WELLNESS WITH EMILY / FREE PRINTABLE

# Weekly GLP-1 Side Effect Tracker

One page to record symptoms and prepare for a conversation with your care team.

7 DAYS
ONE PAGE

WEEK OF _____ TO _____

MEDICATION (OPTIONAL) _____ KEEP PRIVATE

## DAILY CHECK-IN

Tick what applies. Leave blank if not relevant.

### DAY 01

DATE _____ SYMPTOMS ☐ Nausea ☐ Vomit ☐ Diarrhea ☐ Constip. ☐ Pain ☐ Other

SEVERITY ☐ None ☐ Mild ☐ Mod. ☐ Severe APPETITE ☐ Low ☐ Usual ☐ High

FLUIDS _____ (amount + unit) NOTES _____

### DAY 02

DATE _____ SYMPTOMS ☐ Nausea ☐ Vomit ☐ Diarrhea ☐ Constip. ☐ Pain ☐ Other

SEVERITY ☐ None ☐ Mild ☐ Mod. ☐ Severe APPETITE ☐ Low ☐ Usual ☐ High

FLUIDS _____ (amount + unit) NOTES _____

### DAY 03

DATE _____ SYMPTOMS ☐ Nausea ☐ Vomit ☐ Diarrhea ☐ Constip. ☐ Pain ☐ Other

SEVERITY ☐ None ☐ Mild ☐ Mod. ☐ Severe APPETITE ☐ Low ☐ Usual ☐ High

FLUIDS _____ (amount + unit) NOTES _____

### DAY 04

DATE _____ SYMPTOMS ☐ Nausea ☐ Vomit ☐ Diarrhea ☐ Constip. ☐ Pain ☐ Other

SEVERITY ☐ None ☐ Mild ☐ Mod. ☐ Severe APPETITE ☐ Low ☐ Usual ☐ High

FLUIDS _____ (amount + unit) NOTES _____

### DAY 05

DATE _____ SYMPTOMS ☐ Nausea ☐ Vomit ☐ Diarrhea ☐ Constip. ☐ Pain ☐ Other

SEVERITY ☐ None ☐ Mild ☐ Mod. ☐ Severe APPETITE ☐ Low ☐ Usual ☐ High

FLUIDS _____ (amount + unit) NOTES _____

### DAY 06

DATE _____ SYMPTOMS ☐ Nausea ☐ Vomit ☐ Diarrhea ☐ Constip. ☐ Pain ☐ Other

SEVERITY ☐ None ☐ Mild ☐ Mod. ☐ Severe APPETITE ☐ Low ☐ Usual ☐ High

FLUIDS _____ (amount + unit) NOTES _____

### DAY 07

DATE _____ SYMPTOMS ☐ Nausea ☐ Vomit ☐ Diarrhea ☐ Constip. ☐ Pain ☐ Other

SEVERITY ☐ None ☐ Mild ☐ Mod. ☐ Severe APPETITE ☐ Low ☐ Usual ☐ High

FLUIDS _____ (amount + unit) NOTES _____

## FOR YOUR NEXT APPOINTMENT

Questions, patterns, or concerns to bring up

_____

_____

## IMPORTANT

Severe or persistent abdominal pain, trouble breathing, or face/throat swelling? Seek urgent medical help. For ongoing vomiting, diarrhea, or inability to keep fluids down, contact your care team promptly.