

Your guide to better office visits

A diabetes care planner



This booklet belongs to:

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

Favorably reviewed by:



This booklet was developed to be consistent with American Diabetes Association educational materials, including the Standards of Medical Care in Diabetes. This booklet does not replace the advice of your diabetes care team. Be sure to consult your diabetes care team regarding your individual diabetes care plan.

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

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Your diabetes care: it's a team effort

You are not alone when it comes to managing your diabetes. You may have a doctor, nurse, diabetes educator, dietitian, and others on your team. You may also have family members or friends who lend their help and support.

And then, of course, there's you. You are the captain of your team and the most important person on it. Your fellow team members are experts on diabetes. But you are the expert on how you feel living with diabetes. All of your team members have the same goal: to help you manage your diabetes.

Diabetes is a condition that you *can* manage. You are in charge of the day-to-day care of your diabetes. As the captain of your team, you need to:

- ▶ Learn as much as you can about diabetes in general
- ▶ Know as much as possible about your diabetes and your health
- ▶ Know how to get the most from your visits with your diabetes care team

As the team captain, you also have a right to:

- ▶ Be involved in your diabetes care planning
- ▶ Work with your team to set diabetes care goals
- ▶ Understand your diabetes tests and know what the results mean
- ▶ Have your questions answered



This booklet can help you be an active member of your diabetes care team and make the most of your office visits. It can help you:

- ▶ Keep track of your test results
- ▶ Prepare for your visits
- ▶ Decide before each visit what questions you want to ask
- ▶ Understand and remember your team's advice and answers
- ▶ Use the information you receive to improve your diabetes care

Take this booklet with you to every visit. Use it to help you talk about what you need and how your diabetes care plan is working.

Visit [Cornerstones4Care.com](https://www.cornerstones4care.com) to find all sorts of tools to help you take charge of your diabetes. And join a FREE program to help you manage your diabetes.



What to expect from office visits

Regular visits with your diabetes care team are very important to managing your diabetes.

Your first visit

At your first visit, you and your diabetes care team will make a plan for managing your diabetes. Your plan should include:

- ▶ A list of goals for your
 - Blood sugar (eg, A1C, fasting)
 - Weight
 - Blood pressure
 - Medicine schedule
 - Meal plan
 - Physical activity
 - Cholesterol and blood fat tests
- ▶ Action steps that will help you reach your goals
- ▶ Ways to measure your progress
- ▶ Steps to take when you have questions
- ▶ Regular checks for diabetes problems



Follow-up visits

Your diabetes care team will let you know how often you should return for visits. They most likely will recommend a complete checkup at least once a year. At each of your visits, make sure to:

- ▶ Let your diabetes care team know how you've been feeling
- ▶ Discuss your blood sugar tracker and the other records you keep
- ▶ Talk about any new medicines you've been taking since your last visit
- ▶ Tell your diabetes care team about any major changes in your life
- ▶ Ask about your weight and blood pressure
- ▶ Have your feet checked
- ▶ Ask about any signs of possible diabetes problems
- ▶ Ask whether you need any diabetes care tests (See pages 10 and 11 for a schedule of diabetes care testing)
- ▶ Review your diabetes care plan to make sure it's working for you
- ▶ Talk about any changes to your diabetes care plan



Your diabetes care team

You and your diabetes care team need to stay in close touch. Write the names and phone numbers of your team members on the next page. Don't hesitate to ask a member of your team whenever you have questions or concerns. Make sure you keep a copy of the contact information for your team in your wallet.



To learn more about working with your diabetes care team, visit Cornerstones4Care.com.

Keeping track of your diabetes care team

Below, write the names and phone numbers of the people who might be on your diabetes care team.

Team member	Name	Telephone number
Primary health care provider	_____	_____
Endocrinologist	_____	_____
Diabetes educator	_____	_____
Podiatrist (foot doctor)	_____	_____
Nurse	_____	_____
Dietitian	_____	_____
Cardiologist (heart doctor)	_____	_____
Ophthalmologist/ optometrist (eye care provider)	_____	_____
Nephrologist (kidney doctor)	_____	_____
Dentist	_____	_____
Pharmacist	_____	_____
Emergency contact	_____	_____
Other contacts	_____	_____



Your diabetes care schedule

These pages show the tests and checkups that are part of a diabetes care plan. Ask your diabetes care team how often you should have these tests. Write down the date when you are scheduled to have each test.^a

As recommended	Date
Regular office visit	_____
A1C test (every 3–6 months, as needed)	_____
Blood pressure check	_____
Weight check	_____
Foot check	_____

The A1C test measures your estimated average blood sugar level over the past 3 months. It's like a "memory" of your blood sugar levels.

Make copies of these pages for future use, or visit Cornerstones4Care.com to learn more.

Every year	Date
Physical exam	_____
Comprehensive foot exam ^b	_____
Cholesterol and blood fat tests ^c	_____
Kidney tests	_____
Dilated eye exam ^d	_____
Flu shot	_____



^aThese recommendations are based on American Diabetes Association Standards of Medical Care. You and your diabetes care team will set individual goals for you.

^bShould be done more often if you have foot problems.

^cIndividualized based on how long you have diabetes and type of statin treatment.

^dEye exams every 2 years may be okay after 1 or more normal eye exams.



Tracking your diabetes care plan

The key parts of a diabetes care plan are:

- ▶ A meal plan
- ▶ A physical activity plan
- ▶ Medicine

Talk with your diabetes care team about your plan. Write each part of your plan here. Then write down any questions you want to ask at your next visit. Find out more about creating a diabetes care plan at Cornerstones4Care.com.



Your medicine schedule

Medicine	Dose	How often to take
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Questions		

Questions



Your daily meal plan

Amount per day

Calories _____

Carbohydrates (carbs) _____

Fat _____

Protein _____

Sodium _____

Questions



Your physical activity plan

Type of physical activity _____

How long _____

How often _____

Things to watch out for _____

Things to avoid _____

Tracking your blood pressure

Here is the blood pressure goal for most people with diabetes. Ask your diabetes care team what your personal goal is and write it below.

Blood pressure goal for most adults with diabetes	Your blood pressure goal
Less than 140/90 mm Hg	_____mm Hg

If your blood pressure is too high, you may need to change your diabetes care plan. Changes might include:

- ▶ Weight loss (if necessary)
- ▶ Decreasing the amount of salt in your diet
- ▶ Changing your physical activity plan
- ▶ Adjusting your blood pressure medicine
- ▶ Reducing the amount of alcohol you drink

A quick tip:



Regular blood pressure checks shine a light on the health of your heart and blood vessels. Aim to keep your blood pressure at or below your goal.

Here are some important questions to ask your diabetes care team about your blood pressure. Write the answers in the spaces.

 When was the last time my blood pressure was checked?

 What was the reading?

 If I'm not at my blood pressure goal, what would help me get there?

 When should I have my blood pressure checked next?

Blood pressure results

You and your diabetes care team will decide how often to check your blood pressure. Use the spaces below to keep track of your blood pressure.

Date	Blood pressure
_____	_____ mm Hg

Tracking your cholesterol and blood fat levels

The cholesterol and blood fat (triglyceride) goals for most people with diabetes are shown below. Meeting your goals will help protect your heart and blood vessels from damage. Ask your diabetes care team what your personal goals are and write them in the spaces below.

Cholesterol and blood fat goals for adults with diabetes

Your personal goals

HDL ("good") cholesterol

Men: more than 40 mg/dL _____mg/dL

Women: more than 50 mg/dL _____mg/dL

Triglycerides: less than 150 mg/dL _____mg/dL

LDL ("bad") cholesterol

Based on your risk factors for heart disease, your diabetes care team may have LDL goals for you _____mg/dL

Adapted from the American Diabetes Association. Standards of medical care in diabetes – 2017. *Diabetes Care*. 2017;40(suppl 1):S1-S135.

If you're not meeting your cholesterol and blood fat goals, your diabetes care team may advise:

- ▶ Weight loss (if necessary)
- ▶ A change in your eating plan
- ▶ A change in your physical activity plan
- ▶ Cholesterol-lowering medicine^a

^aBased on your risk factors and age, your diabetes care team may recommend a drug class called statin.



Here are some questions to ask your diabetes care team about your cholesterol and blood fat levels.

 When was the last time my cholesterol and blood fat levels were checked?

 What were the results and what do they mean?

 If I'm not meeting my cholesterol and blood fat goals, what would help me meet them?

 When should I have my cholesterol and blood fat levels checked next?

Caring for your kidneys

Cholesterol and blood fat tracker

Each time you get your cholesterol and blood fat levels checked, ask your diabetes care team for the results. Write them on this chart along with the date.

Date	Cholesterol and blood fat levels
_____	HDL _____ mg/dL
_____	Triglycerides _____ mg/dL
_____	LDL _____ mg/dL
_____	HDL _____ mg/dL
_____	Triglycerides _____ mg/dL
_____	LDL _____ mg/dL
_____	HDL _____ mg/dL
_____	Triglycerides _____ mg/dL
_____	LDL _____ mg/dL
_____	HDL _____ mg/dL
_____	Triglycerides _____ mg/dL
_____	LDL _____ mg/dL
_____	HDL _____ mg/dL
_____	Triglycerides _____ mg/dL
_____	LDL _____ mg/dL

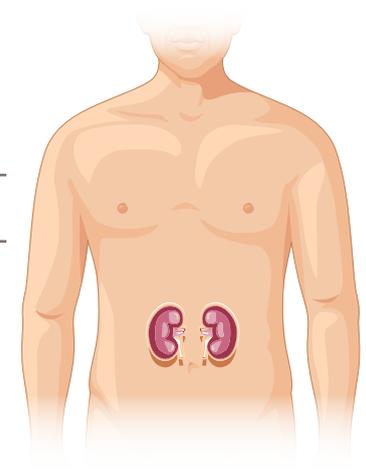
Once a year, your diabetes care team will want to check your kidneys. Here are some questions to ask your diabetes care team about how your kidneys are working. Write the answers in the spaces.

? When was the last time I had a kidney test?

? What were my results and what do they mean?

? Is there anything else I could be doing to help protect my kidneys?

? When is the next time my kidneys should be checked?



To learn more about how to manage diabetes, visit Cornerstones4Care.com.

Caring for your eyes

To help protect your eyes, you should have a dilated eye exam every 1 to 2 years, or more frequently if needed.

This may be done by an eye doctor.

During a dilated eye exam, the pupil of the eye (the black center) is made bigger with drops. This allows the doctor to see the inside of the eye more easily.

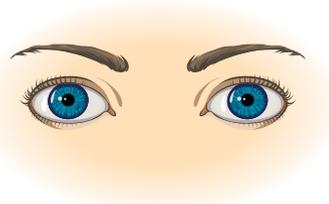
Here are some questions to ask your diabetes care team. Write their answers in the spaces.

? When was the last time I had a dilated eye exam?

? What were the results?

? What do the results mean?

? When should I have my next dilated eye exam?



Caring for your feet

It's best to have your feet checked at every office visit. Taking off your shoes and socks while waiting in the exam room can help you and your diabetes care team remember to look at your feet. In addition, you should have a comprehensive foot exam at least once a year. You should have a comprehensive exam at every visit if you have foot problems.

Here are some questions to ask your diabetes care team. Write their answers in the spaces.

? When was the last time I had a foot exam?

? What did the exam show?

? What do the findings mean?

? If the exam showed any problems, what can I do to correct them?



A quick tip



People who routinely track their progress, both good and bad, are more likely to stick to their plan over the long term. Tracking success can help boost your confidence and continue on the right path. It also helps you understand what's going well so you can keep it up.



Questions for your diabetes care team

Think about the questions you'd like to ask your diabetes care team at your next visit. Write them in the spaces below. During the visit, write down the answers your diabetes care team gives you. This information will help you continue to take good care of your diabetes.

Q

A

Q

A

Q

A

Diabetes care plan checklist



Do you know everything you need to know about your diabetes care? Do you have all the answers you need? This checklist can help you find out. Check the boxes below when you understand:

- When and how to take your diabetes medicine
- If you take insulin, when it starts working and when it will have its peak action (the time when it's working the hardest to control your blood sugar)
- When and how to check your blood sugar and what the results mean
- Your target blood sugar goals (before meals, after meals, and A1C)
- Why it's important to keep your blood sugar levels in your target range
- What you can do if your blood sugars are out of your goal range
- Possible causes of low blood sugar, how to prevent it, and what to do if it happens
- How to follow your meal and physical activity plans
- What to do when you are sick
- When to call your diabetes care team and how to reach them
- The importance of follow-up visits
- Where to go to learn more

Cornerstones4Care.com is a great place to visit to learn all about diabetes.



Tracking your blood sugar

One of the most important things you can do is to manage your blood sugar. To do that, you need to check your blood sugar often. Checking often will tell you:

- ▶ If your diabetes medicine is working to control your blood sugar
- ▶ How your physical activity and meal plans affect your blood sugar

You and your diabetes care team will set blood sugar goals for you based on your diabetes care plan. The chart on the next page lists blood sugar goals that many experts suggest for people with diabetes. Write your personal goals in the last column.



Here's a thought

Have you ever wondered whether you were on the right track with your diabetes care? While you can't see inside your body to know what's going on, you can use "diabetes numbers" to help you see where things stand—and what might need to be changed in your diabetes care plan.

Blood sugar goals

Time	Goals for most adults with diabetes	Your goals
A1C	Less than 7%	_____
Before meals	80 to 130 mg/dL	_____
1 to 2 hours after the start of a meal	Less than 180 mg/dL	_____

Adapted from the American Diabetes Association. Standards of medical care in diabetes – 2017. *Diabetes Care*. 2017;40(suppl 1):S1-S135.

Questions for your diabetes care team about A1C

Here are some important questions to ask your diabetes care team about your A1C. Write the answers in the spaces below.

? When was the last time my A1C was checked?

? What was the reading?

? What does the reading mean?

? How often should I have my A1C checked?

? If I'm not at my A1C goal, what would help me get there?

A1C tracker

Use the spaces below to keep track of your A1C.

Date	A1C level
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Using your blood sugar tracker

Use your tracker to record your blood sugar readings. You'll find an example on pages 28 and 29 of this booklet. Show the tracker to your diabetes care team at your office visits. Good tracker records will help you and your team make the best possible decisions about your diabetes care plan.

You can also track your blood sugar at Cornerstones4Care.com.



A quick tip

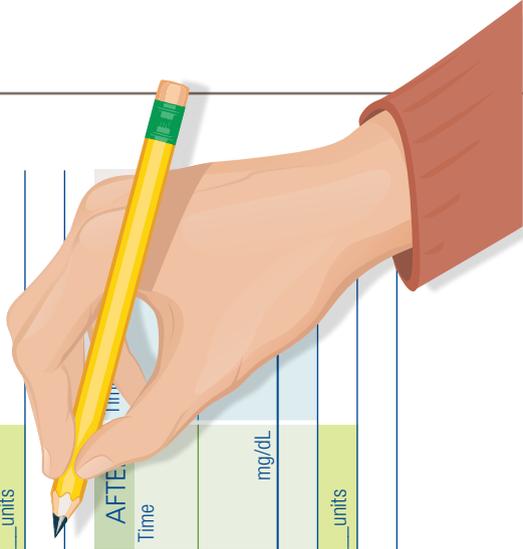
The A1C is the best measure of your overall blood sugar control.

EXAMPLE

Your blood sugar tracker

1 Date: 4 / 22 / 2017

BLOOD SUGAR RESULTS*											
		Breakfast		Lunch		Dinner		Bedtime		Night	
	Medicine type and dose	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	mg/dL
FRIDAY											
2	32 units insulin and 2 tablets at night	6 am	8 am	12 pm	1:30 pm	6:15 pm	8 pm	11 pm		3:30 am	
3		90 mg/dL	150 mg/dL	89 mg/dL	148 mg/dL	91 mg/dL	152 mg/dL	90 mg/dL		140 mg/dL	
4	Carb intake	18 carbs		21 carbs		26 carbs		2 carbs			
5	Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units		<input type="checkbox"/> Lunch ___ units		<input checked="" type="checkbox"/> Dinner 6 units					
6	Other	BP: 120/80									
SATURDAY											
	32 units insulin and 2 tablets at night	6 am	8 am								
		112 mg/dL	162 mg/dL								
	Carb intake	20 carbs									
	Mealtime insulin dose	<input type="checkbox"/> Breakfast ___ units		<input type="checkbox"/> Lunch ___ units		<input checked="" type="checkbox"/> Dinner 6 units					
	Other	Walked after breakfast									



Here's how to use the blood sugar tracker:

- 1 Write down the date for the start of the week. (You can start tracking on any day of the week)
- 2 Write the name(s) and dose(s) of your diabetes medicine(s)
- 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, see page 30 for instructions that your doctor can fill out for you
- 6 Add notes on anything else you might want to track (such as blood pressure or weight) After "Sunday," in the "Notes" section, write notes about anything that might have affected your blood sugar readings, such as the food you ate, any physical activity you did, or any stress you might be under.

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 mealtime insulin

Because diabetes changes over time, your doctor may decide to add mealtime insulin to your plan to help control blood sugar when you eat. **There are many ways to add mealtime insulin to your care plan. Together, your doctor and you will decide on the insulin plan that is right for you.**

You and your doctor can use the example below to see how you might add mealtime insulin one meal at a time.

Use this section only with your doctor.

Guide to Tracking and Adjusting Your Mealtime Insulin Dose

If your doctor has told you to adjust your mealtime insulin dose, have him or her complete this section for you and walk you through the example. **Change or adjust your mealtime dose only as instructed by your doctor.**

1 Day 1 starting dose: _____

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

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

Date: 4 / 22 / 2017

Your blood sugar tracker

Medicine type and dose	BLOOD SUGAR RESULTS*											
	Breakfast		Lunch		Dinner		Bedtime		Night		Time	
	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
FRIDAY 32 units <i>insulin</i> <i>metformin</i> 500 mg, 2 tablets at night and 2 in the morning	90	15.0	89	148	91	152	84.5	140	140	140	140	140
Carb intake	18 carbs		21 carbs		26 carbs		26 carbs		26 carbs		26 carbs	
Mealtime insulin dose	_____ units		_____ units		_____ units		_____ units		_____ units		_____ units	
Other	BP: 12.0/8.0											
SATURDAY 32 units <i>insulin</i> <i>metformin</i> 500 mg, 2 tablets at night and 2 in the morning	112	162	89	150	90	153	84.5	140	140	140	140	140
Carb intake	20 carbs		18 carbs		28 carbs		28 carbs		28 carbs		28 carbs	
Mealtime insulin dose	_____ units		_____ units		_____ units		_____ units		_____ units		_____ units	
Other	Walked after breakfast											
SUNDAY 32 units <i>insulin</i> <i>metformin</i> 500 mg, 2 tablets at night and 2 in the morning	90	15.0	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Carb intake	20 carbs		_____ units									
Mealtime insulin dose	_____ units		_____ units		_____ units		_____ units		_____ units		_____ units	
Other	BP: 12.0/8.0											

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

Date: ____/____/____

BLOOD SUGAR RESULTS*

MONDAY

units
and dose
Medicine type
Carb intake ▲
Mealttime insulin dose ▲
Other ▲

Breakfast		Lunch		Dinner		Bedtime	Night
BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			

TUESDAY

units
and dose
Medicine type
Carb intake ▲
Mealttime insulin dose ▲
Other ▲

Breakfast		Lunch		Dinner		Bedtime	Night
BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			

BLOOD SUGAR RESULTS*

WEDNESDAY

units
and dose
Medicine type
Carb intake ▲
Mealttime insulin dose ▲
Other ▲

Breakfast		Lunch		Dinner		Bedtime	Night
BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			

THURSDAY

units
and dose
Medicine type
Carb intake ▲
Mealttime insulin dose ▲
Other ▲

Breakfast		Lunch		Dinner		Bedtime	Night
BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			

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

Date: ____/____/____

BLOOD SUGAR RESULTS*

Breakfast		Lunch		Dinner		Bedtime	Night
BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			

FRIDAY
units
and dose
Medicine type
Carb intake ▲
Mealtime insulin dose ▲
Other ▲

Breakfast		Lunch		Dinner		Bedtime	Night
BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			

SATURDAY
units
and dose
Medicine type
Carb intake ▲
Mealtime insulin dose ▲
Other ▲

BLOOD SUGAR RESULTS*

Breakfast		Lunch		Dinner		Bedtime	Night
BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	BEFORE Time	AFTER Time	Time	Time
mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
<input type="checkbox"/> Breakfast ____ units		<input type="checkbox"/> Lunch ____ units		<input type="checkbox"/> Dinner ____ units			

SUNDAY
units
and dose
Medicine type
Carb intake ▲
Mealtime insulin dose ▲
Other ▲

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

NOTES:

Commitment to my health

My agreement

Use this chart to help you decide on your wellness goals and plan how to get to the goals you choose. I, _____, agree to achieve the goals below to help improve my overall health and wellness.

Your signature _____ Date _____

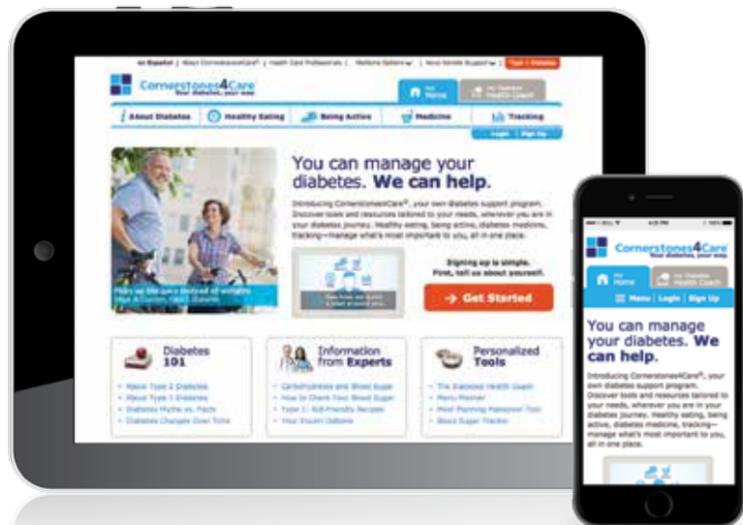
Friend's signature _____ Date _____

	What I will do:	When I will start:	My barriers:	How I will overcome barriers:
Example	<i>I will play a more active role on my diabetes care team by using this booklet to keep track of my test results, write down my questions, and get ready for my visits.</i>	<i>I will start as soon as my most recent test results come back.</i>	<i>I sometimes think of questions and then forget them when I'm at my visits.</i>	<i>I will keep this booklet with me all the time so that I can write down questions as soon as I think of them.</i>
Goal 1				
Goal 2				



Support online

Enjoy the benefits and support of the free **Cornerstones4Care**® program. Simply enroll online at **Cornerstones4Care.com**. You'll be able to take advantage of all sorts of tools for managing your diabetes. Don't miss this chance. **Join today!**



Notes

Blank lines for taking notes.

Novo Nordisk is dedicated to diabetes

Diabetes is our passion and our business

As a leader in diabetes, Novo Nordisk is dedicated to improving diabetes care worldwide. Novo Nordisk first marketed insulin for commercial use in 1923. Today we offer a broad line of medicines for diabetes. Novo Nordisk created the world's first prefilled pen device for injections.

If you are having trouble affording your Novo Nordisk brand medicine, you may qualify for help. Call the Customer Care Center at 1-800-727-6500 to see if you qualify for assistance.

For more information about Novo Nordisk products for diabetes care, call 1-800-727-6500.

Return this card today to join

Cornerstones4Care®

1 Tell us about yourself

Go to **Cornerstones4Care.com** to register today. Or fill in the information below. Then tear off this card, fold and seal it, and mail it back to us.

All fields with asterisks (*) are required.

* 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 _____

* Birth date (mm/dd/yyyy) _____

Phone number (____) - ____ - _____

Cell phone number (____) - ____ - _____

Yes, I would like Novo Nordisk to contact me via telephone and text message at the telephone number(s) I provided regarding Novo Nordisk's products, goods, or services. I understand these calls or texts may be generated using an automated technology and I do not have to consent to receive communications via telephone or text messaging before purchasing goods or receiving other services from Novo Nordisk.

If you are the parent of a child aged 17 years or younger for whom you provide diabetes care, please give the following information for the minor:

First name _____

Last name _____

Birth date (mm/dd/yyyy) _____

2 Tell us a little more

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

Type 2 Type 1 Don't know

* What year were you (or the person you care for) diagnosed with diabetes? _____

* What type of diabetes medicine has been prescribed? (Check all that apply)

Insulin
 Diabetes pills (also called *oral antidiabetic drugs*, or *OADs*)
 GLP-1 medicine
 None
 Other

* If you checked "diabetes pills," how many types are taken each day?

1 type of diabetes pill 2 types of diabetes pills
 More than 2 types of diabetes pills

* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: _____

How is this product taken? (Check all that apply)
 Syringe Pen Other delivery system

How long has this product been taken?
 Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

How many injections are taken each day?†
 1 2 3 More than 3 N/A

Product 2: _____

How is this product taken? (Check all that apply)
 Syringe Pen Other delivery system

How long has this product been taken?
 Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

How many injections are taken each day?†
 1 2 3 More than 3 N/A

Product 3: _____

How is this product taken? (Check all that apply)
 Syringe Pen Other delivery system

How long has this product been taken?
 Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

How many injections are taken each day?†
 1 2 3 More than 3 N/A

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

3 Tell us about your interests

Please check up to **2 topics from the list 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 Review and complete 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" 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.

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

Signature (required) _____

Date (required) _____
mm/dd/yyyy

FREE tools and resources from Cornerstones4Care®

Cornerstones4Care® gives you information and support tailored to your needs, wherever you are in your diabetes journey. It offers a wide array of diabetes management tools, available whenever you need them, all in one place. Features include:



Meal planning tools

Easy-to-make recipes for tasty, diabetes-friendly dishes—plus shopping and tracking tools

Interactive trackers

With A1C, medicine, and blood sugar tracking tools, you can share progress with your diabetes care team



Supportive newsletters

With timely tips and inspiration every step of the way

Diabetes books

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



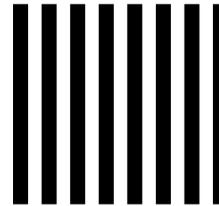
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The **Cornerstones4Care®** educational series is designed to help people with diabetes and their care partners work with the diabetes care team to learn about and manage diabetes.

- ▶ Diabetes and you
- ▶ Your guide to better office visits
- ▶ Diabetes medicines
- ▶ Carb counting and meal planning
- ▶ Staying on track
- ▶ Supporting someone with diabetes

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

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