

Name, date and contact: \_\_\_\_\_

Tick the boxes to show which symptoms you get and whether you get them early, mid or late phase.

# hypo chart

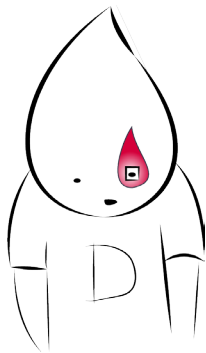
My usual hypo symptoms are...



**COLD SWEATS**

☐ ☐ ☐

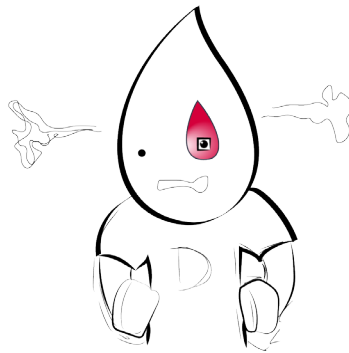
EARLY MID LATE



**WEAKNESS**

☐ ☐ ☐

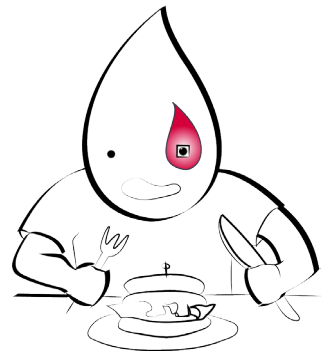
EARLY MID LATE



**IRRITABILITY**

☐ ☐ ☐

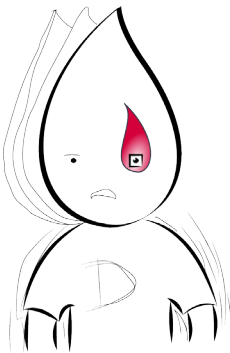
EARLY MID LATE



**HUNGER**

☐ ☐ ☐

EARLY MID LATE



**BLURRY VISION**

☐ ☐ ☐

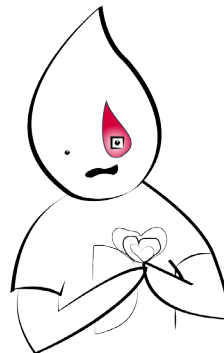
EARLY MID LATE



**DIZZINESS**

☐ ☐ ☐

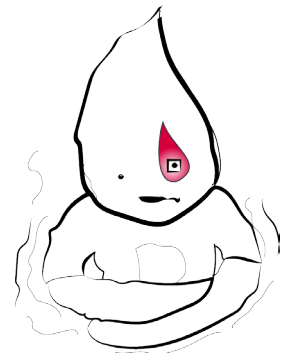
EARLY MID LATE



**FAST HEARTBEAT**

☐ ☐ ☐

EARLY MID LATE



**SHAKEINESS**

☐ ☐ ☐

EARLY MID LATE

My other symptoms are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What to do in:**

EARLY PHASE (little low)

MID PHASE (low)

LATE PHASE (really low)

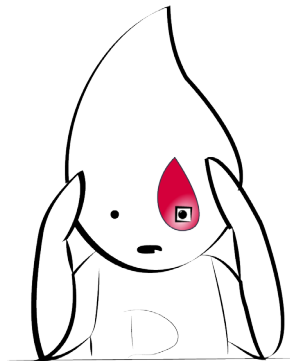
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Name, date and contact: \_\_\_\_\_

Tick the boxes to show which symptoms you get and whether you get them early, mid or late phase.

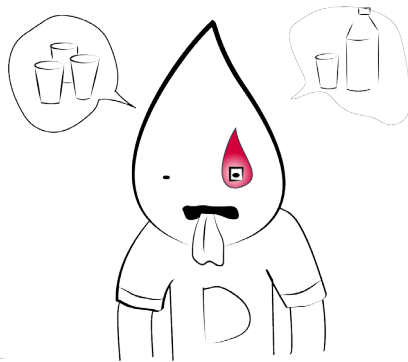
# hyper chart

My usual hypo symptoms are...



HEADACHE

☐ EARLY ☐ MID ☐ LATE



DRY MOUTH

☐ EARLY ☐ MID ☐ LATE



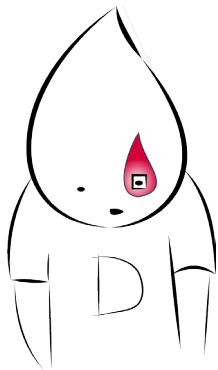
NEED TO PEE

☐ EARLY ☐ MID ☐ LATE



STOMACH CRAMPS

☐ EARLY ☐ MID ☐ LATE



WEAKNESS

☐ EARLY ☐ MID ☐ LATE



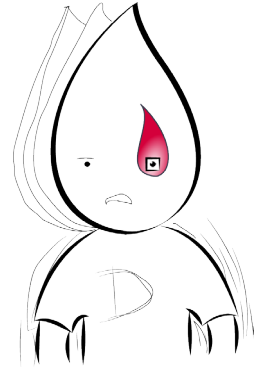
NERVOUSNESS

☐ EARLY ☐ MID ☐ LATE



POOR  
CONCENTRATION

☐ EARLY ☐ MID ☐ LATE



BLURRY VISION

☐ EARLY ☐ MID ☐ LATE

My other symptoms are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What to do in:

EARLY PHASE (little low)

MID PHASE (low)

LATE PHASE (really low)

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Name, date and contact: \_\_\_\_\_

Fill the chart by answering what you like to eat in different situations.

# nutrition chart

What and when to eat **BEFORE** training / game / competition day?



\_\_\_\_\_

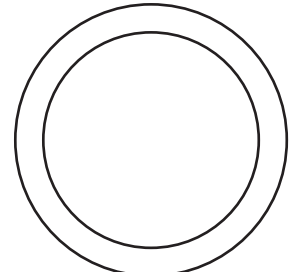


\_\_\_\_\_



\_\_\_\_\_

Glucose  
trend



draw portion here

What and when to eat **DURING** training / game / competition day?



\_\_\_\_\_

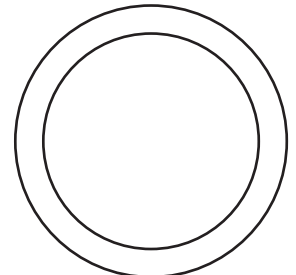


\_\_\_\_\_



\_\_\_\_\_

Glucose  
trend



draw portion here

What and when to eat **AFTER** training / game / competition day?



\_\_\_\_\_

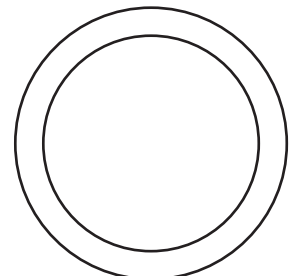


\_\_\_\_\_



\_\_\_\_\_

Glucose  
trend



draw portion here

What do I prefer to eat usually?



\_\_\_\_\_

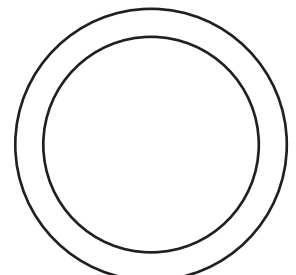


\_\_\_\_\_



\_\_\_\_\_

Glucose  
trend



draw portion here

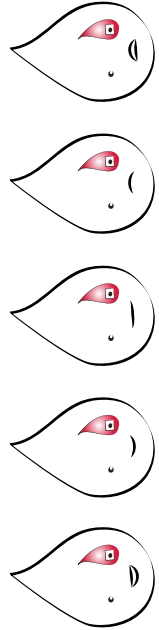
Name, date and contact: \_\_\_\_\_

# activity diary

sport: \_\_\_\_\_

date: \_\_\_\_\_

rate your regulation:



What were you doing and how would you rate the intensity?

training parts									
whole training									
	time								
	exercise								
	type								
☆☆☆☆☆	intensity	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆	☆☆☆☆☆

How did you manage your diabetes? Strategy name: \_\_\_\_\_

	30 min before	right before	during	immediately after	1 hour after	delayed hypo
glucose <i>*if possible add glucose trend</i>						
nutrition						
insulin dose						

Name, date and contact: \_\_\_\_\_

# action schedule

Write the actions that need to be taken according to different blood glucose levels and different situations.

Circle the situation: TRAINING - GAME OR COMETITION DAY - TRAVEL DAY - NIGHT TIME - other:			
GLUCOSE (mmol/L or mg/dL)	ACTION 1	WHO?	ACTION 2
below 2.2 / 40			
2.2 - 4 / 40 - 70			
4 - 5.5 / 70 - 100			
5.5 - 8 / 100 - 145			
8 - 16 / 145 - 300			
16 - 24 / 300 - 500			
over 24 / 500			

Name, date and contact: \_\_\_\_\_

Depending on what the child is using

# travel checklist

<input type="checkbox"/>	INSULINS VIALS
<input type="checkbox"/>	INSULIN COOLER BAGS OR SACHETS
<input type="checkbox"/>	
<input type="checkbox"/>	INSULIN PENS (SHORT- AND LONG-LASTING)
<input type="checkbox"/>	BACK-UP PENS
<input type="checkbox"/>	NEEDLES
<input type="checkbox"/>	
<input type="checkbox"/>	INSULIN PUMP
<input type="checkbox"/>	BACK-UP FOR PUMP (PEN)
<input type="checkbox"/>	INFUSION SETS
<input type="checkbox"/>	BATTERIES
<input type="checkbox"/>	INSERTER
<input type="checkbox"/>	
<input type="checkbox"/>	SENSORS
<input type="checkbox"/>	INSERTER
<input type="checkbox"/>	TAPE
<input type="checkbox"/>	CHARGER
<input type="checkbox"/>	BATTERIES
<input type="checkbox"/>	
<input type="checkbox"/>	BLOOD GLUCOSE METER
<input type="checkbox"/>	BACK-UP GLUCOSE METER
<input type="checkbox"/>	TEST STRIPS
<input type="checkbox"/>	LANCETS
<input type="checkbox"/>	
<input type="checkbox"/>	GLUCOSE TABS - DEXTROSE
<input type="checkbox"/>	PREFERRED SNACKS
<input type="checkbox"/>	KETONE METER
<input type="checkbox"/>	GLUCAGON
<input type="checkbox"/>	
<input type="checkbox"/>	DIABETES PASSPORT OR SIMILAR
<input type="checkbox"/>	DOCTOR'S/NURSE'S TELEPHONE NUMBER AND EMAIL ADDRESS
<input type="checkbox"/>	CARBOHYDRATE APP OR BOOK
<input type="checkbox"/>	DOCUMENT OF DOPING EXEMPTION - THERAPEUTIC USE EXEMPTION (TUE)
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input checked="" type="checkbox"/>	If using put a mark

