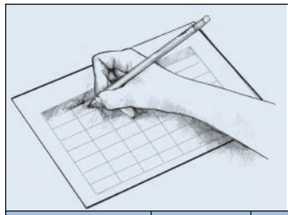

My Daily Blood Glucose Record

Make a copy of this form for each week of your pregnancy.
Use this form to keep track of your blood glucose numbers,
your urine or blood ketone test results, and your insulin.

Week Starting: _____	Fasting Blood Glucose	Urine or Blood Ketones	Insulin	Breakfast Blood Glucose	Insulin	Other Blood Glucose	Insulin	Lunch Blood Glucose	Insulin	Other Blood Glucose	Insulin	Dinner Blood Glucose	Insulin	Other Blood Glucose	Insulin	Bedtime Blood Glucose	Insulin	Other Blood Glucose	Notes
Monday			Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		
Tuesday			Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		
Wednesday			Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		
Thursday			Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		
Friday			Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		
Saturday			Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		
Sunday			Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		Time: Amount:		