meals	To know what your blood sugar is before you eat
1 to 2 hours after meals (called "postprandial plasma glucose," or "PPG")	To see how the food you eat affects your blood sugar
Before, during, and after physical activity (depending on the length of time of your activity)	To see how being active affects your blood sugar
At bedtime	Depending on the medicine that you take



The table below lists blood sugar goals for many adults with diabetes. You and your diabetes care team will set the goals that are right for you.



Write your personal goals in the last column.

Time	Goals for many adults with diabetes	Your goals
Before meals	80 to 130 mg/dL	_____
1 to 2 hours after the start of a meal	Less than 180 mg/dL	_____
A1C	Less than 7%	_____
Adapted from the American Diabetes Association. Standards of medical care in diabetes – 2016. <i>Diabetes Care</i> . 2016;39(suppl 1):S1-S112.		

What to do about low blood sugar (hypoglycemia)

Understanding what to do about low blood sugar is very important in managing diabetes. Talk with your diabetes care team about low blood sugar before starting treatment with insulin. Ask your diabetes care team what low blood sugar is for you. For many people, it is less than 70 mg/dL.

What may happen:

- Weakness or tiredness
- Dizziness or shakiness
- Fast heartbeat
- Confusion
- Feeling nervous or upset
- Hunger
- Sweatiness
- Headache
- Mood changes

SONNY C. AND
HARMINDER C.
Sonny and his
mother, Harminder,
have type 2
diabetes



What can be done:

- Check your blood sugar. If it is low or if you think it is low but you can't check, follow the **rule of 15**:
 - **Eat or drink something with 15 grams of carbs**, such as 4 ounces of regular juice, 4 glucose tablets, or candies that can be chewed quickly (for example, 7 gummies)
 - **Wait 15 minutes** and check your blood sugar again
 - If it is still low, **eat or drink something with 15 grams of carbs again**
- Once your blood sugar returns to normal, eat a meal or snack. This can help keep low blood sugar from coming back
- Inform your diabetes care team



A helpful hint

If you are feeling differently and don't know why, check your blood sugar, because you could be having a low.



Dealing with severe low blood sugar emergencies

Severe low blood sugar (severe hypoglycemia) can cause people to pass out. It can even be life threatening.

Severe low blood sugar will require help from someone else. It can be treated with glucagon, an emergency medicine that can be injected to treat severe low blood sugar. Ask your diabetes care team if an emergency glucagon medicine is right for you. If so, make sure they show you and those close to you how to use it, and keep it handy. If you become unconscious, they should use this medicine right away and seek emergency help immediately after use. Share these pages with those close to you so that they will know what to do if you have a severe low blood sugar emergency.



TOM C.
Tom has type 2 diabetes

In case of severe low blood sugar:

People should:

- Follow the severe low blood sugar treatment plan provided by your diabetes care team
- Inject a glucagon medicine if prescribed
- Call 911



People should not:

- Inject insulin (It will lower blood sugar even more)
- Give anything to eat or drink if they cannot swallow (It could cause choking)



Emergency glucagon medicines expire after about a year. So if you have glucagon medicine, be sure to check the dates and get new medicine before the old medicine expires.

A1C

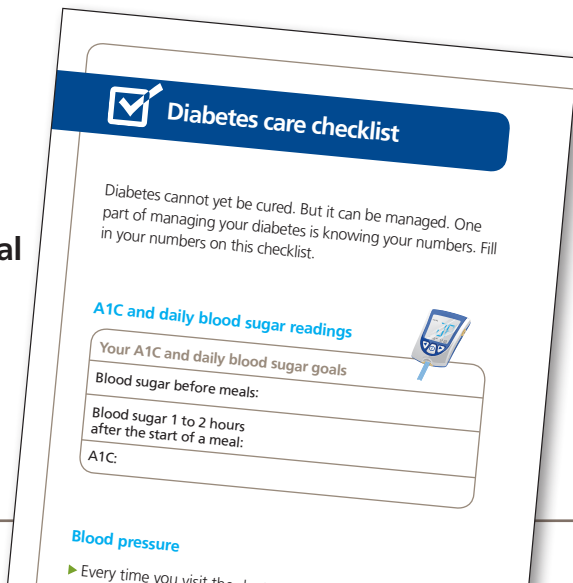
A1C is a blood test that measures your average blood sugar level over the past 2 to 3 months. It's like a "memory" of your blood sugar levels. It shows how well you're controlling your blood sugar levels over time.

Your A1C is made up of your FPG (your blood sugar readings when you wake up) and your PPG (your blood sugar readings 2 hours after you eat). Both must be under control to get your A1C under control. If you take insulin, the long-acting insulin you take at night or in the morning will control your FPG. And if you need it, your mealtime insulin may help control your PPG.

At least 2 to 4 times a year, have your A1C number checked. The chart on the right shows how A1C relates to the estimated average blood sugar reading. The A1C goal for many adults with diabetes is less than 7%. Your diabetes care team will set a goal just for you.



Don't forget to write your A1C goal down on page 18 of this booklet.



How A1C relates to estimated average blood sugar

A1C Results	Estimated Average Blood Sugar
12%	298 mg/dL
11%	269 mg/dL
10%	240 mg/dL
9%	212 mg/dL
8%	183 mg/dL
7%	154 mg/dL
6%	126 mg/dL

The American Diabetes Association recommends an A1C of less than 7%.

A quick tip

If your A1C is too high, check your blood sugar regularly and share the results with your doctor.





Adding or starting mealtime insulin

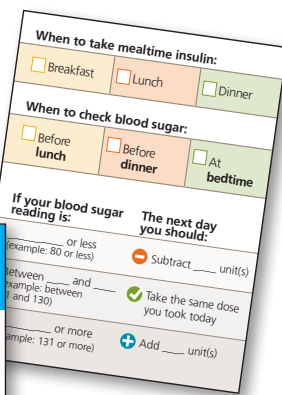
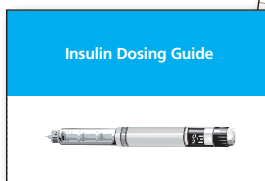
Even if you have been doing everything you can to manage your diabetes, your doctor may recommend that you add a mealtime insulin to your diabetes care plan. Needing to add mealtime insulin does not mean that you've done anything wrong in managing your diabetes. It just means that your diabetes has changed over time, making it harder to control blood sugar spikes when you eat.

The goal of adding mealtime insulin is to help keep your blood sugar readings close to your target range when you eat and help you get to your A1C goal. The pages that follow will help you track and adjust your mealtime insulin dose one meal at a time as directed by your diabetes care team.

Your doctor will decide on your mealtime insulin starting dose. Ask your doctor to write your starting dose down on **page 57** in the mealtime insulin guide that you will find in the back pocket of this booklet.



You will find a tear-off card in the back of your tracker. Ask your doctor to write your starting dose there too. You can carry the card in your wallet.



Your doctor may ask you to make adjustments to your mealtime insulin dose for a while. Make sure your doctor writes down your blood sugar range and teaches you how you should adjust your insulin dose. At some point, your doctor may ask you to add insulin to another meal too.

Use these charts to work with your doctor and diabetes care team to plan and adjust your mealtime dose.



Guide to Tracking and Adjusting Your Mealtime Insulin Dose



If your doctor has told you to adjust your mealtime insulin dose, have him or her complete this section for you and walk you through the example. **Change or adjust your mealtime dose only as instructed by your doctor.**

Day 1 starting dose: _____

1

2 When to take mealtime insulin:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
3 When to check blood sugar:	Before lunch	Before dinner	At bedtime
4 If your blood sugar reading is:	The next day you should:		
_____ or less (example: 80 or less)	⊖ Subtract ____ unit(s)		
Between _____ and _____ (example: between 81 and 130)	✔ Take the same dose you took today		
_____ or more (example: 131 or more)	⊕ Add ____ unit(s)		

57



Diabetes care checklist

Diabetes cannot yet be cured. But it can be managed. One part of managing your diabetes is knowing your numbers. Fill in your numbers on this checklist.

A1C and daily blood sugar readings



Your A1C and daily blood sugar goals

Blood sugar before meals:

Blood sugar 1 to 2 hours
after the start of a meal:

A1C:

Blood pressure

- ▶ Every time you visit the doctor, get your blood pressure checked
- ▶ Goal is less than 140/90 mm Hg for many adults with diabetes



Your blood pressure goal:

Cholesterol

- ▶ At least once a year, have your cholesterol checked
- ▶ Below are the goals for many adults with diabetes

HDL ("good") cholesterol

- Men More than 40 mg/dL
- Women More than 50 mg/dL

Triglycerides

Less than 150 mg/dL

LDL ("bad") cholesterol

Based on your risk factors for heart disease, your diabetes care team may have LDL goals for you



Your cholesterol goals:

HDL

Triglycerides

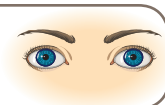
LDL

Eye exam

- ▶ Get a dilated and complete eye exam by an eye care specialist (an ophthalmologist or an optometrist) once a year
- ▶ Make sure your exam results are sent to your diabetes care team. They should be part of your medical record
- ▶ Call your eye care specialist or diabetes care team right away if you notice any change in your vision

ONCE
A
YEAR

**Date of your next
eye exam:**

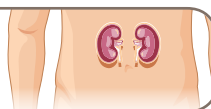


Kidneys

- ▶ Once a year, have your urine and blood tested
- ▶ Keep your blood sugar readings and blood pressure as close to your goal as possible

ONCE
A
YEAR

**Date of your next
kidney exam:**



Feet



- ▶ Once a year, get a complete foot exam by your doctor.
Get a complete exam during every visit if you have problems with your feet, like loss of feeling, changes in the shape of your feet, or sores (foot ulcers)
- ▶ Take your socks and shoes off during every office visit
- ▶ At home:
 - Check your feet every day for any sign of injury
 - Inspect your feet every day for cuts, blisters, cracks, swelling, and dry skin
 - Tell your doctor about any injury that does not heal
 - Wear shoes and socks that fit well. Do not go barefoot

ONCE
A
YEAR



**Date of your next
complete foot exam:**

Dental visit

- ▶ Visit your dentist regularly

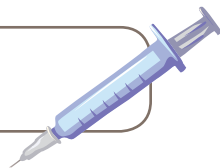
**Date of your next
dental visit:**



Immunizations

- ▶ Get a flu shot once a year
- ▶ Ask your diabetes care team if you need shots for pneumonia and hepatitis B

Date of your next immunizations:



Quit smoking

- ▶ It is really important to stop smoking if you have diabetes
- ▶ Here are some steps to help:
 - Decide on a quit date. (Choose a time when you won't be too stressed)
 - Reward yourself for every successful nonsmoking day
- ▶ For free help, call 1-800-QUIT-NOW (1-800-784-8669) or visit smokefree.gov

Your quit date:



Recommendations based on:

American Diabetes Association. Standards of medical care in diabetes—2016. *Diabetes Care*. 2016;39(suppl 1):S1-S112.

Diabetes care plan



Ask questions about your diabetes care plan, and make sure you know what steps you need to take. Check the boxes below when you complete each step of your plan.

- ☐ A plan for how and when to check your blood sugar
- ☐ A plan for when to take your diabetes medicines
- ☐ A schedule for regular health checkups
- ☐ Ways to deal with stress
- ☐ A physical activity plan
- ☐ A meal plan
- ☐ A plan for meeting other health goals (such as managing blood pressure and cholesterol)



Visit Cornerstones4Care.com to download tools that can help you keep track of your numbers.



Glossary of terms

A1C

A test that gives you a picture of your estimated average blood sugar reading over the past 2 to 3 months. Along with your daily blood sugar checks (see below), the results help show how well your diabetes care plan is working.

Blood sugar checking

Blood sugar checks that you do each day on your own according to the schedule that your diabetes care team gives you. The checks are done with a meter. Along with your A1C, the results tell you how well your diabetes care plan is working.

Cholesterol

A type of fat produced by the liver and found in the blood. It is also found in some foods. The body uses cholesterol to make hormones and build cell walls.

Fasting plasma glucose (FPG)

Your blood sugar reading after you have not eaten for 8 to 12 hours (usually overnight).

HDL cholesterol

Stands for “high-density lipoprotein cholesterol.” Also called “good” cholesterol. A fat found in the blood that takes extra cholesterol out of the blood and brings it to the liver for removal from the body.

LDL cholesterol

Stands for “low-density lipoprotein cholesterol.” Also called “bad” cholesterol. A fat found in the blood that takes cholesterol around the body to where it is needed for cell repair and also puts it on the inside of the walls of arteries.

Long-acting insulin

A type of insulin that starts to lower blood sugar within hours after injection and has a duration of action up to 24 hours after injection.

Mealtime insulin

Insulin that you take with meals to control the blood sugar spikes that occur when you eat.

Postprandial plasma glucose (PPG)

Your blood sugar reading 1 to 2 hours after the start of a meal.



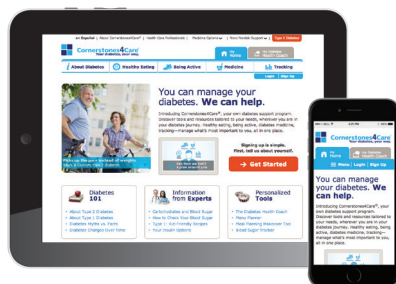
MICHELE T.
Michele has type 2 diabetes



Support online

Enjoy the benefits and support of the free **Cornerstones4Care®** program. Simply enroll online at **Cornerstones4Care.com**.

You'll be able to take advantage of all sorts of tools for managing your diabetes. Don't miss this chance. **Join today!**



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Diabetes is our passion and our business

As a leader in diabetes, Novo Nordisk is dedicated to improving diabetes care worldwide. Novo Nordisk first marketed insulin for commercial use in 1923. Today we offer a broad line of medicines for diabetes. Novo Nordisk created the world's first prefilled pen device for injections.

If you are having trouble affording your Novo Nordisk brand medicine, you may qualify for help. Call the Customer Care Center at 1-800-727-6500 to see if you qualify for assistance.

For more information about Novo Nordisk products for diabetes care, call 1-800-727-6500.



The **Cornerstones4Care®** educational series is designed to help people with diabetes and their care partners work with the diabetes care team to learn about and manage diabetes.

- ▶ Diabetes and you
- ▶ Your guide to better office visits
- ▶ Diabetes medicines
- ▶ Carb counting and meal planning
- ▶ Staying on track
- ▶ Supporting someone with diabetes

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Cornerstones4Care®

1 Tell us about yourself

Go to [Cornerstones4Care.com](https://www.cornerstones4care.com) to register today. Or fill in the information below. Then tear off this card, fold and seal it, and mail it back to us.

All fields with asterisks (*) are required.

* ☐ I have diabetes or ☐ I care for someone who has diabetes

* First name _____ MI _____

* Last name _____

* Address 1 _____

Address 2 _____

* City _____

* State _____ * ZIP _____

* Email address _____

Phone number (____) - ____ - ____

Cell phone number (____) - ____ - ____

* Birth date (mm/dd/yyyy) _____

If you are the parent of a child aged 17 years or younger for whom you provide diabetes care, please give the following information for the minor:

First name _____

Last name _____

Birth date (mm/dd/yyyy) _____

2 Tell us a little more

* What type of diabetes do you have? (Check one)

☐ Type 2 ☐ Type 1 ☐ Don't know

* What year were you (or the person you care for) diagnosed with diabetes? _____

* What type of diabetes medicine has been prescribed? (Check all that apply)

☐ Insulin
☐ Diabetes pills (also called *oral antidiabetic drugs*, or *OADs*)
☐ GLP-1 medicine
☐ None
☐ Other

* If you checked "diabetes pills," how many types are taken each day?

☐ 1 type of diabetes pill ☐ 2 types of diabetes pills
☐ More than 2 types of diabetes pills

* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: _____

How is this product taken? (Check all that apply)

☐ Syringe ☐ Pen ☐ Other delivery system

How long has this product been taken?

☐ Prescribed but not taken ☐ 7-12 months
☐ 0-3 months ☐ 1-3 years
☐ 4-6 months ☐ 3 or more years

How many injections are taken each day?†

☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ N/A

Product 2: _____

How is this product taken? (Check all that apply)

☐ Syringe ☐ Pen ☐ Other delivery system

How long has this product been taken?

☐ Prescribed but not taken ☐ 7-12 months
☐ 0-3 months ☐ 1-3 years
☐ 4-6 months ☐ 3 or more years

How many injections are taken each day?†

☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ N/A

Product 3: _____

How is this product taken? (Check all that apply)

☐ Syringe ☐ Pen ☐ Other delivery system

How long has this product been taken?

☐ Prescribed but not taken ☐ 7-12 months
☐ 0-3 months ☐ 1-3 years
☐ 4-6 months ☐ 3 or more years

How many injections are taken each day?†

☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ N/A

†Please talk to your doctor to make sure that the medicine is being taken exactly as prescribed.

3 Tell us about your interests

Please check up to **2 topics from the list below** so we can offer you the information and support that's most helpful to you.



☐ Healthy eating



☐ Being active



☐ Managing diabetes



☐ Diabetes medicines

4 Review and complete below

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☐ **Yes, I'd like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.**

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By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

Signature (required) _____

Date (required) _____

mm/dd/yyyy

000731888

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Easy-to-make recipes for tasty, diabetes-friendly dishes—plus shopping and tracking tools

Interactive trackers

With A1C, medicine, and blood sugar tracking tools, you can share progress with your diabetes care team



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With timely tips and inspiration every step of the way

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Free, downloadable books designed to help you learn more about important diabetes topics

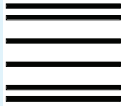


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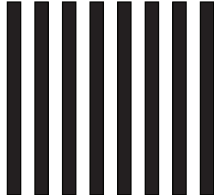


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Your blood sugar tracker

A diary of your blood sugar

My most recent A1C: _____

Date: _____

- ☐ I am taking long-acting insulin
- ☐ I am taking mealtime insulin
- ☐ I am taking non-insulin diabetes medicine



The Favorably Reviewed logo indicates this material has been reviewed for educational content and does not imply endorsement of any product.



Your blood sugar tracker

Keeping track of your blood sugar is a good way for you and your diabetes care team to see how well your diabetes care plan is working. This tracker can help you do that.

If your doctor has added mealtime insulin to your diabetes care plan, go to the **back of this booklet** to find your guide to tracking and adjusting mealtime insulin based on your doctor's instructions.

Your blood sugar tracker Date: / /

BLOOD SUGAR RESULTS*

Medicine type	Breakfast		Lunch		Dinner		Bedtime		Night	
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
MONDAY	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Medicine type	mg/dL		mg/dL		mg/dL		mg/dL		mg/dL	
Carb intake	units		units		units		units		units	
Medicine insulin dose	units		units		units		units		units	
Other										

TUESDAY

Medicine type	Breakfast		Lunch		Dinner		Bedtime		Night	
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
TUESDAY	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Medicine type	mg/dL		mg/dL		mg/dL		mg/dL		mg/dL	
Carb intake	units		units		units		units		units	
Medicine insulin dose	units		units		units		units		units	
Other										

WEDNESDAY

Medicine type	Breakfast		Lunch		Dinner		Bedtime		Night	
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
WEDNESDAY	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Medicine type	mg/dL		mg/dL		mg/dL		mg/dL		mg/dL	
Carb intake	units		units		units		units		units	
Medicine insulin dose	units		units		units		units		units	
Other										

THURSDAY

Medicine type	Breakfast		Lunch		Dinner		Bedtime		Night	
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
THURSDAY	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Medicine type	mg/dL		mg/dL		mg/dL		mg/dL		mg/dL	
Carb intake	units		units		units		units		units	
Medicine insulin dose	units		units		units		units		units	
Other										

*You and your diabetes care team will decide the best time for you to check your blood sugar.

If you'd like to use an online blood sugar tracker, you can find one at Cornerstones4Care.com

Repeat above process every day

Guide to Tracking and Adjusting Your Mealtime Insulin Dose

1 If your doctor has told you to adjust your mealtime insulin dose, have him or her complete this section for you and walk you through the example. **Change or adjust your mealtime dose only as instructed by your doctor.**

Day 1 starting dose: _____

2 When to take mealtime insulin: ☐ Breakfast ☐ Lunch ☐ Dinner

3 When to check blood sugar: ☐ Before lunch ☐ Before dinner ☐ At bedtime

4 If your blood sugar reading is:

_____ or less (example: 80 or less) ☐ Subtract _____ unit(s)

Between _____ and _____ (example: between 81 and 130) ☐ Take the same dose you took today

_____ or more (example: 131 or more) ☐ Add _____ unit(s)

Cornerstones4Care®

Enjoy the benefits and support of the **free** **Cornerstones4Care®** program

Simply sign up online at Cornerstones4Care.com. Or complete and mail the postcard in the middle of this booklet. You'll be able to take advantage of all sorts of tools for managing your diabetes. **Join today!**



CAROLYN F.
Carolyn has type 2 diabetes



Go to Cornerstones4Care.com to use an online blood sugar tracker

How to use your blood sugar tracker

EXAMPLE



Your blood sugar tracker

1 Date: 4 / 22 / 2015

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	2 <u>10 units</u> <u>medication A</u>	Time	Time	Time	Time	Time	Time	Time	Time
		<u>6 am</u>	<u>8 am</u>	<u>12 pm</u>	<u>1:30 pm</u>	<u>6:15 pm</u>	<u>8 pm</u>	<u>11 pm</u>	<u>3:30 am</u>
	3	<u>90</u>	<u>150</u>	<u>89</u>	<u>148</u>	<u>91</u>	<u>152</u>	<u>90</u>	<u>140</u>
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
4	Carb intake ▶	<u>18 carbs</u>		<u>21 carbs</u>		<u>26 carbs</u>		<u>2 carbs</u>	
5	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast <u> </u> units		<input type="checkbox"/> Lunch <u> </u> units		<input checked="" type="checkbox"/> Dinner <u>2</u> units			
6	Other ▶	<u>BP: 120/80</u>							
Medicine type and dose ▼	SATURDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
	<u>10 units</u> <u>medication A</u>	Time	Time	Time	Time	Time	Time		
		<u>6 am</u>	<u>8 am</u>						
		<u>90</u>	<u>150</u>						
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶	<u>20 carbs</u>							
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast <u> </u> units		<input type="checkbox"/> Lunch <u> </u> units		<input checked="" type="checkbox"/> Dinner <u>2</u> units			
	Other ▶	<u>BP: 120/80</u>							

- 1 Write down the date for the start of the week. (You can start tracking on any day of the week)
- 2 Write the name(s) and dose(s) of your diabetes medicine(s)
- 3 Write the time and your blood sugar readings in the "before" and "after" spaces. After-meal readings are usually taken 1 to 2 hours after you start your meal. Nighttime readings may be taken during the night as needed
- 4 If you are counting carbs, write how many grams of carbs you ate
- 5 If your doctor has told you to use mealtime insulin when you eat, see page 54 for instructions that your doctor can fill out for you
- 6 Add notes on anything else you might want to track (such as blood pressure or weight)

After "Sunday," in the "Notes" section, write notes about anything that might have affected your blood sugar readings, such as the food you ate, any physical activity you did, or any stress you might be under.



Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
MONDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake								
	Mealtime insulin dose	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
TUESDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake								
	Mealtime insulin dose	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
WEDNESDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake								
	Mealtime insulin dose	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
THURSDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake								
	Mealtime insulin dose	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other								

*You and your diabetes care team will decide the best times for you to check your blood sugar.

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

NOTES:

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____ / ____ / ____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
MONDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ►								
	Mealtime insulin dose ►	<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
	Other ►								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
TUESDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ►								
	Mealtime insulin dose ►	<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
	Other ►								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
WEDNESDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ►								
	Mealtime insulin dose ►	<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
	Other ►								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
THURSDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ►								
	Mealtime insulin dose ►	<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
	Other ►								

*You and your diabetes care team will decide the best times for you to check your blood sugar.

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

NOTES:

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

NOTES:

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
MONDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶								
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other ▶								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
TUESDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶								
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other ▶								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
WEDNESDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶								
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other ▶								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
THURSDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶								
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other ▶								

*You and your diabetes care team will decide the best times for you to check your blood sugar.

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

NOTES:

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

NOTES:

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
MONDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
TUESDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
WEDNESDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
THURSDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

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NOTES:

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
MONDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶								
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other ▶								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
TUESDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶								
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other ▶								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
WEDNESDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶								
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other ▶								

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
THURSDAY	Medicine type and dose ▼	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake ▶								
	Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
	Other ▶								

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

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NOTES:

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
MONDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
TUESDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
WEDNESDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
THURSDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

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NOTES:

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

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NOTES:

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
MONDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
TUESDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
WEDNESDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
THURSDAY	Medicine type and dose	Time	Time	Time	Time	Time	Time		
	units								
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake									
Mealtime insulin dose		<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units			
Other									

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

NOTES:

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

45



Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

NOTES:

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶									
Mealtime insulin dose ▶		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ▶									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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Your blood sugar tracker

Date: ____/____/____

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BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ►									
Mealtime insulin dose ►		<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			
Other ►									

*You and your diabetes care team will decide the best times for you to check your blood sugar.

NOTES:

If you'd like to use an online blood sugar tracker, you can find one at [Cornerstones4Care.com](https://www.cornerstones4care.com)

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+ Guide to Tracking and Adjusting Your Mealtime Insulin




Ask your doctor to fill in the chart on page 57 for you. Make sure you understand:

When to take your mealtime insulin

When to check your blood sugar

How to adjust your mealtime insulin dose depending on your blood sugar reading

Guide to Tracking and Adjusting Your Mealtime Insulin Dose			
 If your doctor has told you to adjust your mealtime insulin dose, have him or her complete this section for you and walk you through the example. Change or adjust your mealtime dose only as instructed by your doctor.			Day 1 starting dose: 1 _____
2 When to take mealtime insulin:	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner		
3 When to check blood sugar:	Before lunch	Before dinner	At bedtime
4 If your blood sugar reading is:		The next day you should:	
_____ or less (example: 80 or less)		<input type="radio"/> Subtract _____ unit(s)	
Between _____ and _____ (example: between 81 and 130)		<input checked="" type="radio"/> Take the same dose you took today	
_____ or more (example: 131 or more)		<input type="radio"/> Add _____ unit(s)	

Your starting mealtime insulin dose

If you have any questions, be sure to talk with your doctor.

How to use your blood sugar tracker when adding a mealtime insulin

1 Your starting dose

3 When to check (in this example, bedtime)

2 When to take insulin. This example assumes dinner

4 Adjust your mealtime insulin dose based on table below

Your next day's dose

Your blood sugar tracker		BLOOD SUGAR RESULTS*										Date: 4 / 22 / 2015	
		Breakfast		Lunch		Dinner		Bedtime		Night			
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time		
FRIDAY	Medicine type and dose	10 units	70/30										
	Time	6 am	8 am	12 pm	1:30 pm	6:15 pm	8 pm						
	mg/dL	90	150	89	148	91	152						
	Carb intake	18 carbs		21 carbs		26 carbs							
	Mealtime insulin dose	<input checked="" type="checkbox"/> Breakfast	_____ units	<input type="checkbox"/> Lunch	_____ units	<input checked="" type="checkbox"/> Dinner	_____ units						
Other		BP: 120/80											
SATURDAY	Medicine type and dose	10 units	70/30										
	Time	6 am	8 am	12 pm	1:15 pm	7:15 pm	8:45 pm						
	mg/dL	90	150	89	150	90	153						
	Carb intake	20 carbs		18 carbs		28 carbs							
	Mealtime insulin dose	<input type="checkbox"/> Breakfast	_____ units	<input type="checkbox"/> Lunch	_____ units	<input type="checkbox"/> Dinner	_____ units						
Other		BP: 120/80											
SUNDAY	Medicine type and dose	10 units	70/30										
	Time	6 am	8 am										
	mg/dL	90	150										
	Carb intake	20 carbs											
	Mealtime insulin dose	<input type="checkbox"/> Breakfast	_____ units	<input type="checkbox"/> Lunch	_____ units	<input type="checkbox"/> Dinner	_____ units						
Other		BP: 120/80											

Repeat above process every day

OPEN HERE

If your doctor wants you to adjust your mealtime insulin.
Use this section based on your doctor's instructions.

Adding or starting mealtime insulin

Because diabetes changes over time, your doctor may decide to add mealtime insulin to your plan to help control blood sugar when you eat.

There are many ways to add mealtime insulin to your care plan. Together, your doctor and you will decide on the insulin plan that is right for you.

You and your doctor can use the example under this flap to see how you might add mealtime insulin one meal at a time.



Guide to Tracking and Adjusting Your Mealtime Insulin Dose



If your doctor has told you to adjust your mealtime insulin dose, have him or her complete this section for you and walk you through the example. **Change or adjust your mealtime dose only as instructed by your doctor.**

Day 1 starting dose:

1

2 When to take mealtime insulin:

☐ Breakfast

☐ Lunch

☐ Dinner

3 When to check blood sugar:

Before **lunch**

Before **dinner**

At **bedtime**

4 If your blood sugar reading is:

The next day you should:

_____ or less (example: 80 or less)

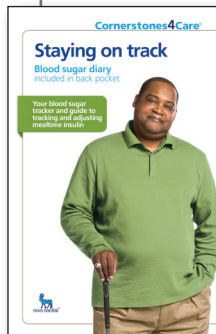
Subtract _____ unit(s)

Between _____ and _____ (example: between 81 and 130)

Take the same dose you took today

_____ or more (example: 131 or more)

Add _____ unit(s)

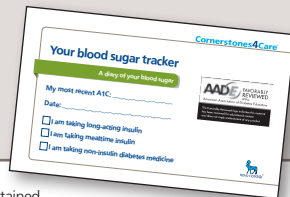


If you've received this tracker without the **Staying on Track** booklet, you can ask your diabetes care team for the booklet. It will give you more information about knowing your numbers and managing your diabetes.

Go to Cornerstones4Care.com today to sign up for a free personalized program to help you reach your diabetes care goals.



To order additional trackers,
please call 1-800-727-6500.



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Guide to Tracking and Adjusting Mealtime Insulin

If you need to add mealtime insulin to your diabetes care plan, this guide can help. Work with your doctor and diabetes care team to find out how many units to start with and how to adjust your dose.



See the instructions inside this booklet for more about when to test your blood sugar and how to adjust your dose.

Tear off card at dotted line.

When to take mealtime insulin:

☐ Breakfast ☐ Lunch ☐ Dinner

When to check blood sugar:

☐ Before lunch ☐ Before dinner ☐ At bedtime

If your blood sugar reading is:

_____ or less
(example: 80 or less)

The next day you should:

Subtract _____ unit(s)

Between _____ and _____
(example: between 81 and 130)

Take the same dose you took today

_____ or more
(example: 131 or more)

Add _____ unit(s)

FOLD HERE

FREE tools and resources from Cornerstones4Care®

Cornerstones4Care® gives you information and support tailored to your needs, wherever you are in your diabetes journey. It offers a wide array of diabetes management tools, available whenever you need them, all in one place. Features include:



Meal planning tools
Easy-to-make recipes for tasty, diabetes-friendly dishes—plus shopping and tracking tools

Interactive trackers

With A1C, medicine, and blood sugar tracking tools, you can share progress with your diabetes care team



Supportive newsletters
With timely tips and inspiration every step of the way

Diabetes books

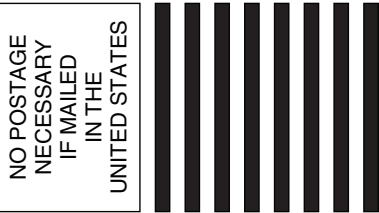
Free, downloadable books designed to help you learn more about important diabetes topics



Return this card today



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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 5509 SHAWNEE MISSION KS

POSTAGE WILL BE PAID BY ADDRESSEE

NOVO NORDISK INC
PO BOX 29303
SHAWNEE MISSION KS 66201-9623



Return this card today to join

Cornerstones4Care®

1 Tell us about yourself

Go to [Cornerstones4Care.com](https://www.cornerstones4care.com) to register today. Or fill in the information below. Then tear off this card, fold and seal it, and mail it back to us.

All fields with asterisks (*) are required.

* ☐ I have diabetes or ☐ I care for someone who has diabetes

* First name _____ MI _____

* Last name _____

* Address 1 _____

Address 2 _____

* City _____

* State _____ * ZIP _____

* Email address _____

Phone number (____) - ____ - _____

Cell phone number (____) - ____ - _____

* Birth date (mm/dd/yyyy) _____

If you are the parent of a child aged 17 years or younger for whom you provide diabetes care, please give the following information for the minor:

First name _____

Last name _____

Birth date (mm/dd/yyyy) _____

2 Tell us a little more

* What type of diabetes do you have? (Check one)
☐ Type 2 ☐ Type 1 ☐ Don't know

* What year were you (or the person you care for) diagnosed with diabetes? _____

* What type of diabetes medicine has been prescribed? (Check all that apply)
☐ Insulin
☐ Diabetes pills (also called *oral antidiabetic drugs*, or *OADs*)
☐ GLP-1 medicine
☐ None
☐ Other

* If you checked "diabetes pills," how many types are taken each day?

☐ 1 type of diabetes pill ☐ 2 types of diabetes pills
☐ More than 2 types of diabetes pills

* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: _____

How is this product taken? (Check all that apply)
☐ Syringe ☐ Pen ☐ Other delivery system

How long has this product been taken?
☐ Prescribed but not taken ☐ 7-12 months
☐ 0-3 months ☐ 1-3 years
☐ 4-6 months ☐ 3 or more years

How many injections are taken each day?†
☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ N/A

Product 2: _____

How is this product taken? (Check all that apply)
☐ Syringe ☐ Pen ☐ Other delivery system

How long has this product been taken?
☐ Prescribed but not taken ☐ 7-12 months
☐ 0-3 months ☐ 1-3 years
☐ 4-6 months ☐ 3 or more years

How many injections are taken each day?†
☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ N/A

Product 3: _____

How is this product taken? (Check all that apply)
☐ Syringe ☐ Pen ☐ Other delivery system

How long has this product been taken?
☐ Prescribed but not taken ☐ 7-12 months
☐ 0-3 months ☐ 1-3 years
☐ 4-6 months ☐ 3 or more years

How many injections are taken each day?†
☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ N/A

†Please talk to your doctor to make sure that the medicine is being taken exactly as prescribed.

3 Tell us about your interests

Please check up to **2 topics from the list below** so we can offer you the information and support that's most helpful to you.



☐ Healthy eating



☐ Being active



☐ Managing diabetes



☐ Diabetes medicines

4 Review and complete below

Novo Nordisk Inc. ("Novo Nordisk") understands protecting your personal and health information is very important. We do not share any personally identifiable information you give us with third parties for their own marketing use.

I understand from time to time, Novo Nordisk's Privacy Policy may change, and for the most recent version of the Privacy Policy, please visit www.C4CPrivacy.com.

By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

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By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

Signature (required) _____

Date (required) _____

mm/dd/yyyy

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Adding or starting mealtime insulin



Needing to add mealtime insulin does not mean that you've done anything wrong in managing your diabetes. It just means that your diabetes has changed over time, making it harder to control blood sugar spikes when you eat.

Talk with your diabetes care team to make sure you understand when to check your blood sugar and how to adjust your insulin dose.



Tear off card at dotted line.



Enjoy the benefits and support of the **FREE Cornerstones4Care®** program. Simply sign up online at [Cornerstones4Care.com](https://www.cornerstones4care.com).

Ask your doctor to complete the other side of this card for you.

FOLD → HERE

Insulin Dosing Guide

