**Weekly Food, Glucose and Ketone Log for Gestational Diabetes**

NorthShore University HealthSystem

Name: _____ DOB: _____

Phone: _____ Physician Name: _____

| Date | Ketones | | Pre breakfast | Post breakfast | Post lunch | Post dinner | Total Carbs |
|---|---|---|---|---|---|---|---|
| | | Blood Sugar | | | | | |
| | | Insulin Dose | | | | | |
| | | Blood Sugar | | | | | |
| | | Insulin Dose | | | | | |
| | | Blood Sugar | | | | | |
| | | Insulin Dose | | | | | |
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| | | Insulin Dose | | | | | |
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| | | Blood Sugar | | | | | |
| | | Insulin Dose | | | | | |
| | | Blood Sugar | | | | | |
| | | Insulin Dose | | | | | |