

Pregnancy Log for Type 1 & 2 Diabetes

Name: _____ DOB: ____ / ____ / ____

Phone: _____ Physician/APN Name: _____

URINE KETONES (Goal: Neg or Trace): _____ Date: ____ / ____ / ____

TIME	BLOOD SUGAR	FOOD ITEM/AMOUNT	GRAMS OF CARB	INSULIN DOSAGE
	<u>Before Breakfast</u> (Goal: 60 -) <u>1 Hour After Breakfast</u> (Goal: 130 or less)	<u>Breakfast</u> TOTAL		
		<u>A.M. Snack</u> TOTAL		
	<u>Before Lunch</u> (Goal: 60 - 90) <u>1 Hour After Lunch</u> (Goal: 130 or less)	<u>Lunch</u> TOTAL		
		<u>P.M. Snack</u> TOTAL		
	<u>Before Dinner</u> (Goal: 60-90) <u>1 Hour After Dinner</u> (Goal: 130 or less)	<u>Dinner</u> TOTAL		
		<u>Bedtime Snack</u> TOTAL		