

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.



For mobile tracking, try the Cornerstones4Care® Powered by Glooko app!

Checking your blood sugar

| Time | Goals for many nonpregnant 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—2019. *Diabetes Care*. 2019;42(suppl 1):S1-S193.

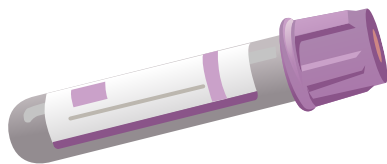
Setting your blood sugar goals

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 approximately 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—2019. *Diabetes Care*. 2019;42(suppl 1):S1-S193.

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](https://www.Cornerstones4Care.com)

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How to use your blood sugar tracker

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 non-insulin diabetes medicine(s), such as pills or non-insulin injectable medicines
- 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 your dose here
- 6 If your doctor has told you to use long-acting insulin, write your dose and time(s) here. Long-acting insulin is taken either once or twice a day
- 7 Add notes on anything else you might want to track (such as blood pressure, activity, or weight)

EXAMPLE

Your blood sugar tracker

1 Date: 4 / 22 / 2019

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

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

Your blood sugar tracker

Date: ____ / ____ / ____

| | | BLOOD SUGAR RESULTS* | | | | | | | | | |
|-------------------------------|--------------------------|--|--|---|-------|---|-------|---------|---------|--|--|
| | | Breakfast | | Lunch | | Dinner | | Bedtime | Night | | |
| | | BEFORE | AFTER | BEFORE | AFTER | BEFORE | AFTER | Time | Time | | |
| | | Time | Time | Time | Time | Time | Time | | | | |
| | | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | mg/dL | | |
| Non-insulin medicine and dose | MONDAY | | | | | | | | | | |
| | Carb intake | | | | | | | | | | |
| | Mealtime insulin dose | <input type="checkbox"/> Breakfast _____ units | <input type="checkbox"/> Lunch _____ units | | | <input type="checkbox"/> Dinner _____ units | | | Other ▶ | | |
| | Long-acting insulin dose | _____ units _____ time | | If needed at dinner or bedtime _____ units _____ time | | | | | | | |
| Non-insulin medicine and dose | TUESDAY | | | | | | | | | | |
| | Carb intake | | | | | | | | | | |
| | Mealtime insulin dose | <input type="checkbox"/> Breakfast _____ units | <input type="checkbox"/> Lunch _____ units | | | <input type="checkbox"/> Dinner _____ units | | | Other ▶ | | |
| | Long-acting insulin dose | _____ units _____ time | | If needed at dinner or bedtime _____ units _____ time | | | | | | | |
| Non-insulin medicine and dose | WEDNESDAY | | | | | | | | | | |
| | Carb intake | | | | | | | | | | |
| | Mealtime insulin dose | <input type="checkbox"/> Breakfast _____ units | <input type="checkbox"/> Lunch _____ units | | | <input type="checkbox"/> Dinner _____ units | | | Other ▶ | | |
| | Long-acting insulin dose | _____ units _____ time | | If needed at dinner or bedtime _____ units _____ time | | | | | | | |
| Non-insulin medicine and dose | THURSDAY | | | | | | | | | | |
| | Carb intake | | | | | | | | | | |
| | Mealtime insulin dose | <input type="checkbox"/> Breakfast _____ units | <input type="checkbox"/> Lunch _____ units | | | <input type="checkbox"/> Dinner _____ units | | | Other ▶ | | |
| | Long-acting insulin dose | _____ units _____ time | | If needed at dinner or bedtime _____ units _____ time | | | | | | | |
| Non-insulin medicine and dose | FRIDAY | | | | | | | | | | |
| | Carb intake | | | | | | | | | | |
| | Mealtime insulin dose | <input type="checkbox"/> Breakfast _____ units | <input type="checkbox"/> Lunch _____ units | | | <input type="checkbox"/> Dinner _____ units | | | Other ▶ | | |
| | Long-acting insulin dose | _____ units _____ time | | If needed at dinner or bedtime _____ units _____ time | | | | | | | |
| Non-insulin medicine and dose | SATURDAY | | | | | | | | | | |
| | Carb intake | | | | | | | | | | |
| | Mealtime insulin dose | <input type="checkbox"/> Breakfast _____ units | <input type="checkbox"/> Lunch _____ units | | | <input type="checkbox"/> Dinner _____ units | | | Other ▶ | | |
| | Long-acting insulin dose | _____ units _____ time | | If needed at dinner or bedtime _____ units _____ time | | | | | | | |
| Non-insulin medicine and dose | SUNDAY | | | | | | | | | | |
| | Carb intake | | | | | | | | | | |
| | Mealtime insulin dose | <input type="checkbox"/> Breakfast _____ units | <input type="checkbox"/> Lunch _____ units | | | <input type="checkbox"/> Dinner _____ units | | | Other ▶ | | |
| | Long-acting insulin dose | _____ units _____ time | | If needed at dinner or bedtime _____ units _____ time | | | | | | | |

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.

