Shared Decision Making
in Mental Health

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:** _____

Mood

- ☐ Anxious
- ☐ Dull/flat/"whatever"
- ☐ Depressed
- ☐ "Up and down"
- ☐ Angry
- ☐ Irritable/easily upset
- ☐ Worried/anxious
- ☐ Worried/suspicious
- ☐ Happy

Comment or Question

- ☐ Calm
- ☐ Content
- ☐ Other

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

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

turn page for more

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

Food and Diet

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

Comment or Question

Sex

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

Comment or Question

Mood

- [ ] 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

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