

Worksheet 14-5**My Side Effect Tracking Form**

<i>Symptom</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
Restlessness							
Fatigue							
Euphoria for no reason							
Vision problems							
Constipation							
Sleeplessness (or even feeling little need for sleep)							
Trembling							
Diarrhea							
Sharp decrease in mood for no reason							
Increase in anxiety							
Dry mouth							
Headaches							
Sexual problems							
Nausea or stomach upset							
Overwhelming apathy							
Memory problems							
Weight changes (rate once a week)							
Changes in appetite (up or down)							
Racing heartbeat							
Skin rash							
Sweating							
Dizziness							
Feeling revved up							

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Problems urinating (too much or too little)							
Muscle spasms or twitching							
Nightmares							
Swelling of feet or hands							
Numbness							
Any other bodily or unexpected emotional changes (list them)							