

My Gestational Diabetes Record

- Take a few moments to write down foods you eat, your blood glucose, and your exercise. Showing this record to your health care provider can help you and your provider plan the care for your baby and you.
- **Meals and Snacks:** Write down the times you eat, what you eat, how much you eat and how it was prepared.
- **Blood Glucose Readings:** Test your blood in the morning before breakfast (fasting) and test 1 OR 2 hours after the start of your meal. Choose either a 1-hour OR 2-hour check and try to stick with testing at the same time after each meal. Circle the 1-hour OR 2-hour value so your provider will know at which time you checked.
- **Exercise:** Write down what you do and how long you do it.
- **Notes:** Write down anything else you think is important. Remember to review your records with your health care provider at your next appointment.



	MORNING	NOON	EVENING		SNACKS	EXERCISE	NOTES
	Time	Time	Time	Time	What I ate and drank	Activity/How long	
Date	What I ate and drank	What I ate and drank	What I ate and drank				
Fasting glucose	1 <u>or</u> 2-hour blood glucose	1 <u>or</u> 2-hour blood glucose	1 <u>or</u> 2-hour blood glucose				
	Time	Time	Time	Time	What I ate and drank	Activity/How long	
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Additional thoughts on how I feel: _____

My blood glucose goals: Fasting: less than **95** mg/dl One hour after a meal: less than **130-140** mg/dl OR 2 hours after a meal: less than **120** mg/dl