ABLE

# Psychotropic Medication Side Effects Tracking Sheet

**Client Name:** _____

**Drugs(s):** **Month:** **Year:**

| | Side Effects Observed: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| | Nervousness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Headache | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Drowsiness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sweating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Constipation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Nausea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Diarrhea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Decreased appetite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dry mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Confusion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Abnormal Gait | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Neck stiffness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cough | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Rash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Anxiety | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Insomnia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Manic behavior | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Muscle pain/spasm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Aggressiveness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Flu like symptoms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dizziness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Fatigue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Lightheadedness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | No side effects observed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Initials** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Place 'X' in box when side effect is observed.

Signature/Initial:_____

Initial at bottom daily to acknowledge tracking.

If Physician specifies additional side effects to monitor that are not listed, add it to the form in the space provided.