

Medication Side-Effects Assessment

Name:
Month:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

<u>Side effects</u>	<u>Frequency / Severity</u>				<u>Was Frequency/Severity more or less compared to last month?</u>
	0 = none / not a problem 1 = happens very little / is a little problem 2 = happens sometimes / is a moderate problem 3 = happens very often / is a big problem				
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	
	0	1	2	3	