

OPEN  
HERE

If your doctor wants you to  
adjust your mealtime insulin.

## Guide to adjusting long-acting insulin

Long-acting insulin is also called basal or background insulin. It provides steady insulin levels throughout the day and night. **If your doctor has told you to adjust your long-acting insulin dose**, have him or her complete this section for you.

<b>My dose</b> _____ <b>unit(s) at</b> _____ <b>time</b> _____	<b>My dose</b> _____ <b>unit(s) at</b> _____ <b>time</b> _____ (if needed)
<b>My morning blood sugar target</b> _____	
<b>If your morning blood sugar reading before eating is:</b>	<b>Then you should:</b>
Between _____ or less (example: 80 or less)	⊖ Subtract _____ unit(s)
Between _____ and _____ (example: between 81 and 130)	✔ Take the same dose
_____ or more (example: 131 or more)	⊕ Add _____ unit(s)

**Do not take more than \_\_\_\_\_ units without talking to your doctor.**



Cornerstones4Care.com

July 2019

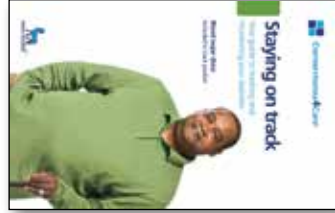
Printed in the U.S.A.

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To order additional trackers, please call  
1-800-727-6500 from 8:30am to 6:00pm EST.



Go to [Cornerstones4Care.com](https://www.cornerstones4care.com) today to sign up for a **FREE** personalized program to help you reach your diabetes care goals.

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 blood sugar goals and what your numbers mean.



# Your blood sugar tracker

A diary of your blood sugar

## My A1C numbers

My most recent A1C:

Date:

My A1C Goal:

## My blood sugar goals

Before meals:

1-2 hours after a meal:



## My diabetes medicines

- I am taking long-acting insulin
- I am taking mealtime insulin
- I am taking non-insulin diabetes medicine





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middle of this book



- Go online to [Join.Cornerstones4Care.com](http://Join.Cornerstones4Care.com)
- Call us at 1-877-497-9601 or 1-800-727-6500 from 8:30am to 6:00pm EST



Join today!



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Powered by *glooko*

Try a **FREE** diabetes management app!

- Track blood sugar, medicines, meals, and activity all in one place
- Connect with blood glucose meters, insulin pumps, CGMs, and health and fitness trackers

Simply download the **free**

**Cornerstones4Care®** Powered by Glooko app from iTunes (for iPhones) or Google Play (for Android devices).

# How to use your blood sugar tracker

## EXAMPLE

**Your blood sugar tracker**      1 Date: **4** / **22** / **2019**

**BLOOD SUGAR RESULTS\***

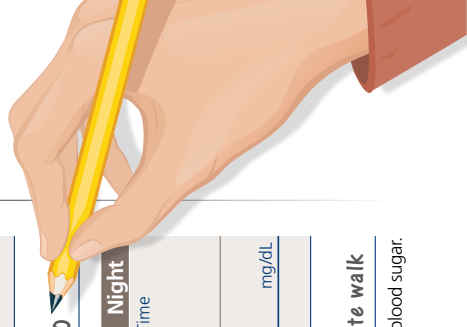
	Breakfast		Lunch		Dinner		Bedtime		Night	
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time
<b>FRIDAY</b> 10 mg medication A	6 am	8 am	1:30 pm	6:15 pm	6:15 pm	11 pm	3:30 am			
Non-insulin and dose										
2	3 mg/dL 18 grams		mg/dL 148		mg/dL 91		mg/dL 90		mg/dL 140	
4	Carb intake 150 units		21 grams		26 grams		2 grams			
5	Mealtime insulin dose 90 units		Lunch units		Dinner 2 units		7 Other			
6	Long-acting insulin dose		If needed at dinner or bedtime:		units		time		BP: 120/80	
<b>SATURDAY</b> 10 mg medication A	6 am	8 am								
Non-insulin and dose										
3	mg/dL 90		mg/dL 150		mg/dL 150		mg/dL 150		mg/dL 150	
4	Carb intake 20 grams		20 grams		20 grams		20 grams			
5	Mealtime insulin dose units		Lunch units		Dinner 2 units		Other			
6	Long-acting insulin dose units		If needed at dinner or bedtime:		units		time		30 minute walk	

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

- 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. See page 57 for instructions that your doctor can fill out for you
- 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. See page 55 for instructions that your doctor can fill out for you
- 7 Add notes on anything else you might want to track (such as blood pressure, activity, 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.





## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

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



## BLOOD SUGAR RESULTS\*

### FRIDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

### SUNDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

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## NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Lunch _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Dinner _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		Other ▲	
Mealtime insulin dose ▲								
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Lunch _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Dinner _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		Other ▲	
Mealtime insulin dose ▲								
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Lunch _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Dinner _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		Other ▲	
Mealtime insulin dose ▲								
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Lunch _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Dinner _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		Other ▲	
Mealtime insulin dose ▲								
Long-acting insulin dose ▲								

\*You and your diabetes care team will decide the best times for you to check your blood sugar. 11



## BLOOD SUGAR RESULTS\*

### FRIDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

### SUNDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

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## NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose					<input type="checkbox"/> Dinner _____ units _____ time		Other	

### TUESDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose					<input type="checkbox"/> Dinner _____ units _____ time		Other	

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose					<input type="checkbox"/> Dinner _____ units _____ time		Other	

### THURSDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose					<input type="checkbox"/> Dinner _____ units _____ time		Other	

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



## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time										

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time										

## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time										

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### NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

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## BLOOD SUGAR RESULTS\*

### FRIDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

### SUNDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

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

## NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

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## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast _____ units	<input type="checkbox"/> Lunch _____ units	<input type="checkbox"/> Dinner _____ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: _____ units _____ time										

## SATURDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
Mealtime insulin dose	<input type="checkbox"/> Breakfast _____ units	<input type="checkbox"/> Lunch _____ units	<input type="checkbox"/> Dinner _____ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: _____ units _____ time										

## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
Mealtime insulin dose	<input type="checkbox"/> Breakfast _____ units	<input type="checkbox"/> Lunch _____ units	<input type="checkbox"/> Dinner _____ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: _____ units _____ time										

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

## NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealttime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealttime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealttime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealttime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

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## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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						

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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						

## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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						

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### NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Lunch _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Dinner _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		Other ▲	
Mealtime insulin dose ▲								
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Lunch _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Dinner _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		Other ▲	
Mealtime insulin dose ▲								
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Lunch _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Dinner _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		Other ▲	
Mealtime insulin dose ▲								
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Lunch _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		<input type="checkbox"/> Dinner _____ units _____ time If needed at dinner or bedtime: _____ units _____ time		Other ▲	
Mealtime insulin dose ▲								
Long-acting insulin dose ▲								

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



## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time										

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time										

## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time										

### SUNDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other <b>▶</b>							
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time										

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### NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

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## BLOOD SUGAR RESULTS\*

### FRIDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units If needed at dinner or bedtime: ___ units ___ time							
Long-acting insulin dose	<input type="checkbox"/> Breakfast ___ units If needed at dinner or bedtime: ___ units ___ time						Other	

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units If needed at dinner or bedtime: ___ units ___ time							
Long-acting insulin dose	<input type="checkbox"/> Breakfast ___ units If needed at dinner or bedtime: ___ units ___ time						Other	

### SUNDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units If needed at dinner or bedtime: ___ units ___ time							
Long-acting insulin dose	<input type="checkbox"/> Breakfast ___ units If needed at dinner or bedtime: ___ units ___ time						Other	

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## NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

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## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	<input type="checkbox"/> Dinner ___ units	Other						
Long-acting insulin dose	___ units	___ time	If needed at dinner or bedtime: ___ units ___ time								

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime		Night	
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time
Non-insulin medicine and dose										
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	<input type="checkbox"/> Dinner ___ units	Other					
Long-acting insulin dose	___ units	___ time	If needed at dinner or bedtime: ___ units ___ time							

## BLOOD SUGAR RESULTS\*

	Breakfast		Lunch		Dinner		Bedtime		Night	
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time
Non-insulin medicine and dose										
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	<input type="checkbox"/> Dinner ___ units	Other					
Long-acting insulin dose	___ units	___ time	If needed at dinner or bedtime: ___ units ___ time							

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### NOTES:

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## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

\*You and your diabetes care team will decide the best times for you to check your blood sugar. 43



## BLOOD SUGAR RESULTS\*

### FRIDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

### SUNDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

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## NOTES:

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Date: / /

## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
_____	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

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



## BLOOD SUGAR RESULTS\*

### FRIDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

## BLOOD SUGAR RESULTS\*

### SUNDAY

	Breakfast		Lunch		Dinner		Bedtime		Night		
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time	Time	Time	
Non-insulin medicine and dose											
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
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								

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

## NOTES:

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To track your readings in an app, download the **FREE Cornerstones4Care®** Powered by Glooko app to your mobile device.



## BLOOD SUGAR RESULTS\*

### MONDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### TUESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

## BLOOD SUGAR RESULTS\*

### WEDNESDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

### THURSDAY

Non-insulin medicine and dose	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time		
	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▲	<input type="checkbox"/> Breakfast _____ units _____ time		<input type="checkbox"/> Lunch _____ units		<input type="checkbox"/> Dinner _____ units		Other ▲	
Mealtime insulin dose ▲	If needed at dinner or bedtime: _____ units _____ time							
Long-acting insulin dose ▲								

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



## BLOOD SUGAR RESULTS\*

### FRIDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other $\blacktriangleright$				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

### SATURDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other $\blacktriangleright$				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

### SUNDAY

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
Non-insulin medicine and dose								
Carb intake	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units	<input type="checkbox"/> Lunch ___ units	<input type="checkbox"/> Dinner ___ units	Other $\blacktriangleright$				
Long-acting insulin dose	If needed at dinner or bedtime: ___ units ___ time							

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

## NOTES:

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

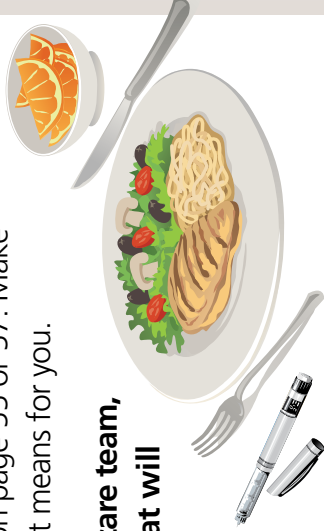


## Adding or starting insulin

For many people, adding insulin to a diabetes care plan is needed to further help manage blood sugar levels. It does not mean that you've done anything wrong in managing your diabetes. It just means that your diabetes has changed over time. There are different types of insulin. You and your diabetes care team will select the type of insulin that is right for you.

You and your doctor can use the Guides below to help you with adding long-acting or mealtime insulin into your diabetes care plan. Ask your doctor to fill in the chart on page 55 or 57. Make sure you understand what the chart means for you.

**With the help of your diabetes care team, you can find an insulin plan that will help manage your blood sugar levels and fit your routine.**



**You may have to take medicine to help you reach your blood sugar goals. To learn more about the different diabetes medicines, ask your diabetes care team for the booklet, *Living with diabetes*.**

# 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: 80 or less)

Subtract \_\_\_\_ unit(s)

Between \_\_\_\_ and \_\_\_\_  
(example: between 81 and 130)

Take the same dose you took today

\_\_\_\_\_ or more  
(example: 131 or more)

Add \_\_\_\_ unit(s)

FOLD HERE

## Return this card today to join



### 1 Tell us about yourself

Go to [Cornerstones4Care.com](https://www.cornerstones4care.com) to register today. Or fill in the information below. Then tear off this card, fold and seal it, and mail it back to us.

All fields with asterisks (\*) are required.

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

\* First name \_\_\_\_\_ MI \_\_\_\_\_

\* Last name \_\_\_\_\_

\* Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\* City \_\_\_\_\_

\* State \_\_\_\_\_ \* ZIP \_\_\_\_\_

\* Email address \_\_\_\_\_

Yes, I would like Novo Nordisk to contact me on the telephone number provided below so that Novo Nordisk may notify me of products, goods, or services that may be of interest to me. By providing my telephone number and checking this box, I understand that these calls may be generated using automated technology and I do not need to provide consent to receive calls to purchase goods or receive services from Novo Nordisk.

Telephone number \_\_\_\_\_

\* 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)

- Diabetes pills (also called **oral antidiabetics** or OADs)
- Non-Insulin Injectable or GLP-1 RA therapy
- Combination injectable therapy
- Insulin
- Other diabetes medicine
- None

• 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 "Non-Insulin Injectable or GLP-1 RA therapy," "Combination injectable therapy," "Insulin," or "Other diabetes medicine," please fill in the following for each:

Product name 1: \_\_\_\_\_

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

Product name 2: \_\_\_\_\_

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

Product name 3: \_\_\_\_\_

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

### 3 Tell us about your interests

Please select **2** from the **topics below** so we can offer you the information and support that's most helpful to you.

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

### 4 Sign below

To complete your registration, we ask you take a moment to read the below information to better understand how Novo Nordisk uses the information you provided us. When you finish reading, please check the "I Agree" box and confirm your age. Sign and date below to complete your registration.

Novo Nordisk respects the importance of your privacy and understands your health is a very personal and sensitive subject. Novo Nordisk wants you to understand how it will use the information provided by you on this registration page. By checking "I Agree" and signing below, you are indicating you want to learn more about this service and receive promotional or non-promotional updates via email or mail from Novo Nordisk or its partners about products, support services, or other special opportunities that Novo Nordisk or its partners believe might be interesting to you. You also understand that you may opt out from receiving any future communications from Novo Nordisk or its partners by clicking the "unsubscribe" link within any email you receive, by calling 1-877-744-2579, or by sending us a letter containing your full contact information (eg, name, email address, phone) to Novo Nordisk, 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

To better understand how Novo Nordisk values your privacy and what other information may be collected from you while you use this service, please visit [www.C4CPrivacy.com](https://www.C4CPrivacy.com).

I agree and confirm I am 18 years of age or older.

**Signature** (required) \_\_\_\_\_

**Date** (required) \_\_\_\_\_

mm/dd/yyyy

# Where diabetes care gets personal

**Cornerstones4Care®** is a **free**, personalized support program based on your individual need. Feel empowered to manage *your* diabetes **your way** along with your diabetes care team.

## What do I get with **Cornerstones4Care®**?

### Interactive Tracking App

Track your blood sugar, activity, meals, and medicines all in one place with the free **Cornerstones4Care®** Powered by Glooko app.



### Ask Sophia!



### "Ask Sophia!" Digital Assistant

Get answers to your questions about diabetes and so much more.

### Text Messages

You can choose to get informative and motivational text messages.



### Diabetes Health Coach

A digital coaching program that provides a customized learning and action plan based on your personal health assessment.



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US19PAT00015 July 2019

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**Send this card today or sign up at**  
**Cornerstones4Care.com**

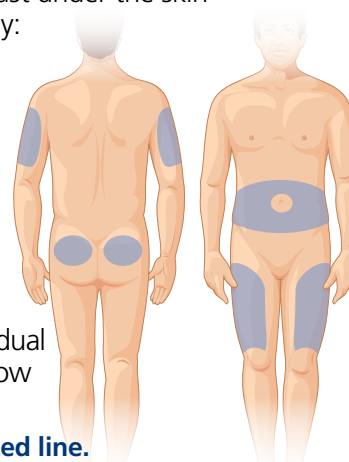
**FREE tools and resources from**  
**Cornerstones4Care®**

FOLD → HERE

# Where to inject your diabetes medicine

Injections of diabetes medicines are most often given in the layer of fat just under the skin in these areas of the body:

- Abdomen (except a 2-inch circle around your belly button)
- Thighs (top and outer parts)
- Back of upper arms
- Buttocks



Please refer to your individual instructions for use on how to take your medicine.

Tear off card at dotted line.



Enjoy the benefits and support of the **FREE Cornerstones4Care®** program. Simply sign up online at [Cornerstones4Care.com](http://Cornerstones4Care.com).

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

**Insulin Dosing Guide**