

# EXERCISE / ACTIVITY LOG

Brought to you by your diabetes educator and



Patient Name: \_\_\_\_\_

Week Starting: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Day of the Week	Start Time	End Time	Activity	Intensity Level Low/Medium/High*	Glucose Levels		
					Before	During	After
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

**\*Intensity Level Key**

(To be completed by your diabetes educator)

Low: \_\_\_\_\_

Medium: \_\_\_\_\_

High: \_\_\_\_\_