

## Medication Side Effects Profile

### *Noticing your experiences*

Put an X in the box at the left of the medication effect you are experiencing. You can use “other” to add something that is not on the list.

You can use the “Comment or Question” areas to write down things you want to discuss. You may want to share this chart with your provider.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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### Mood

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Anxious                | <input type="checkbox"/> Happy   |
| <input type="checkbox"/> Dull/flat/“whatever”   | <input type="checkbox"/> Calm    |
| <input type="checkbox"/> Depressed              | <input type="checkbox"/> Content |
| <input type="checkbox"/> “Up and down”          | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Angry                  |                                  |
| <input type="checkbox"/> Irritable/easily upset |                                  |
| <input type="checkbox"/> Worried/anxious        |                                  |
| <input type="checkbox"/> Worried/suspicious     |                                  |

**Comment or Question**

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### Sleep

- Often very sleepy during the day
- Distressing nightmares
- Hard to fall asleep or stay asleep
- Sleeping just right
- Hard to get out of bed in the morning
- Other

**Comment or Question**

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### Energy and Motivation

- No desire to move or do things
- Lots and lots of energy/too much energy
- Feeling numb or “zombie-like”
- Just the right amount of energy
- Restless, pacing, hard to sit still
- Other

**Comment or Question**



### Memory and Concentration

- Feeling fuzzy or confused in my thinking
- Hard to concentrate or stay focused
- Hard to organize my thoughts
- Feeling sharp and clear in my thinking
- Often forgetting important things
- Other

**Comment or Question**

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### Food and Diet

- Not interested in food
- Frequent gas or heartburn
- Eating more than usual
- Change in weight
- Good appetite
- Other

**Comment or Question**

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### Sex

- Change in interest in sex
- Loss of pleasurable feelings during sex
- Change in ability to perform sexually
- Other

**Comment or Question**

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### Body

- Blurry vision: difficult to read things
- Sweating often or a lot
- Dizziness
- Constipation
- Drooling: wet pillow, too much saliva
- Diarrhea
- Dry mouth
- Problems urinating
- Headaches
- Changes in menstrual cycles (women only)
- Nausea
- Other

**Comment or Question**

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### Muscles

- Muscles feel tense or stiff
- Cannot sit still – “jump out of skin” feelings
- Muscles shake or tremble
- Frequent muscle cramps
- Restless or jittery
- Other

**Comment or Question**