



Checking Your Blood Glucose

Blood glucose tracking is an essential part of taking care of your diabetes.

How frequent blood glucose (blood sugar) checks can help you

Checking your blood glucose is an important part of managing diabetes. Checking often will tell you:

- How well your insulin and other diabetes medicines are working
- How physical activity and the foods you eat affect your blood glucose

You'll usually feel better and have more energy when your blood glucose stays at or near normal. Managing your blood glucose can also reduce your risk of developing problems from diabetes.



How to check your blood glucose

You can check your own blood glucose using a meter. There are two main types:

- Standard blood glucose meter - checks your blood glucose levels at that moment using a drop of blood
- Continuous glucose monitor (CGM) - checks your blood glucose regularly day or night through a sensor placed on your body

Your diabetes care team can help you choose one and show you how to use it.

When to check your blood glucose

You and your diabetes care team will decide when and how often to check your blood glucose. The table below shows some times when you might want to check and why.

When your team may want you to check	Why you should check
When you wake up	To see if your blood glucose is maintained at goal while you're asleep (called fasting blood glucose)
Before meals	To know what your blood glucose is before you eat and to know if you will need to adjust your mealtime (prandial) insulin
1 or 2 hours after you start your meal	To see how your blood glucose is affected by insulin and/or the food you eat
Before, during, and after physical activity	To see how being active affects your blood glucose
At bedtime	Depending on the medicine that you take

Keeping a blood glucose tracker

It's important to keep track of your blood glucose levels and what makes them go up or down. See the last page for a tracker that you can use to record your levels and other important information.



Checking Your Blood Glucose

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

Adapted from the American Diabetes Association. Standards of medical care in diabetes—2022. *Diabetes Care*. 2022;45(suppl 1):S1-S270.

Setting your blood glucose goals

The table above lists blood glucose goals for many nonpregnant adults with diabetes. You and your diabetes care team will set the goals that are right for you.

Knowing your A1C

The A1C test measures your estimated average blood glucose levels over approximately 3 months. It's like a "memory" of your blood glucose levels over time. The table to the right shows how A1C relates to the estimated average blood glucose level.

Lowering your A1C to below 7% reduces your risk of problems from diabetes. Therefore, the A1C goal for most people is less than 7%.

It is recommended that you get an A1C test:

- At least 2 times a year if your blood glucose levels are at your goal
- 4 times a year if you are not meeting your goals or if your treatment has changed

A1C levels	Average blood glucose (blood sugar)
5%	97 mg/dL
6%	126 mg/dL
7%	154 mg/dL
8%	183 mg/dL
9%	212 mg/dL
10%	240 mg/dL
11%	269 mg/dL
12%	298 mg/dL

Adapted from the American Diabetes Association. Standards of medical care in diabetes—2022. *Diabetes Care*. 2022;45(suppl 1):S1-S270.



If you have any questions, be sure to talk with your diabetes care team. They are there to help!

Visit www.NovoCare.com for additional resources and helpful information! Point your smartphone camera at the QR code for quick access to the website on your phone.



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How To Use Your Blood Glucose Tracker

Your blood glucose tracker

Diabetes changes over time. That is why your treatment may also need to change over time.


The blood glucose tracker on the next page can help you keep track of your diabetes medicines and any changes in dosage and timing that your doctor may tell you to make. It can also help you keep track of how much mealtime insulin you took and when you took it.

Your diabetes care team can provide you with a blood glucose tracker and show you how to use it. Or call **1-800-727-6500** to have a tracker sent to you.

Here's how to use the blood glucose tracker

- 1 Write down the date for the start of the week. (You can start tracking on any day of the week)
- 2 Write the name(s) and dose(s) of your non-insulin diabetes medicine(s)
- 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
- 5 If your doctor has told you to use mealtime insulin when you eat, write your dose here
- 6 If your doctor has told you to use long-acting insulin, write your dose and time(s) here. Long-acting insulin is taken either once or twice a day
- 7 Add notes on anything else you might want to track (such as blood pressure, activity, or weight)

EXAMPLE

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

BLOOD GLUCOSE RESULTS*

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

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



Your Blood Glucose Tracker

Date: ____ / ____ / ____

BLOOD GLUCOSE RESULTS*

MONDAY		Breakfast		Lunch		Dinner		Bedtime	Night
Non-insulin medicine and dose		BEFORE	AFTER	BEFORE	AFTER	BEFORE	AFTER	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					
TUESDAY		Breakfast		Lunch		Dinner		Bedtime	Night
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					
WEDNESDAY		Breakfast		Lunch		Dinner		Bedtime	Night
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					
THURSDAY		Breakfast		Lunch		Dinner		Bedtime	Night
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					
FRIDAY		Breakfast		Lunch		Dinner		Bedtime	Night
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					
SATURDAY		Breakfast		Lunch		Dinner		Bedtime	Night
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					
SUNDAY		Breakfast		Lunch		Dinner		Bedtime	Night
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 can download a **FREE** blood glucose tracker at www.NovoCare.com.

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

