

Name: _____ Month: _____ Pregnancy Due Date: _____

Blood Sugar Monitoring Record | Blood Sugar Monthly Log

BLOOD SUGAR CATEGORY		Example	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Fasting Blood Sugar (mg/dL)		92															
Insulin Before Breakfast (Units)	NPH	20															
	HUM/NOV/LIS/ADM	5															
Blood Sugar 2 HOURS AFTER BREAKFAST (mg/dL)		107															
Blood Sugar 2 HOURS AFTER LUNCH (mg/dL)		112															
Insulin Before Dinner (Units)	HUM/NOV/LIS/ADM	7															
Blood Sugar 2 HOURS AFTER DINNER (mg/dL)		109															
Insulin at Bedtime (If indicated)	NPH	13															
			16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Fasting Blood Sugar (mg/dL)																	
Insulin Before Breakfast (Units)	NPH																
	HUM/NOV/LIS/ADM																
Blood Sugar 2 HOURS AFTER BREAKFAST (mg/dL)																	
Blood Sugar 2 HOURS AFTER LUNCH (mg/dL)																	
Insulin Before Dinner (Units)	HUM/NOV/LIS/ADM																
Blood Sugar 2 HOURS AFTER DINNER (mg/dL)																	
Insulin at Bedtime (If indicated)	NPH																

Insulin Information

NPH	Neutral Protamine Hagedorn (Long-acting insulin)
HUM/NOV/LIS/ADM	Humalog/Novolog/Lispor/Admelog (Short-acting insulin)

Important Information

- Do not eat snacks in between the last meal and the time of measurement. Eat snacks only after your glucose measurement.
- Check your blood sugar TWO hours after you START eating.

Provider Name: _____ Prenatal Care Coordinator: _____ Number: _____

