# Your GLP-1 Side Effects Contact Checklist

Turn what you noticed into a clear note for your prescribing team.

## Prepare for a care-team conversation

Use the one-page worksheet on page 3. Type into the fields in a PDF reader, or print it and write by hand. Page 2 shows a fictional example using the same headings.

### 1 Identify the medicine

Write the name, tablet or injection, prescribed dose and usual schedule if you know them. You can check the package or bring it with you.

### 2 Describe what changed

Note when the symptom began, your latest dose or prescribed dose change, and whether it is improving, worsening or returning. Approximate dates and 'not sure' are fine.

### 3 Show the effect on your day

Say whether you can eat and drink, what the symptom interrupts, and anything you tried. Add other medicines and supplements, or bring a separate list.

### 4 Bring the note to the conversation

Save and reopen a typed copy to check that every entry is visible, or bring a printed copy. Use the last box to record the next step agreed with your care team.

## Question starters

Could another cause need checking? Should the treatment plan change? Whom should I contact if this happens again?

**Enough to begin:** write what happened and when it began, then contact your care team. Fill in other details you know; the page does not have to be complete.

**Do not wait to fill this out if you need prompt help.** Severe stomach pain that will not go away, trouble breathing or swallowing, or vomiting or diarrhea that will not go away call for prompt action. Follow your medicine's Medication Guide and the article warning signs.

This organizes a conversation; it does not diagnose symptoms or decide whether a medicine is the cause.

# Example: GLP-1 Side Effects Contact Checklist

Fictional example. Use the blank fillable version on page 3.

**Name or initials and contact date (optional)**

Jordan | Called the prescribing team on Nov 9

**The medicine: name, form, dose and schedule**

Wegovy injection, 0.5 mg weekly, as prescribed

**Why you take it, if relevant**

Weight management

**The timing: treatment start date, latest dose and any prescribed dose change**

Started in October. Most recent dose: Nov 7. Dose increased two weeks ago.

**The symptoms: what happened, when and the pattern**

Nausea after meals began Nov 8. It comes and goes; I am not sure what causes it.

**The impact: eating, drinking and your usual day**

I can drink. I ate less today and left work early.

**The wider picture: other medicines and what you tried**

I will bring my medicine and supplement list. I tried smaller meals.

**Your questions**

Could something else explain this? Should my plan change?
Who should I contact if it gets worse?

**After the conversation: next step, timing and who to contact**

Leave blank until the conversation. Note the agreed next step and whom to call.

Use another sheet if needed. Check that all typed text is visible before saving or printing.

# My GLP-1 Side Effects Contact Checklist

Short notes are enough. Fill in what you know and contact your care team.

**Name or initials and contact date (optional)**

**The medicine: name, form, dose and schedule**

**Why you take it, if relevant**

**The timing: treatment start date, latest dose and any prescribed dose change**

**The symptoms: what happened, when and the pattern**

**The impact: eating, drinking and your usual day**

**The wider picture: other medicines and what you tried**

**Your questions**

**After the conversation: next step, timing and who to contact**

Use another sheet if needed. Check that all typed text is visible before saving or printing.