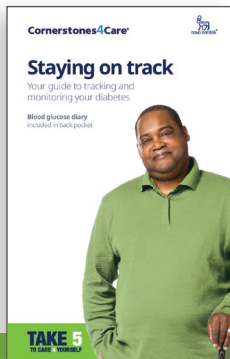


# Your blood glucose tracker

A diary of your blood glucose (*sugar*) levels



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 blood glucose goals and what your numbers mean.

To order additional trackers, please call  
**1-800-727-6500** (option 8 for Spanish)  
from 8:30am to 6:00pm EST.

**TAKE 5**  
TO CARE 4 YOURSELF

**Your blood glucose tracker** Date: \_\_\_\_\_

**BLOOD GLUCOSE RESULTS\***

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
MONDAY	Time	Time	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: \_\_\_\_\_  
 Long-acting insulin dose: \_\_\_\_\_

TUESDAY  
 WEDNESDAY  
 THURSDAY

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



## Your blood glucose tracker

Keeping track of your blood glucose 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.

Bring it to visits with your diabetes care team. Sharing it helps all of you see how well your diabetes care plan is working.

**Guide to 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.

**1 Day 1 starting dose:** \_\_\_\_\_

**2 When to take mealtime insulin:** Breakfast, Lunch, Dinner

**3 When to check blood glucose:** Before lunch, Before dinner, At bedtime

**4 If your blood glucose reading is:**

- or less (example: 80 or less) → Subtract \_\_\_\_\_ units(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 your doctor has added insulin to your diabetes care plan, go to the **back of this booklet** to find guides for tracking and adjusting mealtime insulin and starting long-acting insulin based on your doctor's instructions.

Exp. 07/2023

**ADCES FAVORABLY REVIEWED**

Association of Diabetes Care & Education Specialists

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

## My A1C numbers

My most recent A1C: \_\_\_\_\_ Date: \_\_\_\_\_ My A1C Goal: \_\_\_\_\_

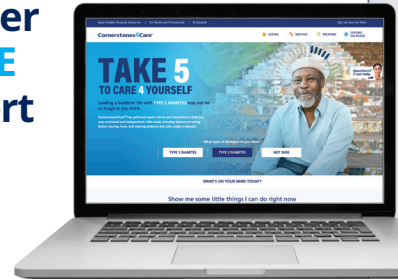
## My blood glucose goals

Before meals: \_\_\_\_\_ 1-2 hours after a meal: \_\_\_\_\_

## My diabetes medicines

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

Take 5 to register today for a **FREE** diabetes support program!



It's easy to sign up!

Mail in the card in the middle of this book



- Go online to **Cornerstones4Care.com**
- Call us at **1-800-727-6500** (option 8 for Spanish) from 8:30am to 6:00pm EST

Scan this code with a smartphone or tablet



Scan me!



# How to use your blood glucose tracker

**EXAMPLE**

**Your blood glucose tracker** 1 Date: 7 / 22 / 2021

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
2 <b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	10 mg medication A	Time 6 am	Time 8 am	Time	Time 1:30 pm	Time 6:15 pm	Time	11 pm	3:30 am
		3 90 mg/dL	150 mg/dL	mg/dL	148 mg/dL	91 mg/dL	mg/dL	90 mg/dL	140 mg/dL
4 Carb intake		18 grams		21 grams		26 grams		2 grams	
5 Mealtime insulin dose		<input type="checkbox"/> Breakfast ___ units		<input type="checkbox"/> Lunch ___ units		<input checked="" type="checkbox"/> Dinner 2 units		7 Other	
6 Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time				BP: 120/80	
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	10 mg medication A	Time 6 am	Time 8 am	Time	Time	Time	Time		
		90 mg/dL	150 mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake		20 grams							
Mealtime insulin dose		<input type="checkbox"/> Breakfast ___ units		<input type="checkbox"/> Lunch ___ units		<input checked="" type="checkbox"/> Dinner 2 units		Other	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time				30 minute walk	

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

- 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 non-insulin diabetes medicine(s), such as pills or non-insulin injectable medicines
- Write the time and your blood glucose 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
- If you are counting carbs, write how many grams of carbs you ate
- If your doctor has told you to use mealtime insulin when you eat, write your dose here. See page 57 for instructions that your doctor can fill out for you
- If your doctor has told you to use long-acting insulin, write your dose and time(s) here. Long-acting insulin is taken either once or twice a day. See page 55 for instructions that your doctor can fill out for you
- Add notes on anything else you might want to track (such as blood pressure, activity, or weight)

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

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 6

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 8

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

NOTES:

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**Take 5** and visit **Cornerstones4Care.com** to learn about why changes in blood glucose may happen.



# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 10

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 12

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

## NOTES:

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**Take 5** and visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to get tips for handling low or high blood glucose levels.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 14

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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



		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

**NOTES:**

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**Take 5** and visit **Cornerstones4Care.com** to enroll in the free **Cornerstones4Care®** diabetes support program.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 18

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

\*You and your diabetes care team will decide the best times for you to check your blood glucose. 19

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 20

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

## NOTES:

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**Take 5** and visit [Cornerstones4Care.com](https://www.cornerstones4care.com) for healthy recipes and guidance on well balanced meals.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 22

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

\*You and your diabetes care team will decide the best times for you to check your blood glucose. 23

# Your blood glucose tracker

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 24

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

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

**NOTES:**

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**Take 5** and visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to learn more about why moving with diabetes matters so much.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 26

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

\*You and your diabetes care team will decide the best times for you to check your blood glucose. 27

# Your blood glucose tracker

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 28

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

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

## NOTES:

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**Take 5** and visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to find out more about programs that may help make medicines more affordable.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 30

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		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 ▶		
Long-acting insulin dose	___ units ___ time		If needed at dinner or bedtime: ___ units ___ time						

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		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 ▶		
Long-acting insulin dose	___ units ___ time		If needed at dinner or bedtime: ___ units ___ time						

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		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 ▶		
Long-acting insulin dose	___ units ___ time		If needed at dinner or bedtime: ___ units ___ time						

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		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 ▶		
Long-acting insulin dose	___ units ___ time		If needed at dinner or bedtime: ___ units ___ time						

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



		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

NOTES:

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**Take 5** and visit **Cornerstones4Care.com** for support to help you manage your diabetes.

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

\*You and your diabetes care team will decide the best times for you to check your blood glucose. 35

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

**NOTES:**  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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 **Take 5** and visit **Cornerstones4Care.com** to register for **Cornerstones4Care®** a FREE diabetes support program.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 38

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

\*You and your diabetes care team will decide the best times for you to check your blood glucose. 39

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 40

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

NOTES:

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**Take 5** and visit **Cornerstones4Care.com** for the latest updates about diabetes.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 42

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

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

**NOTES:**

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To order additional trackers, please call **1-800-727-6500** (option 8 for Spanish) from 8:30am to 6:00pm EST.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 46

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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



# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 48

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>FRIDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SATURDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>SUNDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose ▶		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 ▶	
Long-acting insulin dose ▶		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

NOTES:

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**Take 5** and visit **Cornerstones4Care.com** to learn how to set goals to help manage your diabetes.

# Your blood glucose tracker

Date: \_\_\_/\_\_\_/\_\_\_ 50

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>MONDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>TUESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>WEDNESDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
<b>THURSDAY</b>		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose		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 ▶	
Long-acting insulin dose		___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					

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

# Your blood glucose tracker

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 52

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY	Non-insulin medicine and dose ▶	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		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 ▶		
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time						

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY	Non-insulin medicine and dose ▶	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		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 ▶		
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time						

		BLOOD GLUCOSE RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY	Non-insulin medicine and dose ▶	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		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 ▶		
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time						

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

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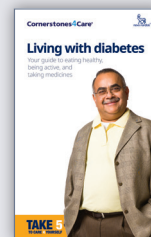
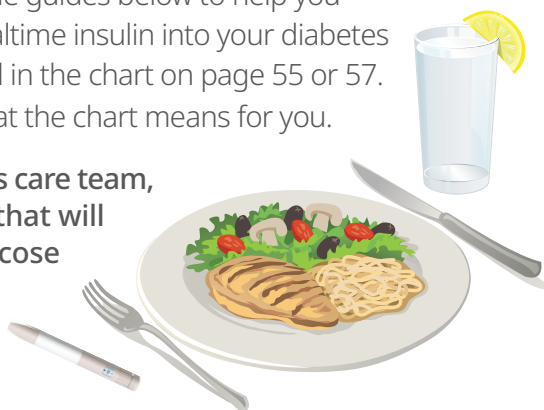
**Take 5** and visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to learn about the different types of medicines for diabetes.

## Adding or starting insulin

For many people, adding insulin to a diabetes care plan is needed to further help manage blood glucose levels. It does not mean that you've done anything wrong in managing your diabetes. It just means that your diabetes has changed over time. There are different types of insulin. You and your diabetes care team will select the type of insulin that is right for you.

You and your doctor can use the guides below to help you with adding long-acting or mealtime insulin into your diabetes care plan. Ask your doctor to fill in the chart on page 55 or 57. Make sure you understand what the chart means for you.

With the help of your diabetes care team, you can find an insulin plan that will help manage your blood glucose levels and fit your routine.






**You may have to take medicine to help you reach your blood glucose goals. To learn more about the different diabetes medicines, ask your diabetes care team for the booklet, *Living with diabetes*.**

**OPEN  
HERE**

**If your doctor wants you to adjust your mealtime insulin.**

## Guide to adjusting long-acting insulin

Long-acting insulin provides steady insulin levels throughout the day and night. **If your doctor has told you to adjust your long-acting insulin dose**, have him or her complete this section for you.

<b>My dose</b> ____ <b>unit(s)</b> at ____ <b>time</b>	<b>My dose</b> ____ <b>unit(s)</b> at ____ <b>time</b> (if needed)
<b>My morning blood glucose target</b> _____	
<b>If your morning blood glucose reading before eating is:</b>	<b>Then you should:</b>
____ or less (example: 80 or less)	 Subtract ____ unit(s)
Between ____ and ____ (example: between 81 and 130)	 Take the same dose
____ or more (example: 131 or more)	 Add ____ unit(s)
<b>Do not take more than ____ units without talking to your doctor.</b>	

# Guide to tracking mealtime insulin

Your blood glucose tracker Date: 7 / 22 / 2021

		BLOOD GLUCOSE RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night		
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time		
MONDAY	Non-insulin medicine and dose	10 mg medication A									
	Time	6 am	8 am	12 pm	1:30 pm	6:15 pm	8 pm		3:30 am		
	mg/dL	90	150	89	148	91	152		140		
	Carb intake	18 carbs		21 carbs		26 carbs		2 carbs			
Mealtime insulin dose	<input type="checkbox"/> Breakfast		<input type="checkbox"/> Lunch		<input checked="" type="checkbox"/> Dinner		<input type="checkbox"/> Other		BP: 120/80		
Long-acting insulin dose	_____ units _____ time If needed at dinner or bedtime: _____ units _____ time										
TUESDAY	Non-insulin medicine and dose	10 mg medication A									
	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		2 carbs			
Mealtime insulin dose	<input type="checkbox"/> Breakfast		<input type="checkbox"/> Lunch		<input type="checkbox"/> Dinner		<input checked="" type="checkbox"/> Other		30 minute walk		
Long-acting insulin dose	_____ units _____ time If needed at dinner or bedtime: _____ units _____ time										
WEDNESDAY	Non-insulin medicine and dose	10 mg medication A									
	Time	6 am	8 am								
	mg/dL	90	150								
	Carb intake	20 carbs									
Mealtime insulin dose	<input type="checkbox"/> Breakfast		<input type="checkbox"/> Lunch		<input type="checkbox"/> Dinner		<input type="checkbox"/> Other		BP: 120/80		
Long-acting insulin dose	_____ units _____ time If needed at dinner or bedtime: _____ units _____ time										

- 1 Your starting dose
  - 2 When to take insulin. This example assumes dinner
  - 3 When to check (in this example, bedtime)
  - 4 Adjust your mealtime insulin dose based on table below
- Your next day's dose

Repeat above process every day

# Guide to 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.**

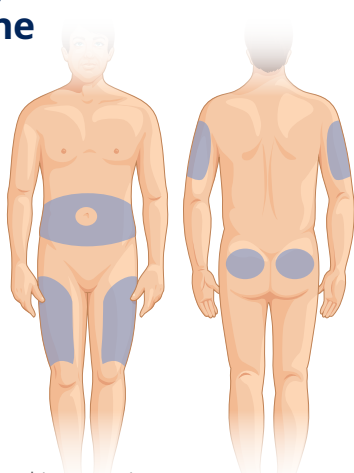
**1 Day 1 starting dose:**

<b>2 When to take mealtime insulin:</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<b>3 When to check blood glucose:</b>	Before <b>lunch</b>	Before <b>dinner</b>	At <b>bedtime</b>
<b>4 If your blood glucose reading is:</b>	<b>The next day you should:</b>		
_____ 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)		

## Where to inject your diabetes medicine

Injections of diabetes medicines are most often given in the layer of fat just under the skin in these areas of the body:

- Abdomen (except a 2-inch circle around your belly button)
- Thighs (top and outer parts)
- Back of upper arms
- Buttocks



Please refer to your individual instructions for use on how to take your medicine.

## 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.

Your  
pocket  
guide

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

Tear off card at dotted line.

FOLD HERE

Tear off card at dotted line.

### Insulin Dosing Guide

#### When to take mealtime insulin:

Breakfast     Lunch     Dinner

#### When to check blood glucose:

Before lunch     Before dinner     At bedtime

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

Enjoy the benefits and support of the **FREE Cornerstones4Care®** program. Simply sign up online at **Cornerstones4Care.com**.



If your glucose 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)

# The Diabetes Health Coach



**Tamara**  
Actual Diabetes  
Health Coach

## Cornerstones4Care® is here for you

- There's no need to manage diabetes on your own. **Cornerstones4Care®** provides **FREE**, one-on-one support from Diabetes Health Coaches whenever you need it
- Our Coaches can answer questions, provide eating and exercise tips, and help you stay motivated

## No cost support to reach your goals every step of the way

- Call a Diabetes Health Coach to answer your questions and provide help when you need it
- You may be eligible to also receive weekly calls, two-way texts, and emails from your dedicated Diabetes Health Coach to help you reach your diabetes management goals\*
- Available in English and Spanish

\*Some features are for people starting certain Novo Nordisk products.

**Call to sign up today!**

**1-877-322-0281** (option 2 for Spanish) Monday to Friday from 9:00am to 6:00pm EST

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