your guide to better office visits

a diabetes care planner

Cornerstones4Care™

novo nordisk®
These Novo Nordisk patient education materials were developed using information from the following sources: American Association of Diabetes Educators, American Diabetes Association, and American Dietetic Association. These booklets do not replace the advice of your diabetes care team. Be sure to consult your diabetes care team regarding your individual diabetes care plan.

Quotes reflect the opinions of the people quoted and not necessarily those of Novo Nordisk. Novo Nordisk does not verify the information in the quotes. Individual results may vary.
Your diabetes care: it’s a team effort

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

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

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

- Learn as much as you can about diabetes in general
- Know as much as possible about your diabetes and your health

Visit Cornerstones4Care.com to find all sorts of tools to help you take charge of your diabetes. And join a FREE program to help you manage your diabetes. See the back cover flap of this booklet for more information.

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

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

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

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

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

“Living with diabetes means having to be ready to accept the hard work involved in taking control of your own care and truly working with your doctors or medical team. I’ve learned to be proactive in my own care and to educate myself.”

— Cheryl K, Maryland
Regular visits with your diabetes care team are very important to managing your diabetes.

**Your first visit**

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

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

**Follow-up visits**

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

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

“Diabetes is a 24-hours-a-day, 7-days-a-week condition from which there is no vacation. People with diabetes must carefully juggle their activity levels, blood glucose levels, medications, meal plan, and stress level. I encourage everyone who must deal with the challenges of diabetes to seek answers to their questions and to be honest with their healthcare providers.”

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

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

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

Every 3 months

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular office visit</td>
<td></td>
</tr>
<tr>
<td>A1C test (if your blood sugar is not stable)</td>
<td></td>
</tr>
<tr>
<td>Blood pressure check</td>
<td></td>
</tr>
<tr>
<td>Weight check</td>
<td></td>
</tr>
<tr>
<td>Foot check</td>
<td></td>
</tr>
</tbody>
</table>

Every 6 months

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C test (if your blood sugar is stable)</td>
<td></td>
</tr>
<tr>
<td>Dental exam</td>
<td></td>
</tr>
</tbody>
</table>

Every year

<table>
<thead>
<tr>
<th>Test</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical exam</td>
<td></td>
</tr>
<tr>
<td>Comprehensive foot exam</td>
<td></td>
</tr>
<tr>
<td>Blood cholesterol &amp; blood fat tests</td>
<td></td>
</tr>
<tr>
<td>Kidney tests</td>
<td></td>
</tr>
<tr>
<td>Dilated eye exam</td>
<td></td>
</tr>
<tr>
<td>Flu shot</td>
<td></td>
</tr>
</tbody>
</table>

The A1C test measures your estimated average blood sugar level over the past 2 to 3 months. It’s like a “memory” of your blood sugar levels.

*These recommendations are based on American Diabetes Association guidelines. Talk with your diabetes care team about what’s right for you.
The key parts of a diabetes care plan are:
- Medicine
- A meal plan
- A physical activity plan

Talk with your diabetes care team about your plan. Write each part of your plan here. Then write down any questions you want to ask at your next visit. You can create your own diabetes care plan online at Cornerstones4Care.com.

Your medicine schedule

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>How often to take</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Questions

Your daily meal plan

<table>
<thead>
<tr>
<th>Amount per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
</tr>
<tr>
<td>Carbohydrates (carbs)</td>
</tr>
<tr>
<td>Fat</td>
</tr>
<tr>
<td>Protein</td>
</tr>
<tr>
<td>Sodium</td>
</tr>
</tbody>
</table>

Questions

Your physical activity plan

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of physical activity</td>
</tr>
<tr>
<td>How long</td>
</tr>
<tr>
<td>How often</td>
</tr>
<tr>
<td>Things to watch out for</td>
</tr>
<tr>
<td>Things to avoid</td>
</tr>
</tbody>
</table>
Here is the blood pressure goal for most people with diabetes. Ask your diabetes care team what your personal goal is and write it below.

<table>
<thead>
<tr>
<th>Blood pressure goal for most people with diabetes</th>
<th>Your blood pressure goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 130/80 mm Hg</td>
<td>__________________ mm Hg</td>
</tr>
</tbody>
</table>

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

- Weight loss (if necessary)
- Decreasing the amount of salt in your diet
- Changing your physical activity plan
- Adjusting your medicine

“I began by simply walking around the block slowly every evening after supper. I really had to change my eating habits along with all the walking; but together, the eating and exercise changes to my daily routine have helped both my weight and my attitude about diabetes.”

—Jerry F, Texas

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

- When was the last time my blood pressure was checked?
- What was the reading?
- If I’m not at my blood pressure goal, what would help me get there?
- When should I have my blood pressure checked next?

**Blood pressure results**

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________________ mm Hg</td>
</tr>
<tr>
<td></td>
<td>__________________ mm Hg</td>
</tr>
<tr>
<td></td>
<td>__________________ mm Hg</td>
</tr>
<tr>
<td></td>
<td>__________________ mm Hg</td>
</tr>
<tr>
<td></td>
<td>__________________ mm Hg</td>
</tr>
</tbody>
</table>
The blood cholesterol and blood fat goals for most people with diabetes are shown below. Meeting your goals will help protect your heart and blood vessels from damage. Ask your diabetes care team what your personal goals are and write them in the spaces below.

### Tracking your blood cholesterol and blood fat levels

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

#### Blood cholesterol and blood fat goals for adults with diabetes

<table>
<thead>
<tr>
<th>Your personal goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LDL (“bad”) cholesterol</strong></td>
</tr>
<tr>
<td>For those who don’t have heart disease: less than 100 mg/dL</td>
</tr>
<tr>
<td>For those who already have heart disease: less than 70 mg/dL</td>
</tr>
<tr>
<td><strong>HDL (“good”) cholesterol</strong></td>
</tr>
<tr>
<td>Men: more than 40 mg/dL</td>
</tr>
<tr>
<td>Women: more than 50 mg/dL</td>
</tr>
<tr>
<td><strong>Triglycerides:</strong> less than 150 mg/dL</td>
</tr>
</tbody>
</table>


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

- Weight loss (if necessary)
- A change in your eating plan
- A change in your physical activity plan
- Medicine

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

- When was the last time my blood cholesterol and blood fat levels were checked?
- What were the results and what do they mean?
- If I’m not meeting my blood cholesterol and blood fat goals, what would help me meet them?
- When should I have my blood cholesterol and blood fat levels checked next?
### Blood cholesterol and blood fat diary

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood cholesterol and blood fat levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HDL ________ mg/dL</td>
</tr>
<tr>
<td></td>
<td>LDL ________ mg/dL</td>
</tr>
<tr>
<td></td>
<td>Triglycerides ________ mg/dL</td>
</tr>
<tr>
<td></td>
<td>HDL ________ mg/dL</td>
</tr>
<tr>
<td></td>
<td>LDL ________ mg/dL</td>
</tr>
<tr>
<td></td>
<td>Triglycerides ________ mg/dL</td>
</tr>
<tr>
<td></td>
<td>HDL ________ mg/dL</td>
</tr>
<tr>
<td></td>
<td>LDL ________ mg/dL</td>
</tr>
<tr>
<td></td>
<td>Triglycerides ________ mg/dL</td>
</tr>
</tbody>
</table>

### Caring for your kidneys

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

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

- What were my results and what do they mean?

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

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

To learn more about how to manage diabetes, visit [Cornerstones4Care.com](http://Cornerstones4Care.com).
Caring for your eyes

To help protect your eyes, you should have a dilated eye exam once a year. During a dilated eye exam, the pupil of the eye (the black center) is enlarged with eyedrops. This allows the doctor to see the inside of the eye more easily.

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

- When was the last time I had a dilated eye exam?
- What were the results?
- What do the results mean?
- When should I have my next dilated eye exam?

“My diabetes was discovered in 1962, when not that much was really known about the disease except that insulin was the only way to manage it. I control my diabetes with blood glucose (sugar) checks and altering my insulin to adapt to my lifestyle.”

– Pamela S, North Carolina

Caring for your feet

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

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

- When was the last time I had a foot exam?
- What did the exam show?
- What do the findings mean?
- If the exam showed any problems, what can I do to correct them?
Questions for your diabetes care team

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

Q

A

Q

A

Diabetes care plan checkup

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

☐ When and how to take your diabetes medicine

☐ If you take insulin, when it starts working and when it will have its peak action (the time when it’s working the hardest to control your blood sugar)

☐ When and how to check your blood sugar and what the results mean

☐ Your target blood sugar goals (before meals, after meals, and A1C)

☐ Why it’s important to keep your blood sugar levels in your target range

☐ What you can do if your blood sugars are out of your goal range

☐ Possible causes of low blood sugar, how to prevent it, and what to do if it happens

☐ How to follow your meal and physical activity plans

☐ When to call your diabetes care team and how to reach them

☐ The importance of follow-up visits

☐ Where to go to learn more

Cornerstones4Care.com is a great place to visit to learn all about diabetes.
Tracking your blood sugar

The single most important thing you can do is to manage your blood sugar. To do that, you need to check your blood sugar often. Checking often will tell you:

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

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

“Most people don’t even realize I am diabetic. I always carry my supplies in a bag wherever I go so that I am always prepared for whatever situation might arise. I do not allow my diabetes to control me. Rather, I control it!”

– Alan C, Florida

Blood sugar goals (mg/dL)

<table>
<thead>
<tr>
<th>Time</th>
<th>Goals for people with diabetes</th>
<th>Your goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before meals</td>
<td>70 to 130 mg/dL</td>
<td></td>
</tr>
<tr>
<td>1 to 2 hours after the start of a meal</td>
<td>Less than 180 mg/dL</td>
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<tr>
<td>A1C</td>
<td>Less than 7%</td>
<td></td>
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</tbody>
</table>

Questions for your diabetes care team about A1C

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

- When was the last time my A1C was checked?
- What was the reading?
- What does the reading mean?
- If I’m not at my A1C goal, what would help me get there?
- How often should I have my A1C checked?

## A1C diary

Use the spaces below to keep track of your A1C.

<table>
<thead>
<tr>
<th>Date</th>
<th>A1C level</th>
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<tbody>
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<td></td>
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</tbody>
</table>

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## Using your blood sugar diary

Use your diary to record your blood sugar readings. You’ll find an example on pages 30 and 31 of this booklet. Show the diary to your diabetes care team at your office visits. Good diary records will help you and your team make the best possible decisions about your diabetes care plan.

For an on-line diary or to download a diary, visit [Cornerstones4Care.com](http://Cornerstones4Care.com).

- To download a copy:
  - Click on “Cornerstones of Care” (on top blue bar)
  - Click “Checking your blood sugar” on the left
  - Click “Setting your blood sugar goals.”
  - Click on “Click here to download PDF” (under the chart)

- To record your results daily on line
  - Click on “Cornerstones of Care”
  - Click “Checking your blood sugar” on the left
  - Click “Blood sugar diary sign in”
  - Click “Blood sugar diary”

“If you don’t understand what the A1C tells you, then ask.”

– Cheryl K, Maryland
You can also ask your diabetes care team for a copy of our stand-alone blood sugar diary.

Here’s how to use the diary:

1. Write the date below the day of the week
2. Write the time you took your diabetes medicine
3. Write the type and amount of your diabetes medicine
4. 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

Use the last row to record your latest A1C levels, along with the date of the check.

5. Write your ketone results
6. If you are counting carbs, write how many grams of carbs you ate
7. Write how many minutes of physical activity you did
8. 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 diary

If you’d like to use an online blood sugar diary, you can find one at Cornerstones4Care.com. See page 27 to find out how to get it.

<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>Diabetes Medicine Type and Dose</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Supper</th>
<th>Bedtime</th>
<th>Ketone Test Results</th>
<th>Carb Intake</th>
<th>Activity Level</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td></td>
<td></td>
<td>Before Time</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td></td>
</tr>
<tr>
<td>Tue</td>
<td></td>
<td></td>
<td>Before Time</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td></td>
</tr>
<tr>
<td>Wed</td>
<td></td>
<td></td>
<td>Before Time</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td></td>
</tr>
<tr>
<td>Thu</td>
<td></td>
<td></td>
<td>Before Time</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td></td>
</tr>
<tr>
<td>Fri</td>
<td></td>
<td></td>
<td>Before Time</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td></td>
</tr>
<tr>
<td>Sat</td>
<td></td>
<td></td>
<td>Before Time</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td></td>
</tr>
<tr>
<td>Sun</td>
<td></td>
<td></td>
<td>Before Time</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td></td>
</tr>
</tbody>
</table>

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

**My agreement**

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

Your signature ______________________ Date __________
Friend’s signature ___________________ Date __________

<table>
<thead>
<tr>
<th>Example</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I will do:</td>
<td>I will play a more active role on my diabetes care team by using this booklet to keep track of my test results, write down my questions, and get ready for my visits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I will start:</td>
<td>I will start as soon as my most recent test results come back.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How I will start:</td>
<td>I will write down my results as soon as I receive them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How I will continue:</td>
<td>I will write down questions for my team so that I am ready for my visits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My barriers:</td>
<td>I sometimes think of questions and then forget them when I’m at my visits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How I will overcome barriers:</td>
<td>I will keep this booklet with me all the time so that I can write down questions as soon as I think of them.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Support online

Enjoy the benefits and support of the free Cornerstones4Care™ program. Simply enroll online at Cornerstones4Care.com. You'll be able to take advantage of all sorts of tools for managing your diabetes, including an online blood sugar diary and a My Priorities tool to help you create a personalized action plan. Don’t miss this chance. Join today!

**novo nordisk is dedicated to diabetes**

**Diabetes is our passion and our business**

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

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

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

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

First name ___________________________ MI _______ Last name ___________________________
Address 1 _______________________________________________________________________
Address 2 _______________________________________________________________________
City______________________________ State_______ Zip________________________
E-mail address_____________________________ Phone number_________________________
Birth date (mm/dd/yyyy)______________________ Gender: □ Male □ Female
1. What type of diabetes do you have? □ Type 1 diabetes □ Type 2 diabetes
2. What year were you diagnosed with diabetes?____________________________________
3. What type of diabetes medicine do you take now? (Check all that apply)
   □ Insulin □ Diabetes pills (also called oral antidiabetic drugs, or OADs)
   □ GLP-1 medicine (Please list product name)_____________________________________
   □ None □ Other
4. Please write down the product names of the diabetes medicines you are currently taking:
   ___________________________ ___________________________
   ___________________________ ___________________________
   ___________________________ ___________________________
5. If you checked “diabetes pills” in question 3, how many types are you taking each day?
   □ 1 type of diabetes pill □ 2 types of diabetes pills
   □ More than 2 types of diabetes pills
6. How do you take your insulin? (Check all that apply)
   □ Syringe □ Pen
   □ Insulin pump □ Other delivery system
7. How long have you been on your current therapy?
   □ 6 months or less □ 7 months to 1 year
   □ 1 to 3 years □ 3 years or more
8. How well do you feel you currently manage your diabetes?
9. How strongly do you agree with the following statement? “I am willing to give myself injections as often as needed to get control of my diabetes.”
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11
   Not at all managed Somewhat managed Extremely well managed
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11
   Neither agree nor disagree
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11
   Totally agree
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Please moisten glue, fold in half, seal, and mail this postage-paid card.

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