



Meal and Physical Activity Journal

Day # _____ Date _____

<u>BREAKFAST :</u> <i>#insulin :</i>				<u>DINNER :</u> <i>#insulin :</i>				<u>SUPPER :</u> <i># insulin :</i>				<u>BEDTIME :</u> <i># insulin :</i>	
<i>Meal</i>		BG before	BG 2h after	<i>Meal</i>		BG before	BG 2h after	<i>Meal</i>		BG before	BG 2h after		BG :
CAR B				CARB				CA RB					CAR B
...				<u>SNACKS :</u> A.M. : P.M. : Evening :
...	
...	
...	
...	
...	
...	
...	

Day # _____ Date _____

<u>BREAKFAST :</u> <i>#insulin :</i>				<u>DINNER :</u> <i>#insulin :</i>				<u>SUPPER :</u> <i># insulin :</i>				<u>BEDTIME :</u> <i># insulin :</i>	
<i>Meal</i>		BG before	BG 2h after	<i>Meal</i>		BG before	BG 2h after	<i>Meal</i>		BG before	BG 2h after		BG :
CAR B				CARB				CARB					CAR B
...				<u>SNACKS :</u> A.M. : P.M. : Evening :
...	
...	
...	
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...	

Day # _____ Date _____

<u>BREAKFAST :</u>		<i>#insulin :</i>		<u>DINNER :</u>		<i>#insulin :</i>		<u>SUPPER :</u>		<i># insulin :</i>		<u>BEDTIME :</u>		<i># insulin :</i>	
<u>Meal</u>		BG before	BG 2h after	<u>Meal</u>		BG before	BG 2h after	<u>Meal</u>		BG before	BG 2h after	<u>BG :</u>			
CAR				CARB				CARB						CAR	B
...			<u>SNACKS:</u> A.M. : P.M. : Evening:			
...						
...						
...						
...						
...						

Adaptation and translation by Steve Chalifoux Bsc.Nursing , CDE April 2018

Physical Activity Journal

Date and time	Type of activity	Duration	INTENSITY *
Monday	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
Tuesday	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
Wednesday	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
Thursday	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>



Friday	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
Saturday	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>
Sunday	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/>

* **Intensity Level:** **LOW** – no trouble breathing; **MODERATE** – little to moderate difficulty breathing; **HIGH** – a lot of difficulty breathing accompanied by sweating most of the time.

Adaptation and translation by Steve Chalifoux Bsc.Nursing , CDE April 2018