GLP-1 Side-Effect Management Toolkit

(Printable + Digital)

- Track GLP-1 Side Effects
- Identify Patterns
- Prepare for Doctor Visits

IMPORTANT DISCLAIMER

This tracker is a non-medical personal logging tool. It is designed to help individuals using GLP-1 medications log daily side effects, notice patterns over time, and organize information for healthcare discussions. This tool does not provide medical advice, diagnosis, or treatment recommendations, and does not replace professional medical care. Always consult your prescribing healthcare provider with questions or concerns about your medication.

STOP AND SEEK IMMEDIATE MEDICAL ATTENTION IF YOU EXPERIENCE:

- Severe abdominal pain that does not go away — may indicate pancreatitis
- Rapid swelling of your face, lips, tongue, or throat — may indicate allergic reaction
- Severe difficulty breathing or swallowing
- Signs of low blood sugar (if also taking insulin or other diabetes medications): shaking, sweating, confusion, rapid heartbeat
- A lump or swelling in your neck, hoarseness, or difficulty swallowing — may indicate thyroid concerns
- Severe nausea, vomiting, or diarrhea causing inability to keep fluids down
- Signs of kidney problems: significant decrease in urination, swelling in legs or feet

This is not a complete list of all possible serious reactions. If you are unsure whether a symptom requires urgent attention — contact your healthcare provider or call emergency services.

GLP-1 MEDICATION SIDE-EFFECT TRACKER

30-Day Personal Log

This tracker is for you if:

• You are currently using a GLP-1 medication (Ozempic, Wegovy, Mounjaro, Zepbound, Rybelsus, or similar)
• You want to track side effects over time to identify patterns
• You want to bring organized, specific information to your doctor appointments
• You want to feel more in control of your medication journey

HOW TO USE THIS TRACKER

- Use one Daily Side-Effect Log per day.
- Fill in as much or as little as is useful — skip sections that do not apply.
- Track honestly, not perfectly. Skip days if needed.
- At the end of each week, review your logs for patterns.
- Bring your completed logs or weekly summaries to your healthcare provider.
- This tracker does not replace professional medical care.

QUESTIONS TO BRING TO YOUR PROVIDER

- Which of my symptoms are expected and which should I be concerned about?
- How long should I expect these side effects to last?
- Are there any timing or food strategies that may reduce my symptoms?
- Should I adjust my dose based on what I am experiencing?
- Are any of my symptoms a reason to stop or pause the medication?

DAY 1 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 2 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 3 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 4 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 5 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 6 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 7 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 8 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 9 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 10 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 11 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 12 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 13 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 14 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 15 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 16 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 17 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 18 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 19 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 20 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 21 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 22 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 23 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 24 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 25 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 26 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 27 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 28 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 29 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

DAY 30 — DAILY SIDE-EFFECT LOG

Date: _____

Medication / Dose (optional): _____

Time Taken (optional): _____

PHYSICAL SYMPTOMS (check or note what applies)

■ Nausea	■ Heartburn / reflux
■ Vomiting	■ Headache
■ Diarrhea	■ Dizziness
■ Constipation	■ Fatigue
■ Bloating / fullness	■ Injection site reaction
■ Abdominal discomfort	■ Other: _____

APPETITE AND EATING

■ Very low	■ Low	■ Normal	■ Increased

Food aversions or intolerances: _____

HYDRATION AND BOWEL HABITS

Fluids adequate?	■ Yes ■ No ■ Unsure	**Bowel habits?**	■ Normal ■ Constipation ■ Diarrhea ■ Irregular

OVERALL IMPACT TODAY

■ Not at all	■ Mild	■ Moderate	■ Significant

Notes / Patterns noticed:

WHAT COMES NEXT

If you are managing pain alongside your GLP-1 journey — whether from everyday aches, stiffness, or a specific condition — Pain Care Supply has practical tools designed to help.

If your pain keeps coming back and you do not know where to start — this is your first step. Start here.

paincaresupply.com/free

Free Flare-Up Reset Guide

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