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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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.

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® program, you will have access to online tools and resources and receive ongoing personal support to help you manage your diabetes.
**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 meal:
  - 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**

**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:**
    - Men: More than 40 mg/dL
    - Women: More than 50 mg/dL
  - **Triglycerides:** Less than 150 mg/dL

**Your blood pressure goal:**

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

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**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.

**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.

**MARK C. AND CAROLYN F.**

Mark and Carolyn have type 2 diabetes

**Mark and Carolyn have type 2 diabetes**
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.**

<table>
<thead>
<tr>
<th>Time</th>
<th>Goals for many adults with diabetes</th>
<th>Your goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before meals</td>
<td>80 to 130 mg/dL</td>
<td>____________</td>
</tr>
<tr>
<td>1 to 2 hours after the start of a meal</td>
<td>Less than 180 mg/dL</td>
<td>____________</td>
</tr>
<tr>
<td>A1C</td>
<td>Less than 7%</td>
<td>____________</td>
</tr>
</tbody>
</table>

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
- Sweating
- Headache
- Mood changes

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.

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 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.

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.

1. 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)
   - Between _____ and _____ (example: between 81 and 130)
   - _____ or more (example: 131 or more)

The next day you should:
- Subtract _____ unit(s)
- Take the same dose you took today
- Add _____ unit(s)
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**

<table>
<thead>
<tr>
<th>Your A1C and daily blood sugar goals</th>
<th>Blood sugar before meals:</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>Blood sugar 1 to 2 hours after the start of a meal:</td>
</tr>
<tr>
<td></td>
<td>A1C:</td>
</tr>
</tbody>
</table>

**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

**Cholesterol**

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

<table>
<thead>
<tr>
<th>HDL (&quot;good&quot;) cholesterol</th>
<th>LDL (&quot;bad&quot;) cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Men</td>
<td>More than 40 mg/dL</td>
</tr>
<tr>
<td>• Women</td>
<td>More than 50 mg/dL</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>Less than 150 mg/dL</td>
</tr>
</tbody>
</table>

**Your cholesterol goals:**

<table>
<thead>
<tr>
<th>HDL</th>
<th>Triglycerides</th>
<th>LDL</th>
</tr>
</thead>
</table>
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

Date of your next eye exam: ONCE A YEAR

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

Date of your next kidney exam: ONCE A YEAR

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

Date of your next complete foot exam: ONCE A YEAR

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:**

**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.

Recommendations based on:
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.
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!

novo nordisk is dedicated to diabetes

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
1. **Tell us about yourself**

Go to 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**
- **Last name**
- **Address 1**
- **Address 2**
- **City**
- **State**
- **ZIP**
- **Email address**
- **Phone number**
- **Cell phone number**
- **Birth date**

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**

### Free tools and resources from Cornerstones4Care

Return this card today to join.

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

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3. **Tell us about your interests**

- **Healthy eating**
- **Managing diabetes**
- **Being active**
- **Diabetes medicines**

4. **Review and complete below**

Nova 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, Nova 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 to being contacted by phone or text message as a condition of any purchase of 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.

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.

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

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2578, 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) ____________

*Please talk to your doctor to make sure that the medicine is being taken exactly as prescribed.*
FREE tools and resources from Cornerstones4Care®

Return this card today

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

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

- **Interactive trackers**
  - With A1C, medicine, and blood sugar tracking tools

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

**Return this card today**

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PO BOX 29303
SHAWNEE MISSION KS 66201-9623

FREE tools and resources from Cornerstones4Care®

Return this card today
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

American Association of Diabetes Educators

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.

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!
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: ______/_______/________ |

<table>
<thead>
<tr>
<th></th>
<th><strong>MONDAY</strong></th>
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<th><strong>TUESDAY</strong></th>
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**BLOOD SUGAR RESULTS**

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Bedtime</th>
<th>Night</th>
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<tbody>
<tr>
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</table>

**Breakfast**

- **Carb intake**
- **Mealtime insulin dose**
- **Other**

**Lunch**

- **Carb intake**
- **Mealtime insulin dose**
- **Other**

**Dinner**

- **Carb intake**
- **Mealtime insulin dose**
- **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
If you’d like to use an online blood sugar tracker, you can find one at Cornerstones4Care.com

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

**NOTES:**
### BLOOD SUGAR RESULTS*

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**NOTES:**

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**Carb Intake**

- Breakfast __units__
- Lunch __units__
- Dinner __units__

**Mealtime Insulin Dose**

- Breakfast__
- Lunch __
- Dinner __

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### MONDAY

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| Mealtime insulin dose | Time | Time | Time | Time | Time | Time |
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| **SUNDAY** | BEFORE | AFTER | BEFORE | AFTER | BEFORE | AFTER | Time | Time |
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### NOTES:

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## Your blood sugar tracker

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| units                  |             |                       |       |
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| mg/dL                  | mg/dL       | mg/dL                 | mg/dL  | mg/dL      | mg/dL     |

| **SUNDAY**             |             |                       |       |
| units                  |             |                       |       |
| BEFORE Time            | AFTER Time  | BEFORE Time           | AFTER Time | BEFORE Time | AFTER Time |
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<tr>
<td>Mealtime insulin dose</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

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

---

**Carb intake**
- Breakfast ______ units
- Lunch ______ units
- Dinner ______ units

**Mealtime insulin dose**
- Breakfast
- Lunch
- Dinner
- Other

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

---

**Date**: ______/_______/________

---

**Breakfast**
- 26

---

**Lunch**
- 27
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**NOTES:**

---

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### BLOOD SUGAR RESULTS*

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Before</th>
<th>After</th>
<th>Before</th>
<th>After</th>
<th>Before</th>
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<th>Bedtime</th>
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</tbody>
</table>

**Carb intake**
- Breakfast
- Lunch
- Dinner
- Other

**Mealtime insulin dose**
- Breakfast
- Lunch
- Dinner
- Other

---

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<td>mg/dL</td>
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</tbody>
</table>

- **Carb intake**
- **Mealtime insulin dose**
  - Breakfast ______ units
  - Lunch ______ units
  - Dinner ______ units

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**NOTES:**

<table>
<thead>
<tr>
<th>Date: _<em><strong><strong>/</strong><em><strong><strong>/</strong></strong></em></strong></em></th>
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</thead>
<tbody>
<tr>
<td>Time</td>
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<tr>
<td>------</td>
</tr>
<tr>
<td>BEFORE</td>
</tr>
<tr>
<td>Carb intake:</td>
</tr>
<tr>
<td>Mealtime insulin dose:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

**BREAKFAST**

| Carb intake: | | | | | | | |
| Mealtime insulin dose: | | | | | | | |
| Other: | | | | | | | |

**LUNCH**

| Carb intake: | | | | | | | |
| Mealtime insulin dose: | | | | | | | |
| Other: | | | | | | | |

**DINNER**

| Carb intake: | | | | | | | |
| Mealtime insulin dose: | | | | | | | |
| Other: | | | | | | | |

**BEDTIME**

| Carb intake: | | | | | | | |
| Mealtime insulin dose: | | | | | | | |
| Other: | | | | | | | |

**NIGHT**

| Carb intake: | | | | | | | |
| Mealtime insulin dose: | | | | | | | |
| Other: | | | | | | | |
### Your blood sugar tracker

**BLOOD SUGAR RESULTS**

<table>
<thead>
<tr>
<th></th>
<th><strong>Breakfast</strong></th>
<th><strong>Lunch</strong></th>
<th><strong>Dinner</strong></th>
<th><strong>Bedtime</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>BEFORE</td>
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<td>AFTER</td>
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</table>

**Carb intake**

- Breakfast  
- Lunch  
- Dinner  
- Other

**Mealtime insulin dose**

- Breakfast  
- Lunch  
- Dinner  
- Other

**Medicine type and dose**

**Monday**

<table>
<thead>
<tr>
<th>Time</th>
<th>Carb intake</th>
<th>Mealtime insulin dose</th>
<th>Medicine type and dose</th>
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<tbody>
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**Tuesday**

<table>
<thead>
<tr>
<th>Time</th>
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<th>Mealtime insulin dose</th>
<th>Medicine type and dose</th>
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</thead>
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</table>

**Wednesday**

<table>
<thead>
<tr>
<th>Time</th>
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<th>Mealtime insulin dose</th>
<th>Medicine type and dose</th>
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<tbody>
<tr>
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</table>

**Thursday**

<table>
<thead>
<tr>
<th>Time</th>
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<th>Mealtime insulin dose</th>
<th>Medicine type and dose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*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
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*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:** ______/_______/________

#### BLOOD SUGAR RESULTS*

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
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<td>Time</td>
<td>mg/dL</td>
<td>Time</td>
<td>mg/dL</td>
<td>Time</td>
</tr>
</tbody>
</table>

#### MONDAY

Medicine type and dose

Carb intake

Mealtime insulin dose

Other

#### TUESDAY

Medicine type and dose

Carb intake

Mealtime insulin dose

Other

#### WEDNESDAY

Medicine type and dose

Carb intake

Mealtime insulin dose

Other

#### THURSDAY

Medicine type and dose

Carb intake

Mealtime insulin dose

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
Your blood sugar tracker

### BLOOD SUGAR RESULTS*

<table>
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<tr>
<th></th>
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</tbody>
</table>

### FRIDAY

- **Medicine type and dose**
- **Carb intake**
- **Mealtime insulin dose**
- **Other**

### SATURDAY

- **Medicine type and dose**
- **Carb intake**
- **Mealtime insulin dose**
- **Other**

### SUNDAY

- **Medicine type and dose**
- **Carb intake**
- **Mealtime insulin dose**
- **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](http://Cornerstones4Care.com)
### Blood Sugar Results

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Bedtime</th>
<th>Night</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>AFTER</td>
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<td>mg/dL</td>
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<td></td>
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<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Carb Intake**:
- **Mealtime Insulin Dose**:
- **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](http://Cornerstones4Care.com)
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*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.
**Your blood sugar tracker**

**BLOOD SUGAR RESULTS**

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
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<tbody>
<tr>
<td><strong>MONDAY</strong></td>
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<td>Time</td>
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<tr>
<td>mg/dL</td>
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<td>mg/dL</td>
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<td>mg/dL</td>
<td>mg/dL</td>
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</tbody>
</table>

**TUESDAY**

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
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<th>Night</th>
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<td>mg/dL</td>
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**THURSDAY**

<table>
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<tr>
<th></th>
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<th>Lunch</th>
<th>Dinner</th>
<th>Bedtime</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicine type and dose</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carb intake ▶</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mealtime insulin dose ▶</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Other ▶</td>
<td></td>
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NOTES:

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

NOTES:

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

**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.

1. **Day 1 starting dose:** Your starting mealtime insulin 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)

   The next day you should:

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
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

**Repeat above process every day**

---

**Your blood sugar tracker**

<table>
<thead>
<tr>
<th>Date: 4/2/2015</th>
</tr>
</thead>
</table>

**FBG: 120/80**

**Breakfast**

- **Before:** 6 am
- **After:** 8 am
- **Carb intake:** 18 carbs
- **Medicine type and dose:** 10 units 70/30

**Lunch**

- **Before:** 12 pm
- **After:** 1:30 pm
- **Carb intake:** 21 carbs
- **Medicine type and dose:** 10 units 70/30

**Dinner**

- **Before:** 6:15 pm
- **After:** 8 pm
- **Carb intake:** 16 carbs
- **Medicine type and dose:** 10 units 70/30

**Bedtime**

- **Time:** 8 pm
- **Blood sugar reading:** 150 mg/dL

**Night**

- **Time:** 9 pm
- **Blood sugar reading:** 153 mg/dL

---

**Repeat above process every day**
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.

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:  
<table>
<thead>
<tr>
<th>Blood Sugar Range</th>
<th>Next Day's Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ or less (example: 80 or less)</td>
<td>Subtract ____ unit(s)</td>
</tr>
<tr>
<td>Between _____ and _____ (example: between 81 and 130)</td>
<td>Take the same dose you took today</td>
</tr>
<tr>
<td>_____ or more (example: 131 or more)</td>
<td>Add ____ unit(s)</td>
</tr>
</tbody>
</table>
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](http://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.
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.

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:

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)

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

Your pocket guide

Tear off card at dotted line.

When to take mealtime insulin:

When to check blood sugar:

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)

Return this card today

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- 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
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:

<table>
<thead>
<tr>
<th>Product 1</th>
<th>Syringe</th>
<th>Pen</th>
<th>Other delivery system</th>
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</thead>
<tbody>
<tr>
<td>How long has this product been taken?</td>
<td>Prescribed but not taken</td>
<td>0-3 months</td>
<td>1-3 years</td>
</tr>
<tr>
<td>How many injections are taken each day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<table>
<thead>
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<th>Pen</th>
<th>Other delivery system</th>
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</thead>
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<td>Prescribed but not taken</td>
<td>0-3 months</td>
<td>1-3 years</td>
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<td>2</td>
<td>3</td>
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</table>

<table>
<thead>
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<td>How long has this product been taken?</td>
<td>Prescribed but not taken</td>
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<td>1-3 years</td>
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<tr>
<td>How many injections are taken each day?</td>
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<td>2</td>
<td>3</td>
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</tbody>
</table>

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
- Managing diabetes
- Being active
- Diabetes medicines

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.

I authorize

By checking this box, and signing and dating below, I authorize Novo Nordisk to use the information I have provided to contact me via phone calls and text 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.

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

Add your doctor to complete the form.

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 ____________________________
Address 1 ____________________________ Address 2 ____________________________
City ____________________________________________ State ____________________________ ZIP ___________
Phone number ____________________________ Cell phone number ____________________________
Birth date (mm/dd/yyyy) ____________________________

** 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:

<table>
<thead>
<tr>
<th>Product 1</th>
<th>Syringe</th>
<th>Pen</th>
<th>Other delivery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long has this product been taken?</td>
<td>Prescribed but not taken</td>
<td>0-3 months</td>
<td>1-3 years</td>
</tr>
<tr>
<td>How many injections are taken each day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product 2</th>
<th>Syringe</th>
<th>Pen</th>
<th>Other delivery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long has this product been taken?</td>
<td>Prescribed but not taken</td>
<td>0-3 months</td>
<td>1-3 years</td>
</tr>
<tr>
<td>How many injections are taken each day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product 3</th>
<th>Syringe</th>
<th>Pen</th>
<th>Other delivery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long has this product been taken?</td>
<td>Prescribed but not taken</td>
<td>0-3 months</td>
<td>1-3 years</td>
</tr>
<tr>
<td>How many injections are taken each day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

I certify I am at least eighteen (18) years of age and agree to the terms above.

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) ____________________________