

# My Type 2 diabetes log book



ENGAGE MOTIVATE PLAN OWNERSHIP WELLNESS EDUCATE REVIEW

# EMPOWER



DEDICATED FREE SUPPORT LINE

**0800 852 7460**

**Spirit Healthcare Ltd**

Spirit House, Saffron Way, Leicester, LE2 6UP

F: 0116 271 7455 E: [info@empower-diabetes.co.uk](mailto:info@empower-diabetes.co.uk)



**My details:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

**My diabetes contact at my surgery/hospital:**

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

Telephone: \_\_\_\_\_

GP Surgery: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I have Type 2 diabetes. In case of an emergency, please call:**

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**My HbA1c results**

Date	mmol/mol	%

**My diabetes medicines:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The first changes I am going to make to:**

My food: \_\_\_\_\_

My activities: \_\_\_\_\_



Meal log for the week commencing \_\_\_\_\_

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Any snacks I eat</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Activity log for the week commencing \_\_\_\_\_

	<b>Time</b>	<b>Activity</b>	<b>Duration</b>	<b>Comments</b>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				