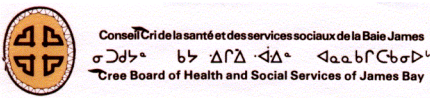


2-DAY SELF CARE DIARY FOR PREGNANT WOMEN

Medications: \_\_\_\_\_



Date	Fasting blood sugar	Food/drinks for breakfast**	1h PC* blood sugar	Food/drinks for lunch**	1h PC* blood sugar	Food/drinks for supper**	1h PC* blood sugar	Food/drinks at bedtime**	Physical activity for the day

\*PC = After meal

**\*\*Write all the food and drinks that you consumed during the day, and indicate the amount you ate or drank**