

Checking your blood sugar

How frequent blood sugar checks can help you

Checking your blood sugar yourself is an important part of managing diabetes. Checking often will tell you:

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

You'll usually feel better and have more energy when your blood sugar stays at or near normal. Managing your blood sugar can also reduce your risk of developing problems from diabetes.



How to check your blood sugar

You can check your own blood sugar using a meter. Many different kinds of blood sugar meters are available today. Your diabetes care team can help you choose one and show you how to use it.

When to check your blood sugar

You and your diabetes care team will decide when and how often you will check your blood sugar. The table below shows 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	To see if your blood sugar is staying under control while you're asleep (called fasting blood sugar)
Before meals	To know what your blood sugar is before you eat and to know if you will need to adjust your mealtime (prandial) insulin
1 or 2 hours after you start your meal	To see how the food you eat and insulin dose affect 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

Keeping a blood sugar tracker

It's important to write down your blood sugar levels so that you can keep track of what makes them go up or down.

See the last page for a tracker that you can use to record your blood sugar and write down other important information for your diabetes care team.



Checking your blood sugar

Time	Goals for many adults with diabetes	Your goals
Before meals	80 to 130 mg/dL	_____
1 to 2 hours after the start of a meal	Less than 180 mg/dL	_____
A1C	Less than 7%	_____

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

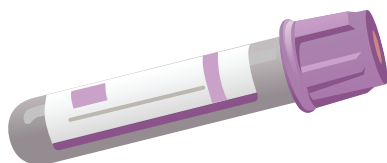
Setting your blood sugar goals

The table above 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 goals in the last column.

Knowing your A1C

The A1C test measures your estimated 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 and your blood sugar levels go up and down together. The table to the right shows how A1C relates to the estimated average blood sugar level.

Lowering your A1C to below 7% reduces your risk of problems from diabetes. Therefore, the A1C goal for most people is less than 7%.



It is recommended that you get an A1C test:

- At least 2 times a year if your blood sugar is under good control
- 4 times a year if you are not meeting your goals or if your treatment has changed

A1C level	Average blood sugar
6%	126 mg/dL
7%	154 mg/dL
8%	183 mg/dL
9%	212 mg/dL
10%	240 mg/dL
11%	269 mg/dL
12%	298 mg/dL

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

If you have any questions, be sure to talk with your diabetes care team. They are there to help!

For more information, visit Cornerstones4Care.com

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Your blood sugar tracker

Diabetes changes over time. That is why your treatment may also need to change over time. For example, your doctor may tell you to add a basal insulin to your diabetes pills. Or if you already take a basal insulin, your doctor may tell you to add mealtime insulin.

The blood sugar tracker on the next page can help you keep track of your diabetes medicines and any changes in dosage and timing that your doctor may tell you to make. It can also help you keep track of how much mealtime insulin you took and when you took it.

Your diabetes care team can provide you with a blood sugar tracker and show you how to use it. Or call **1-800-727-6500** to have a tracker sent to you.


Here's how to use the blood sugar tracker

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

EXAMPLE

1 Date: 4 / 22 / 2015

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



Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night		
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time			
Medicine type and dose	MONDAY	Time	Time	Time	Time	Time	Time		Time		
	units										
		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										
Medicine type and dose	TUESDAY	Time	Time	Time	Time	Time	Time		Time		
	units										
		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										
Medicine type and dose	WEDNESDAY	Time	Time	Time	Time	Time	Time		Time		
	units										
		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										
Medicine type and dose	THURSDAY	Time	Time	Time	Time	Time	Time		Time		
	units										
		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										
Medicine type and dose	FRIDAY	Time	Time	Time	Time	Time	Time		Time		
	units										
		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										
Medicine type and dose	SATURDAY	Time	Time	Time	Time	Time	Time		Time		
	units										
		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										
Medicine type and dose	SUNDAY	Time	Time	Time	Time	Time	Time		Time		
	units										
		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										

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

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





Cornerstones4Care®
Your diabetes, your way.

Support and diabetes management tools built around you.

Enroll today to get **FREE**, personalized diabetes support with **Cornerstones4Care®**.



Diabetes Health Coach

An online program that builds a customized action plan around your needs to help you learn healthy habits



Meal Planning Tools

Create tasty, diabetes-friendly meals



Interactive Trackers

Record A1C, weight, and blood sugar numbers

Enrolling is easy. Just complete this form.

All fields with asterisks (*) are **REQUIRED**.

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

* First name _____ * Last name _____ MI _____

* Address 1 _____

Address 2 _____

* City _____ * State _____

* ZIP _____ * Email _____

* Birth date mm/dd/yyyy ____ / ____ / ____

* What type of diabetes do you or the person you care for have? (Check one)

Type 2 Type 1 Don't know

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

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

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

Product 1: _____

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

Product 2: _____

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

3 easy ways to enroll:

1. Fax the completed form to 1-866-549-2016
2. Email the completed form to C4Csignup@hartehanks.com
3. Call 1-888-825-1518 and follow the voice prompts

Review and complete below.

* Phone number:

(_____) _____ - _____

* Cell phone number:

(_____) _____ - _____

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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.

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

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

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

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

* Signature (required) _____

* Date (required) _____
mm/dd/yyyy

