

staying on track

your blood sugar
tracker and guide to
tracking and adjusting
mealtime insulin



This booklet belongs to:

Name _____
 Address _____
 City _____ State _____ ZIP _____
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If this booklet is found, please contact the owner listed above. Thank you!

Favorably reviewed by:



These Novo Nordisk patient education materials were developed using information from the following sources: American Association of Diabetes Educators, American Diabetes Association, and American Dietetic Association. These booklets do not replace the advice of your diabetes care team. Be sure to consult your diabetes care team regarding your individual diabetes care plan.

Quotes reflect the opinions of the people quoted and not necessarily those of Novo Nordisk. Individual results may vary.

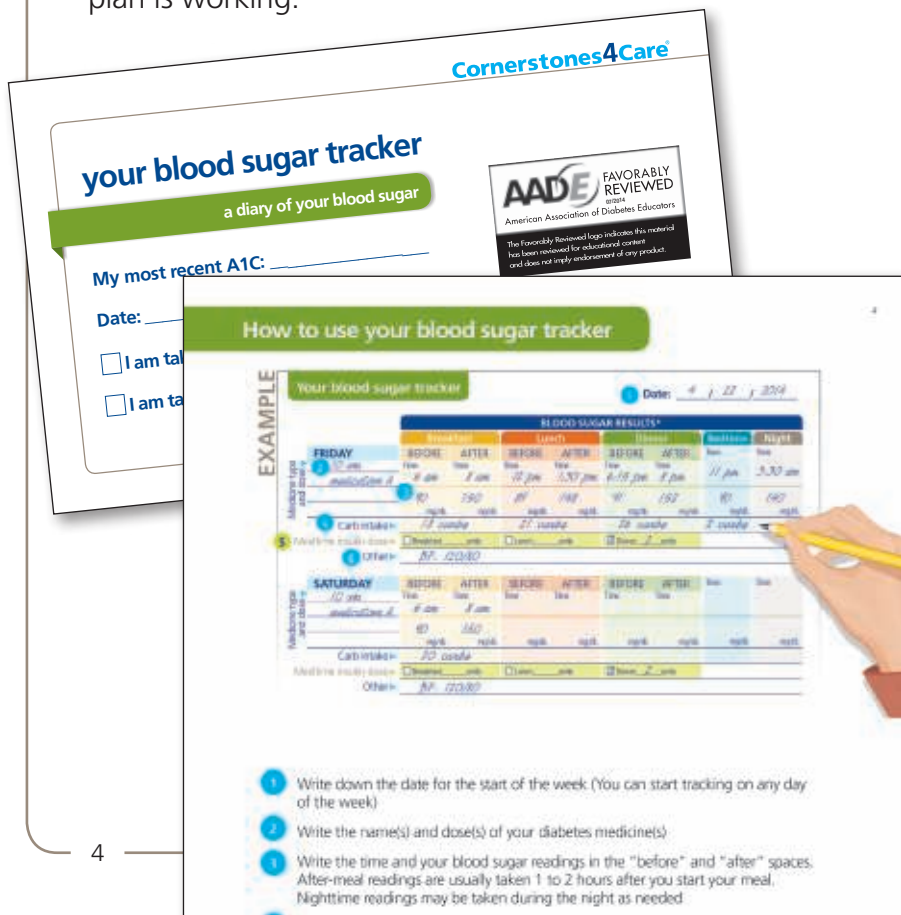
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Make sure you're on the right track

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.



“Every part of my day gets put down in my journal. This helps me see patterns and talk to my doctor about them.”

–Thelma M, New Mexico

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.

OPEN HERE

If your doctor wants you to adjust your mealtime insulin. Use this section only with your doctor.

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.

Know your numbers

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.



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

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 meals:	
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 140/80 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	
• Without heart disease	Less than 100 mg/dL
• With heart disease	Less than 70 mg/dL
HDL ("good") cholesterol	
• Without heart disease	More than 40 mg/dL
• With heart disease	More than 50 mg/dL
Triglycerides	Less than 150 mg/dL

SEVERELY UNDERWEIGHT Your blood pressure goal:

Goal:	
HDL	
Triglycerides	

18 19

Daily blood sugar readings

Checking your blood sugar yourself is 1 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 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 or large snacks	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 and within minutes after physical activity	To see how being active affects your blood sugar

The table below lists blood sugar goals for most nonpregnant 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.

Time	Goals for many adults with diabetes	Your goals
Before meals	70 to 130 mg/dL	_____
1 to 2 hours after the start of a meal	Less than 180 mg/dL	_____
A1C	Less than 7%	_____

Adapted from the American Diabetes Association. Standards of medical care in diabetes – 2014. *Diabetes Care*. 2014;37(suppl 1):S14-S80.



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
- Heart beating too fast
- Confusion
- Sleepiness
- Hunger
- Sweatiness
- Headache
- Mood change

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



“Think of your body as the engine in a car. It can't run too high or too low to operate properly.”

– Deborah C, Florida

Dealing with very low blood sugar emergencies

Very low blood sugar (severe hypoglycemia) can cause people to pass out. It can even be life threatening.

Very low blood sugar will usually require help from someone else. It can be treated with special medicine called glucagon. Ask your diabetes care team if you should keep a glucagon medicine/injection kit on hand. If so, make sure they show you and those close to you how to use it, and keep the kit handy. Share these pages with those close to you so that they will know what to do if you have a very low blood sugar emergency.



In case of very low blood sugar:

People should:

- Call 911
- Follow the low blood sugar plan provided by the diabetes care team
- Inject a glucagon medicine (used for very low blood sugar) if prescribed



People should not:

- Inject insulin (It will lower blood sugar even more)
- Give anything to eat or drink (It could cause choking)
- Put your hands in the person's mouth (It could cause choking)




Low blood sugar medicine kits expire after about a year, so if you have one, be sure to check the dates and get a new kit before the old one expires.

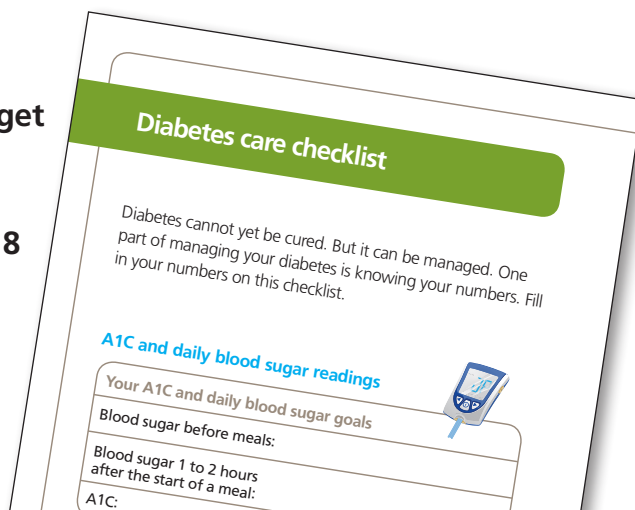
A1C

A1C is a blood test that measures your average blood sugar control for the past 2 to 3 months. It's like a "memory" of your blood sugar readings. It shows how well you're controlling your blood sugar readings 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.**



How A1C relates to estimated average blood sugar

A1C Results	Estimated Average Blood Sugar
12%	298 mg/dL
11%	269 mg/dL
10%	240 mg/dL
9%	212 mg/dL
8%	183 mg/dL
7%	154 mg/dL
6%	126 mg/dL

The American Diabetes Association recommends an A1C of less than 7%.

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.

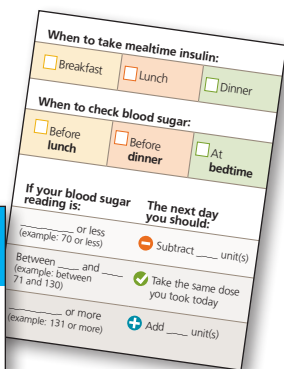
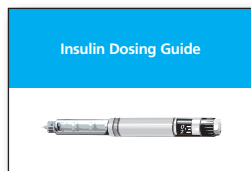
The goal of adding mealtime insulin is to keep your blood sugar readings close to your target range when you eat and help you get to your A1C goal. The pages that follow will help you track and adjust your mealtime insulin dose one meal at a time as directed by your diabetes care team.



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			
<p> 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.</p>			<p>Day 1 starting dose: 1 _____</p>
2	When to take mealtime insulin:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
3	When to check blood sugar:	Before lunch	Before dinner <input type="checkbox"/> At bedtime
4	If your blood sugar reading is:	The next day you should:	
	_____ or less (example: 70 or less)	- Subtract ____ unit(s)	
	Between _____ and _____ (example: between 71 and 130)	✓ Take the same dose you took today	
	_____ or more (example: 131 or more)	+ Add ____ unit(s)	

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 meals:

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 140/80 mm Hg for many adults with diabetes



Your blood pressure goal:

Cholesterol

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

LDL ("bad") cholesterol

- Without heart disease: Less than 100 mg/dL
- With heart disease: Less than 70 mg/dL

HDL ("good") cholesterol

- Men: More than 40 mg/dL
- Women: More than 50 mg/dL

Triglycerides

Less than 150 mg/dL



Your cholesterol goals:

LDL

HDL

Triglycerides

Eye exam

- Get a dilated and complete eye exam by an eye care specialist
- 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

ONCE
A
YEAR

**Date of your next
eye exam:**



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

ONCE
A
YEAR

**Date of your next
kidney exam:**



Feet

- Once a year, get a complete foot exam by your doctor
- 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



ONCE
A
YEAR

**Date of your next
complete foot exam:**



Dental exam

- Have a dental exam as often as your diabetes care team recommends

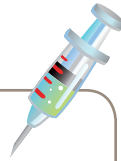
**Date of your next
dental exam:**



Immunizations

Ask your diabetes care team if you need:

- A flu shot once a year
- 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:

Recommendations based on:

American Diabetes Association. Standards of medical care in diabetes—2014. *Diabetes Care*. 2014;37(suppl 1):S14-S80.

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 when to take your diabetes medicines
- A meal plan
- A physical activity plan
- A plan for how and when to check your blood sugar
- A plan for meeting other health goals (such as managing blood pressure and cholesterol)
- A schedule for regular health check-ups
- Ways to deal with stress



Visit Cornerstones4Care.com to download tools that can help you keep track of your numbers.

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 eating.





Support online

Enjoy the benefits and support of the free Cornerstones4Care® program. Simply enroll online at [Cornerstones4Care.com](https://www.cornerstones4care.com) or fill out the postcard in this book. You'll be able to take advantage of all sorts of free tools for managing your diabetes, including meal planners and recipes. 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.



To order additional trackers, please 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

The photographs used in this booklet are for illustration only. The models in the photographs do not necessarily have diabetes or other ailments.

Cornerstones4Care® is a registered trademark of Novo Nordisk A/S.

Return this card today to join

Cornerstones4Care®

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 to receive your free gifts.

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

* First name _____ MI _____

* Last name _____

* Address 1 _____

Address 2 _____

* City _____

* State _____ * ZIP _____

* E-mail address _____

Phone number _____

By providing my phone number above, I AGREE to receive calls from Novo Nordisk.

* Birth date (mm/dd/yyyy) _____

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 (mm/dd/yyyy) _____

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

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

3 Tell us about your interests

Please select from the topics below so we can offer you the information and support that's most helpful to you.

Healthy eating

- Getting started
- Recipes
- Meal planning
- Shopping
- Tips and information

Managing diabetes

- Medicine
- Management plans
- Blood sugar tracking (available online only)
- Working with the diabetes care team
- Tips and information

Being active

- Getting started
- Activity plans
- Activity tracker (available online only)
- Tips and information

Living with diabetes

- Getting support
- Staying motivated
- Coping
- Tips and information

4

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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

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, email, or phone. Novo Nordisk may also combine the information I provide with information 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 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 USA. 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 000731288

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 e-books

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



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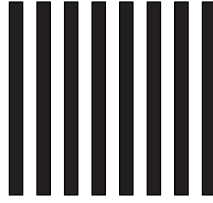
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0714-00022321-1 September 2014

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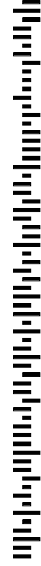


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your blood sugar tracker

a diary of your blood sugar

My most recent A1C: _____

Date: _____

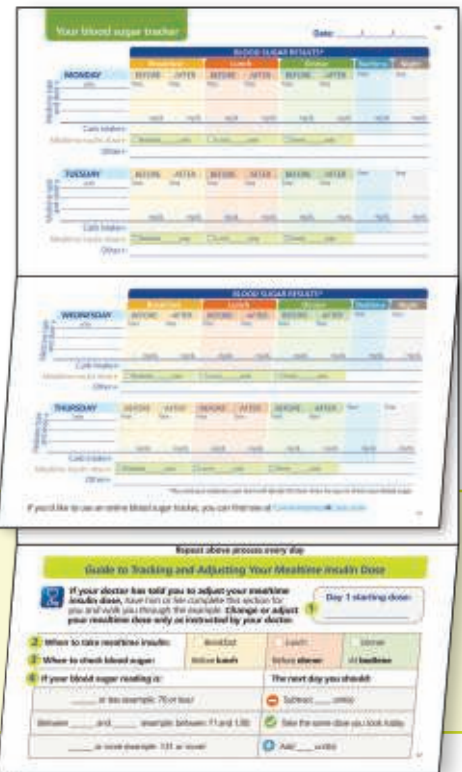
I am taking long-acting insulin

I am taking mealtime insulin



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.

How to use your blood sugar tracker when adding a mealtime insulin

Your blood sugar tracker		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
Medicine type and dose 10 units 70/30	FRIDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		6 am	8 am	12 pm	1:30 pm	6:15 pm	8 pm		3:30 am
		90	150	89	148	91	132		140
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL		mg/dL
Carb intake		18 carba		21 carba		26 carba			
Mealtime insulin dose		<input type="checkbox"/> Breakfast units		<input type="checkbox"/> Lunch units		<input checked="" type="checkbox"/> Dinner units			
Other		BP: 120/80							
Medicine type and dose 10 units 70/30	SATURDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		6 am	8 am	12 pm	1:15 pm	7:15 pm	8:45 pm		
		90	150	89	150	90	153		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL		mg/dL
Carb intake		20 carba		18 carba		28 carba			
Mealtime insulin dose		<input type="checkbox"/> Breakfast units		<input type="checkbox"/> Lunch units		<input type="checkbox"/> Dinner units			
Other		BP: 120/80							
Medicine type and dose 10 units 70/30	SUNDAY	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		6 am	8 am						
		90	150						
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL		mg/dL
Carb intake		20 carba							
Mealtime insulin dose		<input type="checkbox"/> Breakfast units		<input type="checkbox"/> Lunch units		<input type="checkbox"/> Dinner units			
Other		BP: 120/80							

2 When to take insulin. This example assumes dinner

1 Your starting dose
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 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.**

Day 1 starting dose: _____

2 When to take mealtime insulin:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
3 When to check blood sugar:	Before lunch	Before dinner	At bedtime
4 If your blood sugar reading is:	The next day you should:		
_____ or less (example: 70 or less)	- Subtract _____ unit(s)		
Between _____ and _____ (example: between 71 and 130)	+ Take the same dose you took today		
_____ or more (example: 131 or more)	+ Add _____ unit(s)		

Enjoy the benefits and support of the free Cornerstones4Care® program

Simply sign up online at [Cornerstones4Care.com](https://www.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!**

Go to [Cornerstones4Care.com](https://www.cornerstones4care.com) to use an online blood sugar tracker



How to use your blood sugar tracker

EXAMPLE

Your blood sugar tracker

1 Date: 4 / 22 / 2014

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

- 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 diabetes medicine(s)
- 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
- 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, see page 54 for instructions that your doctor can fill out for you
- 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: ____ / ____ / ____

BLOOD SUGAR RESULTS*

		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

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

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

*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*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

*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*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	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 ▶									
SATURDAY									
Medicine type and dose ▼	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	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 ▶									

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

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

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	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 ▶									

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

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Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▶	units	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 ▶									

*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](https://www.cornerstones4care.com)

Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

BLOOD SUGAR RESULTS*										
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
Medicine type and dose ▶	units	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 ▶										

*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](https://www.cornerstones4care.com)

Your blood sugar tracker

Date: ____ / ____ / ____

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	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 ▶									
SATURDAY									
Medicine type and dose ▼	units	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 ▶									

BLOOD SUGAR RESULTS*									
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Medicine type and dose ▼	units	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 ▶									

*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

Guide to Tracking and Adjusting Your Mealtime Insulin



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

When to take your mealtime insulin

When to check your blood sugar

How to adjust your mealtime insulin dose depending on your blood sugar reading

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:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
3 When to check blood sugar:	Before lunch	Before dinner	At bedtime
4 If your blood sugar reading is:		The next day you should:	
_____ or less (example: 70 or less)		⊖ Subtract ____ unit(s)	
Between _____ and _____ (example: between 71 and 130)		✔ Take the same dose you took today	
_____ or more (example: 131 or more)		⊕ Add ____ unit(s)	

Your starting mealtime insulin dose

If you have any questions, be sure to talk with your doctor.

OPEN HERE

If your doctor wants you to adjust your mealtime insulin.
Use this section only with your doctor.

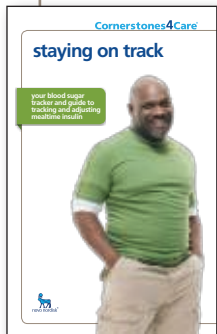
Adding or starting mealtime insulin

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.



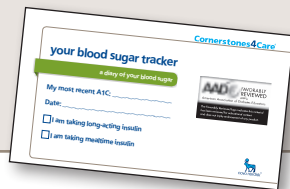


If you've received this tracker without the **Staying on Track** booklet, you can ask your diabetes care team for the booklet. It will give you more information about knowing your numbers and managing your diabetes.

Go to Cornerstones4Care.com 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.



The photographs used in this booklet are for illustration only. The models in the photographs do not necessarily have diabetes or other ailments.

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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.

Tear off card at dotted line.

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:

_____ or less
(example: 70 or less)

The next day you should:

Subtract ____ unit(s)

Between ____ and ____
(example: between 71 and 130)

Take the same dose you took today

_____ or more
(example: 131 or more)

Add ____ unit(s)

FOLD
HERE

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 e-books

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



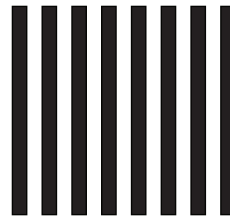
Return this card today



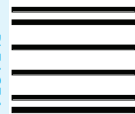
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1 Tell us about yourself

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 to receive your free gifts.

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

* First name _____ MI _____

* Last name _____

* Address 1 _____

Address 2 _____

* City _____

* State _____ * ZIP _____

* E-mail address _____

Phone number _____

May we have your permission to call you and review the benefits of Novo Nordisk free patient support programs?

Yes No (If yes, please provide your phone number above)

* Birth date (mm/dd/yyyy) _____

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 (mm/dd/yyyy) _____

* What type of diabetes do you have? (Check one)

2 Tell us a little more

2 Type 2 1 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
- 0-3 months
- 4-6 months
- 7-12 months
- 1-3 years
- 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
- 0-3 months
- 4-6 months
- 7-12 months
- 1-3 years
- 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
- 0-3 months
- 4-6 months
- 7-12 months
- 1-3 years
- 3 or more years

How many injections are taken each day?†

- 1
- 2
- 3
- More than 3
- N/A

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

3 Tell us about your interests

Please select from the topics below so we can offer you the information and support that's most helpful to you.

Healthy eating

- Getting started
- Recipes
- Meal planning
- Shopping
- Tips and information

Being active

- Getting started
- Activity plans
- Activity tracker (available online only)
- Tips and information

Managing diabetes

- Medicine
- Management plans
- Blood sugar tracking (available online only)
- Working with the diabetes care team
- Tips and information

Living with diabetes

- Getting support
- Staying motivated
- Coping
- Tips and information

4

Novo Nordisk Inc. ("Novo Nordisk") understands protecting your personal and health information is very important. We do not share any personally identifiable or health 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

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, email, or phone. Novo Nordisk may also combine the information I provide with information 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 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 USA. 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 000731289

FOLD HERE

Adding or starting mealtime insulin



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.

Talk with your diabetes care team to make sure you understand when to check your blood sugar and how to adjust your insulin dose.

Tear off card at dotted line.



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

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

Insulin Dosing Guide

