Blood Sugar Response to Exercise

Your 30-Day Activity & Glucose Pattern Tracker

📊 Understanding Your Body's Response

Why Track Exercise & Blood Sugar?

- **Immediate effects**: Exercise can lower OR raise blood sugar
- **Delayed effects**: Can affect glucose 24-48 hours later
- **Individual patterns**: Everyone responds differently
- **Medication timing**: Helps optimize insulin/meds
- **Safety planning**: Prevents dangerous lows

How to Use This Tracker

1. **Check blood sugar** 15-30 minutes before exercise
2. **Note the activity type** and intensity level
3. **Check again** immediately after exercise
4. **Check once more** 2 hours post-exercise
5. **Record any symptoms** or needed interventions
6. **Look for patterns** after 1-2 weeks

🎯 Activity Intensity Scale

Rating Your Exercise (1-10 Scale)

1-3: Light Activity

- Casual walking
- Light housework
- Gentle stretching
- Can easily hold conversation

4-6: Moderate Activity

- Brisk walking
- Water aerobics
- Dancing

- Slightly breathless but can talk

7-8: Vigorous Activity

- Jogging
- Swimming laps
- Cycling uphill
- Can only speak in short phrases

9-10: Maximum Effort

- Running
- High-intensity classes
- Competitive sports
- Can barely speak

📋 My Exercise & Medical Info

Name: _____
Target Blood Sugar Range: _____ to _____ mg/dL
Doctor's Exercise Recommendations: _____

My Medications

Diabetes Meds That May Need Adjustment:

- Morning: _____
- Evening: _____
- Insulin-to-Carb Ratio: _____

My Warning Signs

Low Blood Sugar Symptoms:

- [ ] Shaking
- [ ] Sweating
- [ ] Confusion
- [ ] Other: _____

High Blood Sugar Symptoms:

- [ ] Excessive thirst
- [ ] Frequent urination
- [ ] Fatigue
- [ ] Other: _____

30-Day Exercise & Blood Sugar Log

Week 1

Day 1 - Date: /

Exercise Type: _____
Duration: _____ minutes | **Intensity (1-10):** ____
Time of Day: [ ] Morning [ ] Afternoon [ ] Evening

Check Time	Blood Sugar	Notes
Pre-Exercise (time: ____)	_____ mg/dL	
Immediately After	_____ mg/dL	
2 Hours After	_____ mg/dL	

Response: [ ] Dropped [ ] Stayed Same [ ] Rose
Intervention Needed: [ ] No [ ] Yes: _____
How I Felt: _____

Day 2 - Date: /

Exercise Type: _____
Duration: _____ minutes | **Intensity (1-10):** ____
Time of Day: [ ] Morning [ ] Afternoon [ ] Evening

Check Time	Blood Sugar	Notes
Pre-Exercise (time: ____)	_____ mg/dL	
Immediately After	_____ mg/dL	
2 Hours After	_____ mg/dL	

Response: [ ] Dropped [ ] Stayed Same [ ] Rose
Intervention Needed: [ ] No [ ] Yes: _____
How I Felt: _____

Day 3 - Date: /

Exercise Type: _____
Duration: _____ minutes | **Intensity (1-10):** ____
Time of Day: [ ] Morning [ ] Afternoon [ ] Evening

Check Time	Blood Sugar	Notes
Pre-Exercise (time: ____)	_____ mg/dL	
Immediately After	_____ mg/dL	
2 Hours After	_____ mg/dL	

Response: [ ] Dropped [ ] Stayed Same [ ] Rose
Intervention Needed: [ ] No [ ] Yes: _____
How I Felt: _____

Day 4 - Date: /

Exercise Type: _____
Duration: _____ minutes | **Intensity (1-10):** ____
Time of Day: [ ] Morning [ ] Afternoon [ ] Evening

Check Time	Blood Sugar	Notes
Pre-Exercise (time: ____)	_____ mg/dL	
Immediately After	_____ mg/dL	
2 Hours After	_____ mg/dL	

Response: [ ] Dropped [ ] Stayed Same [ ] Rose
Intervention Needed: [ ] No [ ] Yes: _____
How I Felt: _____

Day 5 - Date: /

Exercise Type: _____
Duration: _____ minutes | **Intensity (1-10):** ____
Time of Day: [ ] Morning [ ] Afternoon [ ] Evening

Check Time	Blood Sugar	Notes
Pre-Exercise (time: ____)	_____ mg/dL	

Check Time	Blood Sugar	Notes
Immediately After	_____ mg/dL	
2 Hours After	_____ mg/dL	

Response: [ ] Dropped [ ] Stayed Same [ ] Rose
Intervention Needed: [ ] No [ ] Yes: _____
How I Felt: _____

Day 6 - Date: /

Exercise Type: _____
Duration: _____ minutes | **Intensity (1-10):** ____
Time of Day: [ ] Morning [ ] Afternoon [ ] Evening

Check Time	Blood Sugar	Notes
Pre-Exercise (time: ____)	_____ mg/dL	
Immediately After	_____ mg/dL	
2 Hours After	_____ mg/dL	

Response: [ ] Dropped [ ] Stayed Same [ ] Rose
Intervention Needed: [ ] No [ ] Yes: _____
How I Felt: _____

Day 7 - Date: /

Exercise Type: _____
Duration: _____ minutes | **Intensity (1-10):** ____
Time of Day: [ ] Morning [ ] Afternoon [ ] Evening

Check Time	Blood Sugar	Notes
Pre-Exercise (time: ____)	_____ mg/dL	
Immediately After	_____ mg/dL	
2 Hours After	_____ mg/dL	

Response: [ ] Dropped [ ] Stayed Same [ ] Rose
Intervention Needed: [ ] No [ ] Yes: _____
How I Felt: _____

Week 1 Pattern Analysis

Most common response: [ ] Drop [ ] Rise [ ] No change
Best time of day for me: [ ] Morning [ ] Afternoon [ ] Evening
Activities that lower my blood sugar most: _____
Activities that raise my blood sugar: _____
Average drop/rise: _____ mg/dL

🔍 Pattern Identification Guide

After Week 1, Look For:

Blood Sugar DROPS with Exercise

Common with:

- Aerobic activities (walking, swimming)
- Longer duration (30+ minutes)
- Moderate intensity
- Afternoon/evening exercise

Your Pattern:

- Activities that drop your BS: _____
- Average drop amount: _____ mg/dL
- Time to lowest point: _____ minutes after

Action Plan if BS Drops:

- [ ] Reduce pre-exercise insulin by _____%
- [ ] Eat _____ grams carbs before exercise
- [ ] Carry glucose tablets always
- [ ] Check BS every _____ minutes during exercise

Blood Sugar RISES with Exercise

Common with:

- High-intensity activities
- Competitive sports
- Morning exercise
- Stress/adrenaline activities

Your Pattern:

- Activities that raise your BS: _____
- Average rise amount: _____ mg/dL
- Duration of elevated BS: _____ hours

Action Plan if BS Rises:

- [ ] May need insulin adjustment
- [ ] Cool down longer (10-15 min)
- [ ] Hydrate well
- [ ] Monitor for delayed drops

📊 Weekly Summary Pages

Week 1 Summary

Days Exercised: _____ out of 7
Average Pre-Exercise BS: _____ mg/dL
Average Post-Exercise BS: _____ mg/dL
Average Change: _____ mg/dL
Low BS Episodes: _____
High BS Episodes: _____

Week 2 Summary

Days Exercised: _____ out of 7
Average Pre-Exercise BS: _____ mg/dL
Average Post-Exercise BS: _____ mg/dL
Average Change: _____ mg/dL
Low BS Episodes: _____
High BS Episodes: _____

Week 3 Summary

Days Exercised: _____ out of 7
Average Pre-Exercise BS: _____ mg/dL
Average Post-Exercise BS: _____ mg/dL
Average Change: _____ mg/dL
Low BS Episodes: _____
High BS Episodes: _____

Week 4 Summary

Days Exercised: _____ out of 7
Average Pre-Exercise BS: _____ mg/dL
Average Post-Exercise BS: _____ mg/dL
Average Change: _____ mg/dL
Low BS Episodes: _____
High BS Episodes: _____

🎯 My Personal Exercise Guidelines

Based on 30 Days of Tracking:

Best Exercises for Stable Blood Sugar:

1. _____ at intensity level _____
2. _____ at intensity level _____
3. _____ at intensity level _____

Exercises to Approach Carefully:

1. _____ (causes drops of _____ mg/dL)
2. _____ (causes rises of _____ mg/dL)

My Optimal Exercise Timing:

- Best time of day: _____
- Wait _____ hours after meals
- Check BS if more than _____ minutes
- Always carry: _____

My Pre-Exercise Protocol:

- [ ] If BS below _____, eat _____ grams carbs
- [ ] If BS above _____, check for ketones
- [ ] Reduce insulin by _____% if exercising within 2 hours
- [ ] Drink _____ oz water before starting

My Post-Exercise Protocol:

- [ ] Check BS immediately
- [ ] Check again at _____ hours
- [ ] Eat protein snack if _____
- [ ] Monitor overnight if evening exercise

🚨 Safety Guidelines

Do NOT Exercise If:

- Blood sugar below 70 mg/dL
- Blood sugar above 250 mg/dL with ketones
- Feeling unwell or dizzy
- Haven't eaten in 4+ hours
- Don't have glucose tablets with you

Always Have Available:

- [ ] Glucose tablets or quick carbs
- [ ] Water bottle
- [ ] Medical ID
- [ ] Cell phone
- [ ] CGM or glucose meter
- [ ] Snack for after

Warning Signs to STOP Exercise:

- Severe sweating beyond normal
- Confusion or disorientation
- Chest pain or pressure
- Extreme shortness of breath
- Dizziness or lightheadedness
- Nausea

📝 Doctor Discussion Points

Questions for My Healthcare Team:

1. Should I adjust insulin before exercise? _____
2. Target blood sugar before exercise? _____
3. Safe upper limit for exercise? _____
4. Best time to exercise with my meds? _____
5. Signs I should stop immediately? _____

Patterns to Discuss:

- Consistent drops with: _____
- Consistent rises with: _____
- Delayed effects noticed: _____
- Best activities for me: _____

📱 Quick Reference Card

My Exercise Safety Numbers

Safe to Start: _____ to _____ mg/dL
Eat First If Below: _____ mg/dL
Check Ketones If Above: _____ mg/dL
My Average Drop: _____ mg/dL
Emergency Contact: _____

My Quick Carbs

15g portions:

- _____ glucose tablets
- _____ oz juice
- _____

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Tracker Start Date: //___ | End Date: //___

Note: This tracker provides general guidance. Always follow your healthcare provider's specific recommendations for exercise and blood sugar management.