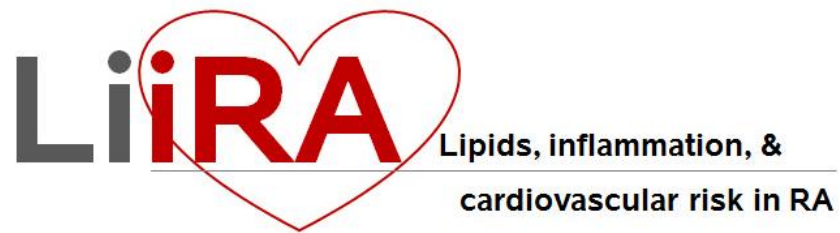


Name: _____

Date of Birth: _____



Humira Injection Diary

Week	Date of injection (MM/DD/YYYY)
Week 0 (before baseline)	
Week 3	
Week 6	
Week 9	
Week 12	
Week 16	
Week 20	
Week 24	