

Gestational Diabetes Diet Chart

Name: _____ Age: _____ Height: _____ Weight: _____

Recommended blood sugar level range: _____

Day 1	Food items	Portion	Notes (e.g. blood sugar level)
Breakfast			
Morning snack			
Lunch			
Afternoon snack			
Dinner			
Day 2	Food items	Portion	Notes (e.g. blood sugar level)
Breakfast			
Morning snack			
Lunch			
Afternoon snack			
Dinner			

Day 3	Food items	Portion	Notes (e.g. blood sugar level)
Breakfast			
Morning snack			
Lunch			
Afternoon snack			
Dinner			
Day 4	Food items	Portion	Notes (e.g. blood sugar level)
Breakfast			
Morning snack			
Lunch			
Afternoon snack			
Dinner			

Day 5	Food items	Portion	Notes (e.g. blood sugar level)
Breakfast			
Morning snack			
Lunch			
Afternoon snack			
Dinner			
Day 6	Food items	Portion	Notes (e.g. blood sugar level)
Breakfast			
Morning snack			
Lunch			
Afternoon snack			
Dinner			

Day 7	Food items	Portion	Notes (e.g. blood sugar level)
Breakfast			
Morning snack			
Lunch			
Afternoon snack			
Dinner			

Additional notes

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Healthcare professional's information

Name:	License number:
Signature:	Contact information: