

Name (first/last): _____

Date of birth: _____

Target Blood Sugars – (during Pregnancy)

Test 4 times daily at the following times:

1. Fasting (first thing upon waking): below 5.3
2. 2 hours after start of Breakfast: below 6.7
3. 2 hours after start of Lunch: below 6.7
4. 2 hours after start of Supper: below 6.7

Date (y/m/d)	Breakfast		Lunch		Supper		Bed	Medication Doses			
	Before	After	Before	After	Before	After		breakfast	lunch	supper	bed

Date (y/m/d)	Breakfast		Lunch		Supper		Bed	Medication Doses			
	Before	After	Before	After	Before	After		breakfast	lunch	supper	bed

Date (y/m/d)	Breakfast		Lunch		Supper		Bed	Medication Doses			
	Before	After	Before	After	Before	After		breakfast	lunch	supper	bed

Date (m/d/y)	Breakfast		Lunch		Supper		Bed	Medication Doses			
	Before	After	Before	After	Before	After		breakfast	lunch	supper	bed