UCLA Health

UCLA DIABETES PROGRAM
Diabetes Pregnancy Blood Glucose/Food Log

BLOOD GLUCOSE (BG) TARGETS
Fasting:_____
Before Meals:_____
___ hr(s) after start of meals: _____

IMPORTANT OFFICE NUMBERS: _____

Date	**Fasting:**	**Breakfast**	**Snack**	**Lunch**	**Snack**	**Dinner**	**Bedtime/snack**
Time:							
BG:							
Food:							**Exercise:**
Date	**Fasting:**	**Breakfast**	**Snack**	**Lunch**	**Snack**	**Dinner**	**Bedtime/snack**
Time:							
BG:							
Food:							**Exercise:**
Date	**Fasting:**	**Breakfast**	**Snack**	**Lunch**	**Snack**	**Dinner**	**Bedtime/snack**
Time:							
BG:							
Food:							**Exercise:**