

# 12-Week GLP-1 Shot Tracker



**MY MED**  
 Wegovy  Ozempic  Zepbound  Mounjaro  Other

**WEEK 1 SHOT DATE** \_\_\_\_\_ **START WEIGHT** \_\_\_\_\_

Circle your med and write two numbers — that's all the writing. Each shot day: fill the shot dot, mark the site, tick what you felt, circle when hunger returned, circle the face.  
**Circle** = your answer.

	SHOT	DOSE	INJECTION SITE — MARK ONE						WEIGHT	THIS WEEK I FELT — TICK ALL						HUNGER BACK ON DAY...							WEEK WAS		
	done	mg	Ab L	Ab R	Th L	Th R	Arm L	Arm R		Nau sea	Con stip	Fati gue	Head ache	Re flux	No ne	3	4	5	6	7	-	good	ok	rough	
1	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	4	5	6	7	-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

**Sites:** Ab = abdomen (2 in away from navel) · Th = front of thigh · Arm = back of upper arm. Never the same spot two weeks in a row — your dots should zigzag.

**Hunger back on day...** = the day appetite or food noise returned after the shot. Circling 3s and 4s for a few weeks is worth mentioning to your prescriber.

**Missed a dose?** Catch-up windows: Wegovy 48 h before next dose · Ozempic 5 days · Zepbound/Mounjaro 4 days. Never double up — ask your pharmacist.