

OneTouch[®]

L O G B O O K

ONETOUCH
changes everything[®]

Logbook Dates

From _____ To _____

Name

Address

City

State

Zip

Phone

Doctor's Name

Doctor's Phone

Diabetes Educator's Name

Diabetes Educator's Phone

In Case of Emergency, Notify (Name)

Phone

You deserve to feel good.
Now there's something
you can do about it.

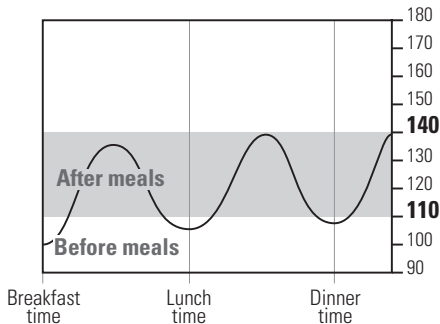
There's medical proof that
staying out of range can leave
you feeling less than 100% —
and more proof that you feel
better if you stay in range.

Testing is the only way to
know if you're in range.
But to feel the difference,
you need to Test Smart.[®]
That means testing when it
matters most — and acting
on your results.

The key to feeling good.

The key to feeling good for
most people is to keep their
blood glucose levels:

- at 110 mg/dL or less
before meals
- at 140 mg/dL or less
2 hours after meals*

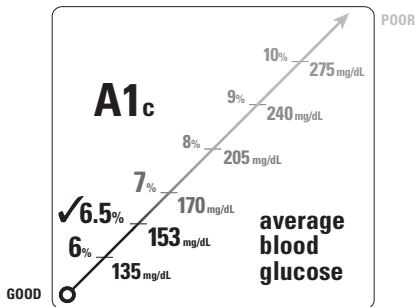


*These suggested target levels are consistent with the goals published by the American College of Endocrinology consensus statement on guidelines for glycemic control *Endocr Pract.* 2002; 8 (Suppl 1): 5-11. Children, older people, pregnant women, and people with certain health problems may have different results. Check with your healthcare professional on what target range is best for you.

Your A1c and you.

A1c is a test that shows how well you've controlled your blood sugar over the previous 3 months. The AACE* recommends an A1c level of 6.5% or less. Ask your doctor which goals are right for you!

This chart helps you see the relationship between average blood glucose and your A1c.



What's my goal?

My doctor recommends testing _____ times a day.

My doctor recommends my blood sugar range stay between _____ mg/dL to _____ mg/dL.

Time of Day

My Target Range

Waking up (fasting level) _____ mg/dL
to _____ mg/dL

Before meals _____ mg/dL
to _____ mg/dL

2 hours after meals _____ mg/dL
to _____ mg/dL

*American Association of Clinical Endocrinologists

Set a goal you can achieve,
like getting more activity.

Week of: **1** 9/8

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner			
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin
M	2 8	70	3 123	4 6 4N/3N	12	120	5 180	8 ?	6:30	160	6 210	? ?
	Comments: 6 Pizza lunch, spaghetti dinner											
T												
	Comments:											
W												

Use this logbook to help you learn how food, medication and exercise affect your blood sugar. Then make healthy decisions each day to better manage your diabetes. Here's how to work with your logbook:

- 1 Fill in the week.
- 2 Jot down the time you are testing.
- 3 Test your blood sugar before and 2 hours after meals. Write down the "before meal" result in the before columns and the "after meal" result in the after columns.

- 4 Jot down how many carbs you've eaten and how much and what type of medication you've taken.
- 5 When your result is high or low, circle it so you can see it at a glance.
- 6 Use the comments section to remark on anything important — like diet, exercise or stress.

Your logbook is a map to health and well-being. Test Smart[®], then act on your results!

Set a goal you can achieve,
like getting more activity.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													
	Comments:												

Feel Sluggish?
Your blood glucose may be high.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													
Comments:													

Stress can make it hard to stay in range.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
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F													Comments:
S													
S													Comments:
Avg.													
	Comments:												

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Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

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	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													Comments:
W													Comments:
T													Comments:
F													Comments:
S													Comments:
S													Comments:
Avg.													Comments:

Have a yearly eye exam.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner							
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin				
M													Comments:			
T													Comments:			
W													Comments:			
T													Comments:			
F													Comments:			
S													Comments:			
S													Comments:			
Avg.													Comments:			

Count the carbs in your meals and snacks.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													Comments:
W													Comments:
T													Comments:
F													Comments:
S													Comments:
S													Comments:
Avg.													Comments:

When you're active, your body uses up blood sugar.

Week of: _____

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Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													

Buy a carb guide or visit
www.OneTouchTestSmart.com
 for links.

Week of: _____

Circle result each time you're above or below your target.
 Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													
Comments:													

Your blood glucose level changes throughout the day.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
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W													Comments:
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Avg.													
Comments:													

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	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													Comments:
W													Comments:
T													Comments:
F													Comments:
S													Comments:
S													Comments:
Avg.													Comments:

Beware of high-carb food and drinks.

Week of: _____

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Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													Comments:
W													Comments:
T													Comments:
F													Comments:
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S													Comments:
Avg.													Comments:

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	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													Comments:
W													Comments:
T													Comments:
F													Comments:
S													Comments:
S													Comments:
Avg.													Comments:

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- Print out your pages in a bigger size, and give yourself more room to write.

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	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													Comments:
W													Comments:
T													Comments:
F													Comments:
S													Comments:
S													Comments:
Avg.													Comments:

Has your plan to stop smoking worked? If not, try again.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													

Want to reorder a new logbook?
Complete and return the order form.

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Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													

Test when you're under stress,
to catch high spikes.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													

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M													Comments:
T													Comments:
W													Comments:
T													Comments:
F													Comments:
S													Comments:
S													Comments:
Avg.													Comments:

Load up on low-carb veggies.

Week of: _____

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	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
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T													
W													Comments:
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S													
S													Comments:
Avg.													
	Comments:												

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M												
Comments:												
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F												
Comments:												
S												
Comments:												
S												
Comments:												
Avg.												
Comments:												

Testing is the best way to see the effects of your medication.

Week of: _____

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Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
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W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													
Comments:													

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T													Comments:
W													Comments:
T													Comments:
F													Comments:
S													Comments:
S													Comments:
Avg.													Comments:

Regular exercise may lessen the amount of medication you need.

Week of: _____

Circle result each time you're above or below your target.
Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner				
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
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S													Comments:
Avg.													

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	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	
M													Comments:
T													
W													Comments:
T													
F													Comments:
S													
S													Comments:
Avg.													

Check your feet every day.

Week of: _____

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Add comments on diet, exercise, stress, etc.

Day	Breakfast				Lunch				Dinner							
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin				
M													Comments:			
T													Comments:			
W													Comments:			
T													Comments:			
F													Comments:			
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S													Comments:			
Avg.													Comments:			

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M													Comments:
T													Comments:
W													Comments:
T													Comments:
F													Comments:
S													Comments:
S													Comments:
Avg.													Comments:

Look at the food labels in
your cupboard.

Week of: _____

Circle result each time you're above or below your target.
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Day	Breakfast				Lunch				Dinner			
	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin
M												
Comments:												
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	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin	Time	Before	After	Carbs/ Insulin
M												
Comments:												
T												
Comments:												
W												
Comments:												
T												
Comments:												
F												
Comments:												
S												
Comments:												
S												
Comments:												
Avg.												
Comments:												



Learn why it's important to test around the events that affect your blood sugar most.

Visit www.OneTouchTestSmart.com today to access valuable information.

Two ways to get your logbook online.

Now there's a faster and easier way to get your logbook. Did you know you can download logbook pages from our Web site? Getting your logbook this way gives you more flexibility and more control. Print a week, a month, a year at a time — it's up to you. Plus, pages will print out in a bigger size, giving you more room to write.

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To download logbook pages or order your logbook online, go to www.OneTouchLogbook.com. Or, if you prefer, complete this form and return it to us in an envelope. (See address on reverse side.) Please allow 6–8 weeks for delivery.

*First Name: | | | | | | | | | | | | | | | | | | | | | |

*Last Name: | | | | | | | | | | | | | | | | | | | | | |

*Address: | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |

*City: | | | | | | | | | | | | | | | | | | | | | |

*State, Zip: | | | | | | | | | | | | | | | | | | | | | |

†E-mail address: | | | | | | | | | | | | | | | | | | | | | |

*Required to send new logbook. †Requested for electronic communications.

Yes, I would like to receive diabetes-related information and promotional offers from LifeScan. Your name, address, and other personally identifying information that you provide will be available to LifeScan, its affiliates and companies that support LifeScan's business. You can request that your information be removed from LifeScan's contact list by calling 1-800-227-8862.

DETACH HERE

Please detach and complete this form and
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- Personalized Fitness Planner
- A special customer service phone number
- Monthly eNewsletter

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you learn to live with
diabetes, while you live
your life without limits.

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