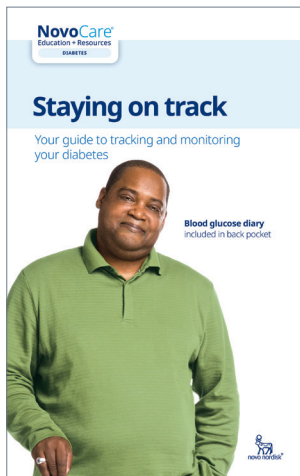


# Your blood glucose tracker

A diary of your blood glucose (*sugar*) levels



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 glucose goals and what your numbers mean.

To order additional trackers, please call **1-800-727-6500** (option 8 for Spanish) from 8:30 AM to 6:00 PM EST.

# Your blood glucose tracker

Keeping track of your blood glucose 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.

Bring it to visits with your diabetes care team. Sharing it helps all of you see how well your diabetes care plan is working.

**Your blood glucose tracker** Date: \_\_\_/\_\_\_/\_\_\_

**BLOOD GLUCOSE RESULTS**

MONDAY	Breakfast		Lunch		Dinner		Bedtime		Night	
Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
Carb intake	☐ Breakfast ___ units		☐ Lunch ___ units		☐ Dinner ___ units		Other			
Mealtime insulin dose	☐ ___ units ___ time		☐ ___ units ___ time		☐ ___ units ___ time		☐ ___ units ___ time			
Long-acting insulin dose	☐ ___ units ___ time ☐ If needed at dinner or bedtime ___ units ___ time									

**TUESDAY** (Similar structure to Monday)

**WEDNESDAY** (Similar structure to Monday)

**THURSDAY** (Similar structure to Monday)

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

**Guide to adjusting your mealtime insulin dose**

If your doctor has told you to adjust your mealtime insulin dose, have them 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:** ☐ Breakfast ☐ Lunch ☐ Dinner

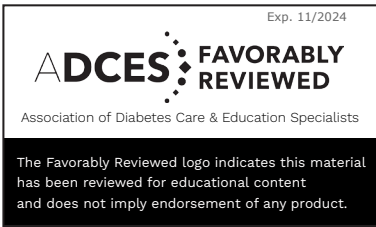
**3 When to check blood glucose:** Before lunch Before dinner At bedtime

**4 If your blood glucose reading is:** The next day you should:

☐ \_\_\_ or less (example: 80 or less) ☐ subtract \_\_\_ units

☐ Between \_\_\_ and \_\_\_ (example: between 81 and 130) ☐ Take the same dose you took today

☐ \_\_\_ or more (example: 131 or more) ☐ Add \_\_\_ units



If your doctor has added insulin to your diabetes care plan, go to the **back of this booklet** to find guides for tracking and adjusting mealtime insulin and starting long-acting insulin based on your doctor's instructions.

## My A1C numbers

My most recent A1C:	Date:	My A1C Goal:
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## My blood glucose goals

Before meals:	1-2 hours after a meal:
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← → →

## My diabetes medicines

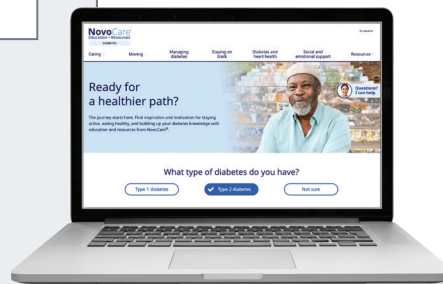
- I am taking long-acting insulin
- I am taking mealtime insulin
- I am taking non-insulin diabetes medicine

## Ready for a healthier path with type 2 diabetes?

### Visit NovoCare.com. Your one-stop resource for all things diabetes

- Informative articles
- Educational videos
- Ask Sophia! A digital assistant

You can also enroll in NovoCare<sup>®</sup> Education & Resources for Diabetes, that includes access to the Diabetes Health Coach program.



Scan this code with a smartphone or tablet



# How to use your blood glucose tracker

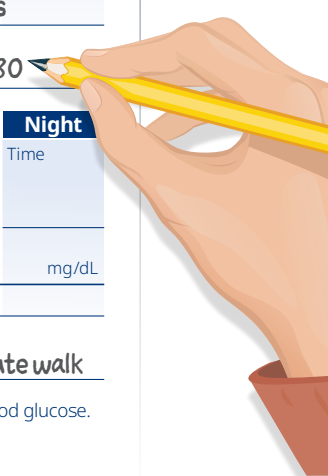
**EXAMPLE**

**Your blood glucose tracker** 1 Date: 10 / 7 / 2022

**BLOOD GLUCOSE RESULTS\***

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
2 Non-insulin medicine and dose	Time	Time	Time	Time	Time	Time		
10 mg medicine A	6 am	8 am		1:30 pm	6:15 pm		11 pm	3:30 am
3	90 mg/dL	150 mg/dL	mg/dL	148 mg/dL	91 mg/dL	mg/dL	90 mg/dL	140 mg/dL
4 Carb intake ▶	18 grams		21 grams		26 grams		2 grams	
5 Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input checked="" type="checkbox"/> Dinner 2 units		7 Other ▶	
6 Long-acting insulin dose ▶	_____ units _____ time		If needed at dinner or bedtime: _____ units _____ time				BP: 120/80	
<b>TUESDAY</b>								
Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
10 mg medicine A	6 am	8 am						
	90 mg/dL	150 mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake ▶	20 grams							
Mealtime insulin dose ▶	<input type="checkbox"/> Breakfast _____ units		<input type="checkbox"/> Lunch _____ units		<input checked="" type="checkbox"/> Dinner 2 units		Other ▶	
Long-acting insulin dose ▶	_____ units _____ time		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 glucose.



- 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 glucose 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 or how many servings of carbs you had

- 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 glucose readings, such as the food you ate, any physical activity you did, or any stress you might be under.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.



### BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

### BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.

#### NOTES:

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Visit **NovoCare.com** to learn about why changes in blood glucose may happen.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.



## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit **NovoCare.com** to get tips for handling low or high blood glucose levels.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.





## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit [NovoCare.com](http://NovoCare.com) for more information about making a care plan you can stick with.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.



# Your blood glucose tracker

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 20

## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit **NovoCare.com** for healthy recipes and guidance on well balanced meals.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose. 23



## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit **NovoCare.com** to learn more about why moving with diabetes matters so much.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose. 27



## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit [NovoCare.com](http://NovoCare.com) to find out more about programs that may help make medicines more affordable.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.





## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit **NovoCare.com** to learn about the connection between diabetes and heart health.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.



## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit **NovoCare.com** to Ask Sophia, the digital assistant, questions about diabetes.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose. 39



## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit **NovoCare.com** to enroll in NovoCare® Education & Resources for Diabetes, that includes access to the Diabetes Health Coach program.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.



## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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To order additional trackers, please call **1-800-727-6500** (option 8 for Spanish) from 8:30 AM to 6:00 PM EST.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.





## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER		
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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Visit **NovoCare.com** to learn how to set goals to help manage your diabetes.



## BLOOD GLUCOSE RESULTS\*

MONDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

TUESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

WEDNESDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

THURSDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.



## BLOOD GLUCOSE RESULTS\*

FRIDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

SATURDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
Long-acting insulin dose ▶	____ units ____ time		If needed at dinner or bedtime: ____ units ____ time					

## BLOOD GLUCOSE RESULTS\*

SUNDAY	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	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 ▶	
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 glucose.

### NOTES:

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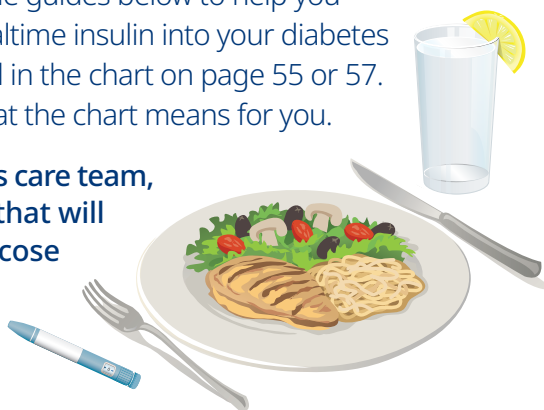
Visit **NovoCare.com** to learn about the different types of medicines for diabetes.

# Adding or starting insulin

For many people, adding insulin to a diabetes care plan is needed to further help manage blood glucose 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 glucose levels and fit your routine.



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



**If your doctor wants you to adjust your mealtime insulin.**

## Guide to adjusting long-acting insulin

Long-acting insulin provides steady insulin levels throughout the day and night. **If your doctor has told you to adjust your long-acting insulin dose**, have them complete this section for you.

<b>My dose</b> ____ <b>unit(s)</b> at ____ <b>time</b>		<b>My dose</b> ____ <b>unit(s)</b> at ____ <b>time</b> (if needed)	
<b>My morning blood glucose target</b> _____			
<b>If your morning blood glucose reading before eating is:</b>		<b>Then you should:</b>	
____ 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)	
<b>Do not take more than</b> ____ <b>units without talking to your doctor.</b>			

# Guide to tracking mealtime insulin

**Your blood glucose tracker**

Date: 10 / 7 / 2022

**BLOOD GLUCOSE RESULTS**

	Breakfast		Lunch		Dinner		Bedtime	Night
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose								
<b>10 mg medicine A</b>	6 am	8 am	12 pm	1:30 pm	6:15 pm	8 pm		3:30 am
	90 mg/dL	150 mg/dL	89 mg/dL	148 mg/dL	91 mg/dL	152 mg/dL		140 mg/dL
Carb intake	18 grams		21 grams		26 grams		2 grams	
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units		<input type="checkbox"/> Lunch ___ units		<input checked="" type="checkbox"/> Dinner ___ units		Other: _____	
Long-acting insulin dose	___ units ___ time		If needed at dinner or bedtime: ___ units ___ time				BP: 120/80	
<b>TUESDAY</b>								
Non-insulin medicine and dose								
<b>10 mg medicine A</b>	6 am	8 am	12 pm	1:15 pm	7:15 pm	8:45 pm		
	90 mg/dL	150 mg/dL	89 mg/dL	150 mg/dL	90 mg/dL	153 mg/dL		
Carb intake	20 grams		18 grams		28 grams		2 grams	
Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units		<input type="checkbox"/> Lunch ___ units		<input type="checkbox"/> Dinner ___ units		Other: 30 minute walk	
Long-acting insulin dose	___ units ___ time		If needed at dinner or bedtime: ___ units ___ time					
<b>WEDNESDAY</b>								
Non-insulin medicine and dose								
<b>10 mg medicine A</b>	6 am	8 am						
	90 mg/dL	150 mg/dL						
Carb intake	20 grams							
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				BP: 120/80	

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

- 1 Your starting dose
- 2 When to take insulin. This example assumes dinner
- 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 adjusting your mealtime insulin dose

If your doctor or health care provider has told you to adjust your mealtime insulin dose, have them 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:**

<b>2 When to take mealtime insulin:</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<b>3 When to check blood glucose:</b>	Before <b>lunch</b>	Before <b>dinner</b>	At <b>bedtime</b>
<b>4 If your blood glucose reading is:</b>	<b>The next day you should:</b>		
_____ 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)		



Eating healthy



Moving more



Managing diabetes



Staying on track



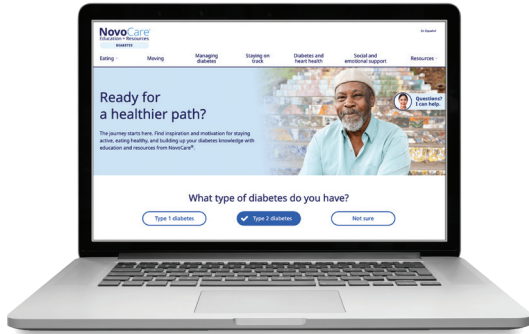
Social and emotional support



Diabetes and heart health



Affording medicines



Go to **NovoCare.com** from your smartphone, tablet, or computer for more information and inspiration to help you reach your diabetes goals!

# 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.

## Your pocket guide

See the instructions inside this booklet for more about when to test your blood glucose and how to adjust your dose.

Tear off card at dotted line.

### When to take mealtime insulin:

Breakfast

Lunch

Dinner

### When to check blood glucose:

Before lunch

Before dinner

At bedtime

HERE  
FOLD

### If your glucose reading is:

### The next day you should:

\_\_\_\_\_ 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)

## My medicines

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## 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

Move where you inject at least one inch from your last one in a recommended area of the body shown here. Be sure to avoid injecting in the same spot.

Tear off card at dotted line.

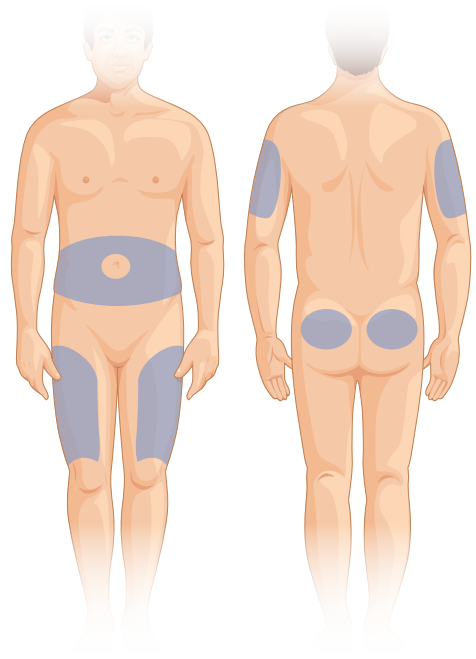
## Insulin Dosing Guide

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

To learn more about staying on track with diabetes, visit **NovoCare.com** today!



FOLD  
HERE



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

# Diabetes Health Coach



**Tamara**  
Actual Diabetes  
Health Coach

## Get **FREE** coaching and support to help manage your diabetes

- There's no need to manage diabetes on your own. This program provides **FREE**, one-on-one support for up to 6 months\*
- Each week, based on your needs and schedule, your personal Diabetes Health Coach will connect with you to discuss diabetes topics that matter to you
- You will also receive helpful emails and videos, and you can exchange text messages
- Your Diabetes Health Coach will provide tips and reminders to reinforce the goals set with your diabetes care team
- Available in English and Spanish

\*Some features are for people starting certain Novo Nordisk products.

**Call to sign up today!**

**1-877-322-0281** (option 2 for Spanish) Monday to Friday from 9:00 AM to 6:00 PM EST

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