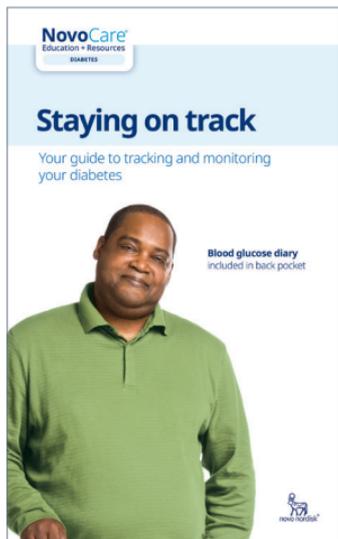


Your blood glucose tracker

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



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

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

Your blood glucose tracker

Keeping track of your blood glucose is a good way for you and your diabetes care team to see how well your treatment 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 treatment plan is working.



If insulin has been added to your treatment 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 healthcare provider's instructions.

Your blood glucose tracker Date: ___/___/___

MONDAY	BLOOD GLUCOSE RESULTS*											
	Breakfast		Lunch		Dinner		Bedtime		Night			
Non-insulin medicine and dose	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER
	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
		mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL	mg/dL
Carb intake	□ Breakfast ___ units		□ Lunch ___ units		□ Dinner ___ units		Other					
Mealtime insulin dose	___ units ___ time		___ units ___ time		___ units ___ time		___ units ___ time					
Long-acting insulin dose	___ units ___ time If needed at dinner or bedtime: ___ units ___ time											

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

Guide to adjusting your mealtime insulin dose

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

Day 1 starting dose:

2 When to take mealtime insulin: Breakfast Lunch Dinner

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

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

___ or less (example: 80 or less) subtract ___ units

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

___ or more (example: 131 or more) Add ___ units

My A1C numbers

My most recent A1C:	Date:	My A1C Goal:
---------------------	-------	--------------

My blood glucose 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

Ready for a healthier path with type 2 diabetes?

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

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

Scan this code with a smartphone or tablet



Scan me!

How to use your blood glucose tracker

EXAMPLE

Your blood glucose tracker 1 Date: 1 / 12 / 2026

BLOOD GLUCOSE RESULTS*

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

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

1 Write down the date for the start of the week. (You can start tracking on any day of the week)

2 Write the name(s) and dose(s) of your non-insulin diabetes medicine(s), such as pills or non-insulin injectable medicines

3 Write the time and your blood glucose readings in the “before” and “after” spaces. After-meal readings are usually taken 1 to 2 hours after you start your meal. Nighttime readings may be taken during the night as needed

4 If you are counting carbs, write how many grams of carbs you ate or how many servings of carbs you had

5 If you have been prescribed mealtime insulin when you eat, write your dose here. See page 57 for instructions that your healthcare provider can fill out for you

6 If you have been prescribed 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 healthcare provider can fill out for you

7 Add notes on anything else you might want to track (such as blood pressure, activity, or weight)

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



Your blood glucose tracker

Date: ____ / ____ / ____ 6

BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



Visit **NovoCare.com** for more information about making a care plan you can stick with.



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



Your blood glucose tracker

Date: ____ / ____ / ____ 20

BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

*You and your diabetes care team will decide the best times for you to check your blood glucose. 23



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

*You and your diabetes care team will decide the best times for you to check your blood glucose. 27



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



Visit NovoCare.com to find out more about programs that may help make medicines more affordable.



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

*You and your diabetes care team will decide the best times for you to check your blood glucose. 39



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



Visit **NovoCare.com** to learn more about digital devices for managing diabetes.



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

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



BLOOD GLUCOSE RESULTS*

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

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

BLOOD GLUCOSE RESULTS*

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

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

NOTES:



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

Adding or starting insulin

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

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

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



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

**OPEN
HERE**

If your healthcare provider wants you to adjust your mealtime insulin.

Guide to adjusting long-acting insulin

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

My dose ____ unit(s) at ____ time	My dose ____ unit(s) at ____ time (if needed)
My morning blood glucose target _____	
If your morning blood glucose 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 healthcare provider.	

Guide to tracking mealtime insulin

Your blood glucose tracker

Date: 1 / 12 /2026

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

- 1 Your starting dose
- 2 When to take insulin. This example assumes dinner
- 3 When to check (in this example, bedtime)
- 4 Adjust your mealtime insulin dose based on table below

Your next day's dose

Repeat above process every day

Guide to adjusting your mealtime insulin dose

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

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 glucose:	Before lunch	Before dinner	At bedtime
4 If your blood glucose reading is:	The next day you should:		
_____ or less (example: 80 or less)	➖ Subtract ___ unit(s)		
Between _____ and _____ (example: between 81 and 130)	✔ Take the same dose you took today		
_____ or more (example: 131 or more)	➕ Add ___ unit(s)		

 Eating	 Moving	 Managing diabetes
 Staying on track	 Social and emotional support	
 Diabetes and heart health	 For Caregivers	 Savings and insurance support



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

Guide to tracking and adjusting mealtime insulin

If you need to add mealtime insulin to your treatment plan, this guide can help. Work with your healthcare provider and diabetes care team to find out how many units to start with and how to adjust your dose.

Your pocket guide

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

Tear off card at dotted line.

When to take mealtime insulin:

Breakfast Lunch Dinner

When to check blood glucose:

Before lunch Before dinner At bedtime

If your glucose reading is:

The next day you should:

_____ or less
(example: 80 or less)

 Subtract ___ unit(s)

Between ___ and ___
(example: between 81 and 130)

 Take the same dose you took today

_____ or more
(example: 131 or more)

 Add ___ unit(s)

HERE
FOLD

My medicines

Where to inject your diabetes medicine

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

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

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

Tear off card at dotted line.

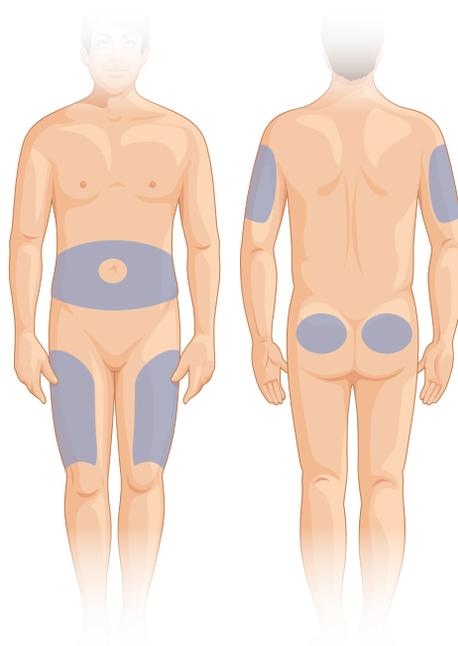
Insulin Dosing Guide

Ask your healthcare provider to complete the other side of this card for you.

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



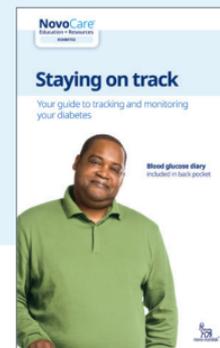
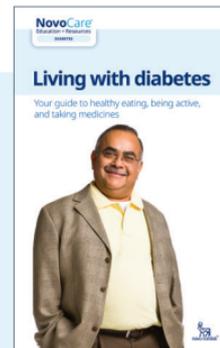
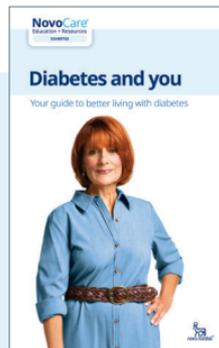
FOLD
HERE



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

The more you know about diabetes, the better you will be able to manage it. Ask a member of your healthcare team for these other **FREE** books.

This educational booklet series is designed to help people with diabetes work with their diabetes care teams to learn about and manage diabetes.



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