CAFEITY · FREE PRINTABLE

GLP-1 side-effect diary

Write it down when it happens. Severity 0 (none) to 5 (severe). "Days since dose" makes patterns visible — day 0 is injection day.

Name _____

Medicine _____

Dates covered _____

DATE	TIME	DAYS SINCE DOSE	SYMPTOM	SEVERITY 0–5	WHAT I ATE OR DID BEFORE	WHAT HELPED / NOTES

Get medical help promptly for: severe stomach pain that will not go away (with or without vomiting); vomiting or diarrhoea that will not stop, or not keeping fluids down; upper stomach pain with fever or yellow skin or eyes; swelling of the face, lips, tongue or throat, or trouble breathing. From the medicines' patient information.

ALSO RATE DAILY, IF USEFUL

Food noise 0–5 · appetite 0–5 · energy 0–5 · bowel movements (and whether hard or loose)

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