

My Fitness Log

Being active helps insulin work better to lower your blood sugar. It also helps keep your weight down and gives you more energy. Make activity fun and do something you'll enjoy. You'll be more likely to stick with it.




 **Name:** _____

Staying active is important for managing your diabetes. It's also important for your overall health, now and in the future. Remember, you don't have to do it all at once. Break up your activity into smaller sessions to reach your goal.

Use this log to keep track of how active you are.

 **My goal this week:** _____

 **My motivation or quote:** _____

 Being active may cause your blood sugar to drop faster than usual. Check your blood sugar before being active and again several hours later. Drink plenty of water before and during activity. And have a snack with you in case your blood sugar gets low.

Date/Time	Blood Sugar	Type of Activity	Duration	How Did I Feel?
SUNDAY				
	Before: _____ After: _____	<input type="radio"/> Walking <input type="radio"/> Jogging <input type="radio"/> Running <input type="radio"/> Swimming <input type="radio"/> Biking <input type="radio"/> Gardening <input type="radio"/> Housework <input type="radio"/> Strength training <input type="radio"/> Yoga <input type="radio"/> Stretching <input type="radio"/> Other _____	_____ minutes	<input type="radio"/> Good <input type="radio"/> Out of breath <input type="radio"/> OK <input type="radio"/> Pain in chest <input type="radio"/> Dizzy <input type="radio"/> Heart racing <input type="radio"/> Weak/tired <input type="radio"/> Other
MONDAY				
	Before: _____ After: _____	<input type="radio"/> Walking <input type="radio"/> Jogging <input type="radio"/> Running <input type="radio"/> Swimming <input type="radio"/> Biking <input type="radio"/> Gardening <input type="radio"/> Housework <input type="radio"/> Strength training <input type="radio"/> Yoga <input type="radio"/> Stretching <input type="radio"/> Other _____	_____ minutes	<input type="radio"/> Good <input type="radio"/> Out of breath <input type="radio"/> OK <input type="radio"/> Pain in chest <input type="radio"/> Dizzy <input type="radio"/> Heart racing <input type="radio"/> Weak/tired <input type="radio"/> Other
TUESDAY				
	Before: _____ After: _____	<input type="radio"/> Walking <input type="radio"/> Jogging <input type="radio"/> Running <input type="radio"/> Swimming <input type="radio"/> Biking <input type="radio"/> Gardening <input type="radio"/> Housework <input type="radio"/> Strength training <input type="radio"/> Yoga <input type="radio"/> Stretching <input type="radio"/> Other _____	_____ minutes	<input type="radio"/> Good <input type="radio"/> Out of breath <input type="radio"/> OK <input type="radio"/> Pain in chest <input type="radio"/> Dizzy <input type="radio"/> Heart racing <input type="radio"/> Weak/tired <input type="radio"/> Other
WEDNESDAY				
	Before: _____ After: _____	<input type="radio"/> Walking <input type="radio"/> Jogging <input type="radio"/> Running <input type="radio"/> Swimming <input type="radio"/> Biking <input type="radio"/> Gardening <input type="radio"/> Housework <input type="radio"/> Strength training <input type="radio"/> Yoga <input type="radio"/> Stretching <input type="radio"/> Other _____	_____ minutes	<input type="radio"/> Good <input type="radio"/> Out of breath <input type="radio"/> OK <input type="radio"/> Pain in chest <input type="radio"/> Dizzy <input type="radio"/> Heart racing <input type="radio"/> Weak/tired <input type="radio"/> Other
THURSDAY				
	Before: _____ After: _____	<input type="radio"/> Walking <input type="radio"/> Jogging <input type="radio"/> Running <input type="radio"/> Swimming <input type="radio"/> Biking <input type="radio"/> Gardening <input type="radio"/> Housework <input type="radio"/> Strength training <input type="radio"/> Yoga <input type="radio"/> Stretching <input type="radio"/> Other _____	_____ minutes	<input type="radio"/> Good <input type="radio"/> Out of breath <input type="radio"/> OK <input type="radio"/> Pain in chest <input type="radio"/> Dizzy <input type="radio"/> Heart racing <input type="radio"/> Weak/tired <input type="radio"/> Other
FRIDAY				
	Before: _____ After: _____	<input type="radio"/> Walking <input type="radio"/> Jogging <input type="radio"/> Running <input type="radio"/> Swimming <input type="radio"/> Biking <input type="radio"/> Gardening <input type="radio"/> Housework <input type="radio"/> Strength training <input type="radio"/> Yoga <input type="radio"/> Stretching <input type="radio"/> Other _____	_____ minutes	<input type="radio"/> Good <input type="radio"/> Out of breath <input type="radio"/> OK <input type="radio"/> Pain in chest <input type="radio"/> Dizzy <input type="radio"/> Heart racing <input type="radio"/> Weak/tired <input type="radio"/> Other
SATURDAY				
	Before: _____ After: _____	<input type="radio"/> Walking <input type="radio"/> Jogging <input type="radio"/> Running <input type="radio"/> Swimming <input type="radio"/> Biking <input type="radio"/> Gardening <input type="radio"/> Housework <input type="radio"/> Strength training <input type="radio"/> Yoga <input type="radio"/> Stretching <input type="radio"/> Other _____	_____ minutes	<input type="radio"/> Good <input type="radio"/> Out of breath <input type="radio"/> OK <input type="radio"/> Pain in chest <input type="radio"/> Dizzy <input type="radio"/> Heart racing <input type="radio"/> Weak/tired <input type="radio"/> Other

Notes: _____ **Share with my healthcare team:** _____ **Questions for my doctor:** _____

Make extra copies of this log before you use it for the first time.

Patients Have Questions. We Have Answers.

Endocrine Society is your trusted source for endocrine-related patient education. Our digital resources are available at endocrine.org/patient-engagement.

