



Your blood sugar tracker

A diary of your blood sugar



My A1C numbers

My most recent A1C:

Date:

My A1C Goal:

My blood sugar goals

Before meals:

1-2 hours after a meal:



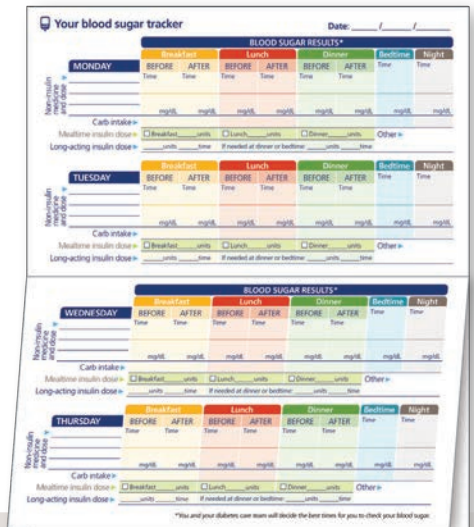
My diabetes medicines

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

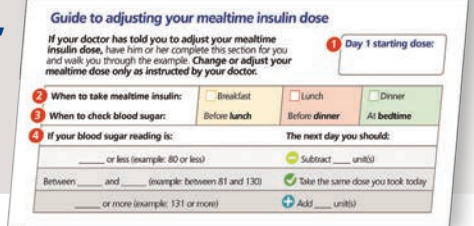
Your blood sugar tracker

Keeping track of your blood sugar is a good way for you and your diabetes care team to see how well your diabetes care plan is working. This tracker can help you do that.

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



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.



Enjoy the benefits and support of the **FREE** Cornerstones4Care® program

It's easy to register!

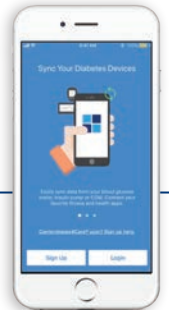
Mail in the card in the middle of this book



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



Join today!



Cornerstones4Care®
Powered by *glooko*

Try a **FREE** diabetes management app!

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

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

How to use your blood sugar tracker

EXAMPLE

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

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
2	FRIDAY	Time	Time	Time	Time	Time	Time		
	Non-insulin medicine and dose	<u>6 am</u>	<u>8 am</u>		<u>1:30 pm</u>	<u>6:15 pm</u>		<u>11 pm</u>	<u>3:30 am</u>
		mg/dL	mg/dL	mg/dL	<u>148</u> mg/dL	<u>91</u> mg/dL	mg/dL	<u>90</u> mg/dL	<u>140</u> mg/dL
3	Carb intake	<u>18 grams</u>		<u>21 grams</u>		<u>26 grams</u>		<u>2 grams</u>	
5	Mealtime insulin dose	<input type="checkbox"/> Breakfast <u> </u> units		<input type="checkbox"/> Lunch <u> </u> units		<input checked="" type="checkbox"/> Dinner <u>2</u> units		7 Other ▶	
6	Long-acting insulin dose	<u>90</u> units <u>150</u> time		If needed at dinner or bedtime: <u> </u> units <u> </u> time				BP: <u>120/80</u>	
		SATURDAY							
Non-insulin medicine and dose		Time	Time	Time	Time	Time	Time		
		<u>6 am</u>	<u>8 am</u>						
		<u>90</u> mg/dL	<u>150</u> mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	Carb intake	<u>20 grams</u>							
	Mealtime insulin dose	<input type="checkbox"/> Breakfast <u> </u> units		<input type="checkbox"/> Lunch <u> </u> units		<input checked="" type="checkbox"/> Dinner <u>2</u> units		Other ▶	
	Long-acting insulin dose	<u> </u> units <u> </u> time		If needed at dinner or bedtime: <u> </u> units <u> </u> time				<u>30 minute walk</u>	

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

- Write down the date for the start of the week. (You can start tracking on any day of the week)
- Write the name(s) and dose(s) of your non-insulin diabetes medicine(s), such as pills or non-insulin injectable medicines
- Write the time and your blood sugar readings in the "before" and "after" spaces. After-meal readings are usually taken 1 to 2 hours after you start your meal. Nighttime readings may be taken during the night as needed
- If you are counting carbs, write how many grams of carbs you ate

- If your doctor has told you to use mealtime insulin when you eat, write your dose here. See page 57 for instructions that your doctor can fill out for you
- 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
- Add notes on anything else you might want to track (such as blood pressure, activity, or weight)

After "Sunday," in the "Notes" section, write notes about anything that might have affected your blood sugar readings, such as the food you ate, any physical activity you did, or any stress you might be under.



Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*								
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY Non-insulin medicine and dose Carb intake Mealtime insulin dose Long-acting insulin dose		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
		Time	Time	Time	Time	Time	Time			
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
		Carb intake		Carb intake		Carb intake		Carb intake		Carb intake
		Mealtime insulin dose		Mealtime insulin dose		Mealtime insulin dose		Mealtime insulin dose		Other
	Long-acting insulin dose		Long-acting insulin dose		Long-acting insulin dose		Long-acting insulin dose		Other	

		BLOOD SUGAR RESULTS*								
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY Non-insulin medicine and dose Carb intake Mealtime insulin dose Long-acting insulin dose		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
		Time	Time	Time	Time	Time	Time			
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
		Carb intake		Carb intake		Carb intake		Carb intake		Carb intake
		Mealtime insulin dose		Mealtime insulin dose		Mealtime insulin dose		Mealtime insulin dose		Other
	Long-acting insulin dose		Long-acting insulin dose		Long-acting insulin dose		Long-acting insulin dose		Other	

		BLOOD SUGAR RESULTS*								
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY Non-insulin medicine and dose Carb intake Mealtime insulin dose Long-acting insulin dose		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
		Time	Time	Time	Time	Time	Time			
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
		Carb intake		Carb intake		Carb intake		Carb intake		Carb intake
		Mealtime insulin dose		Mealtime insulin dose		Mealtime insulin dose		Mealtime insulin dose		Other
	Long-acting insulin dose		Long-acting insulin dose		Long-acting insulin dose		Long-acting insulin dose		Other	

		BLOOD SUGAR RESULTS*								
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY Non-insulin medicine and dose Carb intake Mealtime insulin dose Long-acting insulin dose		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
		Time	Time	Time	Time	Time	Time			
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
		Carb intake		Carb intake		Carb intake		Carb intake		Carb intake
		Mealtime insulin dose		Mealtime insulin dose		Mealtime insulin dose		Mealtime insulin dose		Other
	Long-acting insulin dose		Long-acting insulin dose		Long-acting insulin dose		Long-acting insulin dose		Other	

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		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					

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NOTES:



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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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						

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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					

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NOTES:



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Your blood sugar tracker

Date: ____ / ____ / ____

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

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

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

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

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		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					

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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						

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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					

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY	Non-insulin medicine and dose	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
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY	Non-insulin medicine and dose	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
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY	Non-insulin medicine and dose	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
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY	Non-insulin medicine and dose	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
	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					

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		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					

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Your blood sugar tracker

Date: ____ / ____ / ____

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

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

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

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

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		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					

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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						

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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					

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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						

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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					

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*								
		Breakfast		Lunch		Dinner		Bedtime	Night	
MONDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
		Time	Time	Time	Time	Time	Time			
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
	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 SUGAR RESULTS*								
		Breakfast		Lunch		Dinner		Bedtime	Night	
TUESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
		Time	Time	Time	Time	Time	Time			
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
	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 SUGAR RESULTS*								
		Breakfast		Lunch		Dinner		Bedtime	Night	
WEDNESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
		Time	Time	Time	Time	Time	Time			
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
	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 SUGAR RESULTS*								
		Breakfast		Lunch		Dinner		Bedtime	Night	
THURSDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time	
		Time	Time	Time	Time	Time	Time			
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	
	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							

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Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		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					

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Your blood sugar tracker

Date: ____ / ____ / ____

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

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

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

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

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



Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 sugar.

NOTES:



If you'd like to use an online blood sugar tracker, you can find one at Cornerstones4Care.com



Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 sugar.



Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		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 sugar.

NOTES:



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



Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
MONDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
TUESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
WEDNESDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
THURSDAY	Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
		Time	Time	Time	Time	Time	Time		
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
	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 sugar.



Your blood sugar tracker

Date: ____ / ____ / ____

		BLOOD SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
FRIDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SATURDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 SUGAR RESULTS*							
		Breakfast		Lunch		Dinner		Bedtime	Night
SUNDAY		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	Time	Time
Non-insulin medicine and dose	▶	Time	Time	Time	Time	Time	Time		
	▶								
	▶								
	▶								
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 sugar.

NOTES:



If you'd like to use an online blood sugar tracker, you can find one at Cornerstones4Care.com

+ Adding or starting insulin

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

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




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



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

Guide to adjusting long-acting insulin

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

My dose _____ unit(s) at _____ time	My dose _____ unit(s) at _____ time (if needed)
My morning blood sugar target _____	
If your morning blood sugar reading before eating is:	Then you should:
_____ or less (example: 80 or less)	 Subtract _____ unit(s)
Between _____ and _____ (example: between 81 and 130)	 Take the same dose
_____ or more (example: 131 or more)	 Add _____ unit(s)
Do not take more than _____ units without talking to your doctor.	

**OPEN
HERE**

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

Guide to tracking mealtime insulin

Your blood sugar tracker Date: 4 / 22 / 2019

BLOOD SUGAR RESULTS

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

Repeat above process every day

- 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

Guide to adjusting your mealtime insulin dose

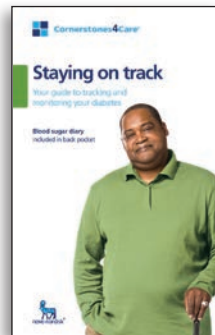
If your doctor has told you to adjust your mealtime insulin dose, have him or her complete this section for you and walk you through the example. **Change or adjust your mealtime dose only as instructed by your doctor.**

1 Day 1 starting dose:

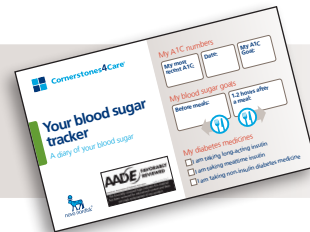
2 When to take mealtime insulin:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
3 When to check blood sugar:	Before lunch	Before dinner	At bedtime
4 If your blood sugar reading is:	The next day you should:		
_____ or less (example: 80 or less)	⊖ Subtract _____ 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)		

If you've received this tracker without the **Staying on track** booklet, you can ask your diabetes care team for the booklet. It will give you more information about blood sugar goals and what your numbers mean.

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



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



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