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:

☐ Walking  ☐ Stair climbing
☐ Biking  ☐ Home video exercise tapes
☐ Jogging  ☐ Skating
☐ Exercise Classes  ☐ Dancing
☐ Swimming  ☐ TV exercise program/Video

Things I will need to be successful: