CAFEITY · FREE PRINTABLE

GLP-1 weekly tracker

One week per page: doses, sites, weight, what you ate and how you felt.
Rate symptoms 0 (none) to 5 (severe).

Name _____
Week starting _____
Medicine _____
Dose day _____

DAY / DATE	DOSE TAKEN (TIME)	SITE	WEIGHT	PROTEIN (G)	WATER	FIBRE (G)	NAUSEA 0–5	OTHER SYMPTOMS (0–5)	NOTES: MEALS, SLEEP, MOOD
Mon									
Tue									
Wed									
Thu									
Fri									
Sat									
Sun									

THIS WEEK

Average weight · best and worst day · anything that changed (dose, routine, illness)

FOR MY PRESCRIBER

Questions, side effects that did not settle, missed or late doses

A record for your own use. Not medical advice — follow the instructions from your prescriber and the leaflet in your medicine's box.