

High blood sugar

(Hyperglycemia)

Causes

High blood sugar (also called hyperglycemia) is when there is too much sugar in your blood. Over time, it can cause serious health problems. High blood sugar can happen if you:

- Skip a dose of insulin or diabetes pills
- Eat more than usual
- Are less active than usual
- Are under stress or sick

What to do about high blood sugar

The best way to avoid high blood sugar is to follow your diabetes care plan. Call your diabetes care team if your blood sugar has been higher than your goal for 3 days and you don't know why.

Of course, the best way to know if you have high blood sugar is to check your blood sugar regularly, as directed by your doctor.

Signs & Symptoms

Here's what may happen when your blood sugar is high:



Very thirsty



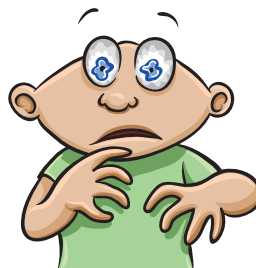
Needing to pass urine more than usual



Very hungry



Sleepy



Blurry vision



Infections or injuries heal more slowly than usual

For more information, visit Cornerstones4Care.com

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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.

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

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

* Signature (required) _____

* Date (required) _____
mm/dd/yyyy

