

Low blood sugar

(Hypoglycemia)

Causes

You might get low blood sugar (also called hypoglycemia) if you:

- Take certain medicines and eat too few carbohydrates
- Skip or delay meals
- Take too much insulin or diabetes pills (ask your diabetes care team if this applies to you)
- Are more active than usual

Signs and Symptoms

Here's what may happen when your blood sugar is low:



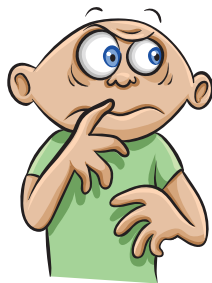
Shaky



Sweaty



Dizzy



**Confusion and
difficulty speaking**



Hungry



Weak or tired



Headache



Nervous or upset

**If low blood sugar is not treated, it can become severe and cause you to pass out.
If low blood sugar is a problem for you, talk to your doctor or diabetes care team.**

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What to do if you think you have low blood sugar

Check your blood sugar right away if you have any symptoms of low blood sugar. If you think your blood sugar is low but cannot check it at that time, treat anyway.



Treat by eating or drinking 15 grams of something high in sugar, such as:

- 4 ounces (½ cup) of regular fruit juice (like orange, apple, or grape juice)
- 4 ounces (½ cup) of regular soda pop (not diet)
- 8 ounces (1 cup) of milk
- 3 or 4 glucose tablets
- 5 to 6 candies that you can chew quickly (such as mints)



Wait 15 minutes and then check your blood sugar again. If it is still low, eat or drink something high in sugar again. Once your blood sugar returns to normal, eat a meal or snack. This can help keep low blood sugar from coming back.



For more information, visit
Cornerstones4Care.com

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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

3 easy ways to enroll:

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

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.

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.

* Signature (required) _____

* Date (required) _____
mm/dd/yyyy

