

Gestational Diabetes Blood Sugar Log

4 checks a day · 1 week per page · readings in mmol/L



Name _____ Due date _____ Week of pregnancy _____ Dates _____

My targets from my care team: fasting _____ after meals _____ mmol/L

I check after meals at: ☐ 1 hour ☐ 2 hours

- 1 Tick 1 or 2 hours and write the targets your care team gave you.
- 2 At each meal, write what you ate and when you started eating. Then write your reading and the time you checked.
- 3 Circle any reading above your target. Bring this sheet to every appointment.

Date	Fasting on waking, mmol/L	Breakfast		Lunch		Dinner		Notes snacks, insulin or pills (dose, time), activity, sleep
		What I ate and drank	After, mmol/L	What I ate and drank	After, mmol/L	What I ate and drank	After, mmol/L	
	time _____	started _____	time _____	started _____	time _____	started _____	time _____	
	time _____	started _____	time _____	started _____	time _____	started _____	time _____	
	time _____	started _____	time _____	started _____	time _____	started _____	time _____	
	time _____	started _____	time _____	started _____	time _____	started _____	time _____	
	time _____	started _____	time _____	started _____	time _____	started _____	time _____	
	time _____	started _____	time _____	started _____	time _____	started _____	time _____	
	time _____	started _____	time _____	started _____	time _____	started _____	time _____	

Questions for my care team

