

My Exercise Worksheet

My Exercise Goal: _____

Check each of the things below when you have done them:

- Talk to provider about what exercise to do and how often
- Find and wear shoes that fit well
- Pick comfortable clothing
- Use sun screen and insect repellent if exercise is outside
- Take and drink water
- Have a quick sugar
- Wear ID that shows you are diabetic
- Talk to provider about how to change what exercise to do if you have dizziness, pain in chest, jaw, arms, ears, irregular pulse or trouble breathing.



Choose an exercise:

- | | |
|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Stair climbing |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Home video exercise tapes |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Skating |
| <input type="checkbox"/> Exercise Classes | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> TV exercise program/Video |

Things I will need to be successful: