Track Your Medications

Use this section to list all the prescription medications you are taking. For each medication, provide the dosage (for example: 1 puff, 2 pills, etc) and how often you take it (once per day, twice per day, weekly. etc).

Medication: _____ Dosage:_____ How Often: _____

Medication: _____ Dosage:_____ How Often: _____

Medication: _____ Dosage:_____ How Often: _____

Medication: _____ Dosage:_____ How Often: _____

Mark the box below for each day you take ALL your EoE medications.

Month: _____

M	T	W	T	F	S	S	Fill in the star if you meet your weekly goal
							☆
							☆
							☆
							☆
							☆