

# Know your numbers

## Be an active participant in your diabetes care

You are the most important member of your diabetes care team. Take an active role on your team so you can make sure your plan works for you. (It's okay—your diabetes care team wants you to be an active part of the team.)

## Your goals are set just for you

Like your diabetes care plan, your goals are just for you. The goals shown here are recommended by the American Diabetes Association for many adults with diabetes. Talk to your diabetes care team about your personal goals.

## A1C and daily blood sugar levels

- At least 2 to 4 times a year, have your A1C level checked
- The A1C test measures your average blood sugar over the last 2 to 3 months
- The chart on the right shows how A1C relates to the estimated average blood sugar level
- The A1C goal for many adults with diabetes is less than 7%. Your diabetes care team will set a goal just for you
- Decide with your diabetes care team how often you should check your blood sugar each day
- Blood sugar goals for many adults with diabetes are as follows:

Goals for many adults with diabetes	
Blood sugar before meals	80-130 mg/dL
Blood sugar 1-2 hours after the start of a meal	Less than 180 mg/dL
A1C	Less than 7%

### How A1C relates to the estimated average blood sugar level

A1C Levels	Average Blood Sugar
12%	298 mg/dL
11%	269 mg/dL
10%	240 mg/dL
9%	212 mg/dL
8%	183 mg/dL
7%	154 mg/dL
6%	126 mg/dL
The American Diabetes Association recommends an A1C of less than 7%.	

# Know your numbers

## Diabetes Care Checklist

Diabetes cannot yet be cured. But it can be managed. One part of managing your diabetes is knowing your numbers. Fill in your numbers on this checklist.

### A1C and daily blood sugar levels



#### Your A1C and daily blood sugar goals

Blood sugar before meals:

Blood sugar 1-2 hours after the start of a meal:

A1C:

### Blood pressure

- Every time you visit the doctor, get your blood pressure checked
- Goal is less than 140/90 mm Hg for many adults with diabetes



EVERY  
DOCTOR  
VISIT

**Your blood pressure goal:**

## Cholesterol

- At least once a year, have your blood cholesterol checked
- Below are the goals for many adults with diabetes

#### HDL ("good") cholesterol

- Men More than 40 mg/dL
- Women More than 50 mg/dL

#### Triglycerides

Less than 150 mg/dL

AT LEAST  
ONCE  
A  
YEAR

#### Your cholesterol goals:

HDL

Triglycerides

## Eye exam

- Once a year, get a dilated and complete eye exam by an eye care specialist
- Make sure your exam results are sent to your diabetes care team. They should be part of your medical record
- Call your eye care specialist or diabetes care team right away if you notice any change in your vision

ONCE  
A  
YEAR

**Date of your next eye exam:**



## Feet

- Once a year, get a complete foot exam by your doctor. Get a complete exam during every visit if you have problems with your feet, like loss of feeling, changes in the shape of your feet, or sores (foot ulcers)
- Take your socks and shoes off during every office visit
- At home:
  - Check your feet every day for any sign of injury
  - Inspect your feet every day for cuts, blisters, cracks, swelling, and dry skin
  - Tell your doctor about any injury that does not heal
  - Wear shoes and socks that fit well. Do not go barefoot



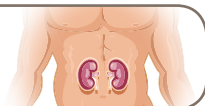
**Date of your next complete foot exam:**

## Kidneys

- Once a year, have your urine and blood tested
- Keep your blood sugar levels and blood pressure as close to your goal as possible



**Date of your next kidney exam:**

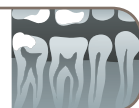


## Dental exam

- Ask your diabetes care team how often you should have a dental exam



**Date of your next dental exam:**



## Immunizations

- Get a flu shot once a year
- Ask your diabetes care team if you need shots for pneumonia or hepatitis B



**Date of your next immunizations:**

## Quit smoking

- It is really important to stop smoking if you have diabetes
- Here are some steps to help:
  - Decide on a quit date (choose a time when you won't be too stressed)
  - Reward yourself for every successful nonsmoking day
- For free help, call 1-800-QUIT-NOW (1-800-784-8669) or visit [smokefree.gov](http://smokefree.gov)



**Your quit date:**

# Know your numbers

## Diabetes care plan

Ask questions about your diabetes care plan, and make sure you know what steps you need to take. Check the boxes below when you complete each step of your plan.

- ☐ A plan for how and when to check your blood sugar
- ☐ A plan for when to take your diabetes medicines
- ☐ A schedule for regular health check-ups
- ☐ Ways to deal with stress
- ☐ A physical activity plan
- ☐ A meal plan
- ☐ A plan for meeting other health goals (such as managing blood pressure and cholesterol)



American Diabetes Association. Standards of medical care in diabetes—2016. *Diabetes Care*. 2016;39(suppl 1):S1-S112.

For more information, visit  
[Cornerstones4Care.com](http://Cornerstones4Care.com)

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**Cornerstones4Care®**  
Your diabetes, your way.

## Support and diabetes management tools built around you.

Enroll today to get **FREE**, personalized diabetes support with Cornerstones4Care®.



### Diabetes Health Coach

An online program that builds a customized action plan around your needs to help you learn healthy habits



### Meal Planning Tools

Create tasty, diabetes-friendly meals



### Interactive Trackers

Record A1C, weight, and blood sugar numbers

## Enrolling is easy. Just complete this form.

All fields with asterisks (\*) are **REQUIRED**.

\* ☐ I have diabetes or ☐ I care for someone who has diabetes

\* First name \_\_\_\_\_ \* Last name \_\_\_\_\_ MI \_\_\_\_\_

\* Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\* City \_\_\_\_\_ \* State \_\_\_\_\_

\* ZIP \_\_\_\_\_ \* Email \_\_\_\_\_

\* Birth date mm/dd/yyyy \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* What type of diabetes do you or the person you care for have?  
(Check one)

☐ Type 2 ☐ Type 1 ☐ Don't know

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

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

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

Product 1: \_\_\_\_\_

How long has this product been taken?

☐ Prescribed but not taken ☐ 7-12 months  
☐ 0-3 months ☐ 1-3 years  
☐ 4-6 months ☐ 3 or more years

Product 2: \_\_\_\_\_

How long has this product been taken?

☐ Prescribed but not taken ☐ 7-12 months  
☐ 0-3 months ☐ 1-3 years  
☐ 4-6 months ☐ 3 or more years

## Review and complete below.

\* Phone number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\* Cell phone number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Novo Nordisk Inc. ("Novo Nordisk") understands protecting your personal and health information is very important. We do not share any personally identifiable information you give us with third parties for their own marketing use.

I understand from time to time, Novo Nordisk's Privacy Policy may change, and for the most recent version of the Privacy Policy, please visit [www.C4CPrivacy.com](http://www.C4CPrivacy.com).

By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

☐ Yes, I'd like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.

By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

## 3 easy ways to enroll:

1. Fax the completed form to 1-866-549-2016
2. Email the completed form to [C4Csignup@hartehanks.com](mailto:C4Csignup@hartehanks.com)
3. Call 1-888-825-1518 and follow the voice prompts

\* Signature (required) \_\_\_\_\_

\* Date (required) \_\_\_\_\_  
mm/dd/yyyy