



GRACE HOSPITAL

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

Date: \_\_\_\_\_

# Exercise Blood Glucose Log

<b>Walking</b>	<b>Strength Training</b>
Before: _____	Before: _____
After 15 mins: _____	After: _____
After 30 mins: _____	

1 hour after Exercise: \_\_\_\_\_

2 hour after Exercise: \_\_\_\_\_

Fasting blood glucose (next morning): \_\_\_\_\_