Shot-day record

Make a record of a shot you have already taken and how the day felt.

Date taken

Time taken

Medication name from my label

Dose taken, including unit

Site I used

Anything else to remember

Later observations

Add the time and your own words if something stands out.

Time	What I noticed

Question for my prescriber or pharmacist

Shot-day record

Make a record of a shot you have already taken and how the day felt.

Date taken

Monday 2 November

Time taken

8:10 am

Medication name from my label

Copied from my prescription label

Dose taken, including unit

Copied from my pen label

Site I used

Left thigh

Anything else to remember

At home before work

Later observations

Add the time and your own words if something stands out.

Time	What I noticed
12:30 pm	Had lunch at home. Felt much the same as usual.
4:00 pm	Felt more tired than this morning.

Question for my prescriber or pharmacist

Which details would be helpful to write down after my next shot?