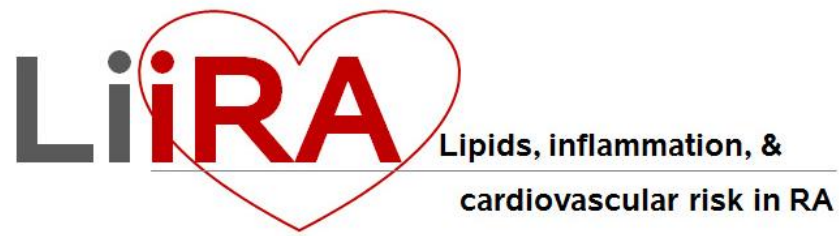


Name: _____

Date of Birth: _____



Enbrel Injection Diary

Week	Date of injection (MM/DD/YYYY)
Week 0 (before baseline)	
Week 2	
Week 4	
Week 6	
Week 8	
Week 10	
Week 12	
Week 15	
Week 18	
Week 21	
Week 24	