Understand your A1C



What is time in range?

Some people with diabetes use a continuous glucose monitor (CGM). This is a tiny sensor that is inserted under your skin usually on your belly or arm. It tracks your glucose levels all day and night and sends the information to a computer or smartphone.

If you use a CGM to monitor your glucose levels, your diabetes care team will determine your target time in range (TIR). For most people, the ADA recommends a target range:

- Between 70 and 180 mg/dL
- For at least 70% of CGM readings

This means you should aim for about 17 hours a day in your target range.



Learn about A1C and other important numbers to help you manage your diabetes





How A1C relates to time in range

A1C Levels	TIR (70-180 mg/dL)
8.1%	40%
7.7%	50%
7.3%	60%
6.9%	70%
6.5%	80%

A plan for reaching your diabetes goals

Knowing your numbers is a useful tool in managing your diabetes. But what if your numbers are not in your goal range? There are several things you can do to help you get to your diabetes treatment goals. Some examples are:

- Check your blood glucose according to your care plan
- Take your medicines as prescribed
- Be active
- Eat healthy

Be sure to talk to your diabetes care team before starting or changing your physical activity.

On the lines below, write down 3 things you feel you can do to help reach your A1C goal.

Example: I can take a 30-minute walk after dinner 5 days a week.
1
2
3



To learn more or to sign up for support to help you manage your diabetes from Novo Nordisk, scan this code with a smartphone or tablet.



Know your A1C

Part of managing your diabetes is knowing your blood glucose (blood sugar) numbers and understanding what they mean. These numbers can be different for each person. Your numbers may include:

- A1C measured during an office visit
- Blood glucose you check yourself with a meter

You may also use a continuous glucose monitor (CGM) to measure time in range.

What is A1C?

A1C is a blood test that tells your average blood glucose for the past 2 to 3 months. It shows how well your diabetes treatment plan is working.



The A1C test can help you manage your diabetes by:

- Confirming your daily blood glucose checks
- Helping you know if your diabetes care plan is working
- Showing you how healthy choices can make a difference

When should your A1C be checked?

The American Diabetes Association (ADA) recommends having an A1C test at least:

Every 3 months

if your blood glucose is not at goal, or if your treatment has changed

Every 6 months

if your blood glucose is at qoal

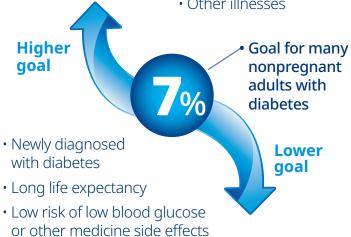
Date of my **next A1C test**:

What should my A1C goal be?

Your A1C goal is your own! You and your diabetes care team will set an A1C goal that's safe and right for you. This goal may be different than someone else you know with type 2 diabetes and it may change over time.

The ADA suggests an A1C goal of less than 7% for many nonpregnant adults with diabetes, but your personal goal may be higher or lower. There are many reasons that are considered when your goal is set, such as having:

- Diabetes for a long time
- Short life expectancy
- History of low blood glucose (*hypoglycemia*)
- Current heart or blood vessel problems
- Other illnesses



No other illnesses

My A1C now:

My A1C goal:

How A1C relates to the estimated average blood glucose level

A1C Levels	Average Blood Glucose
10%	240 mg/dL
9%	212 mg/dL
8%	183 mg/dL
7%	154 mg/dL
6%	126 mg/dL

What about blood glucose self-checks?

Checking your own blood glucose with a meter helps you learn more about your diabetes and how it's being managed. You and your diabetes care team will decide when and how often you should check your blood glucose levels. Fill in the times below.

Times to check	
Before meals	
_ At bedtime	

For many nonpregnant adults with diabetes, the ADA recommends blood glucose levels:

- Between 80-130 mg/dL before meals
- Under 180 mg/dL 1-2 hours after the start of a meal

My blood glucose goals

Before meals:	1-2 hours after a meal:

