

INJECTION TRACKER

EXAMPLE

INJECTION DATE, DOSE, SHOT LOCATION & SIDE EFFECTS	○○○ HOW I FELT ✕
3/1/23 - 2.5 MG - THIGH - FELT REALLY TIRED AT NIGHT. HAD DIARRHEA.	HORRIBLE -> TO -> GREAT <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
3/7/23 - 2.5 MG - ARM - I TOOK LATER IN THE DAY & HAD A BAD HEADACHE	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> <input type="radio"/>
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