

C. OnTrackNY Medication Side Effect Checklist

Name/ID _____

Date form completed _____

Below is a list of common medication side effects. If you are experiencing any of these side effects, it's important to let your doctor know. Often your doctor will be able to help minimize or eliminate the side effect. It's okay to speak up about side effects! In the list below, put a check next to any side affects you may be experiencing. Add any questions you may have for the doctor.

Problem	Are you experiencing this problem?		Questions for your psychiatrist
	Yes	No	
Daytime sedation/drowsiness/sleeping too much			
Problems with memory or concentration			
Changes in appetite or weight			
Muscles being too tense or stiff, or muscles trembling or shaking			
Feeling restless, jittery, or the need to move around and pace			
Blurry vision, dry mouth, constipation, or urinary retention or hesitancy			
Changes in sexual functioning			
[In women only], menstrual or breast problems			
Feeling unlike my usual self			
Other concerns			
	Yes	No	Questions for your psychiatrist
I think the pros of using medication outweigh the cons of using medication			