EXERCISE / ACTIVITY LOG

Brought to you by your diabetes educator and

dLife℠

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: _____