

Patient Name: _____

Date: _____

EVALUATION OF MEDICATION SIDE EFFECTS
(derived from the Safety Monitoring Uniform Report Form [SMURF])

Please **CIRCLE** any side effects you have noticed in your child since the medication was started. The list is to help you think of side effects. These side effects may not be related to the medication, so please contact your clinician before changing or stopping the medication. Be prepared to discuss with your clinician when the side effect **started** (and stopped, if it has), if any **other illnesses** were occurring at that time, and **all other medications** your child was taking at this time.

VISUAL: Blurriness Irritation or Redness Watering Dryness
Double Vision Eye Pain Eye Twitching Light Bothering Eyes

HEARING: Ear Ache Ear Infection Poor Hearing Ringing in the Ears

HEAD: Headache Facial Pain Face Muscle Weakness

NOSE: Nose bleeds Nose Dryness Sinus Congestion Change in Smell

THROAT: Sore Throat Hoarse Voice/Laryngitis Difficulty Swallowing

MOUTH/LIPS: Mouth Ulcer/Sores Gum Problems Dental Problems Sore/Swollen Tongue
Dry Mouth Too Much Saliva Drooling Bad Taste in Mouth

CHEST: Pain Tightness Shortness of Breath Wheezing Coughing

BREAST: Swelling Pain Discharge

HEART: Rapid Heartbeat Irregular Heartbeat Slow Heartbeat

STOMACH: Pain/Discomfort Heartburn/Reflux Nausea Vomiting

BOWELS: Diarrhea Constipation Blood in Stool Bloating/Gassy
Stool Discoloration Hemorrhoids

APPETITE: Increase Decrease Weight Gain (____lbs) Weight Loss (____ lbs)
Taste Abnormality Increased Thirst

URINATION: Painful Difficulty Increased Change in Color/Smell
Bedtime Wetting Daytime Wetting

MENSTRUAL: Irregular Periods Cramping Increased Bleeding Breakthrough Bleeding
Midcycle Pain Premenstrual Tension or Mood Changes

(adapted by J. Bostic, M.D, Ed.D.)

GENITAL: Genital Discomfort/Swelling Discharge Increased Urges/Interest in Sex
Decreased Urges/Interest in Sex Sexual Dysfunction

MUSCLES, BONES, JOINTS: Pain Swelling/Fluid Buildup Cramps/Contractions
Numbness Tingling Restless Legs

MOVEMENT: Clumsiness/Poor Coordination Tics (twitches, blinking, making sounds)
Restlessness Tremor, Trembling, or Shaking Rigidity, Aches, Cramps

SKIN/HAIR: Rashes/Irritation Pimples/Acne Hives Blisters Dry Skin
Flaking Scalp Sensitive to Sun Oily skin/hair Excessive Sweating
Change in Body Odor Hair Problems (loss, brittle) Easy Bruising

ENERGY: Tiredness/Fatigue Sedation/Drugged Feeling Withdrawn Staring
Excessive Yawning Overly Excited/Energetic Too Keyed Up/Unable to Settle Down

SLEEP: Difficulty Falling Asleep Interrupted Sleep Early Morning Awakening
Sleeping Too Much Awakening Not Feeling Rested Drowsiness Nightmares

STRANGE EXPERIENCES/THOUGHTS: Seeing Things That Are Not There
Hearing Things That Are Not There Smelling/Tasting Things That Are Not There
Strange Physical Feelings Strange Thoughts or Ideas

THINKING: Memory Problems Concentration Difficulty Confusion Slowed Thinking
Speech Difficulty/Changes Dizziness/Faintness Loss of Consciousness

MOOD CHANGES: Depressed Anxious/Nervous Loss of Interest/Motivation
Irritable "Manicky"

ACCIDENT/INJURY: Accidental Injury (describe): _____
Attempted Suicide Self-Harmful Behavior (cutting on self, banging head, etc.)

ILLNESS: Upper Respiratory Infection Lower Respiratory Infection Gastrointestinal Virus
Bacterial Infection Urinary Tract Infection (Other) Fever Allergies/Asthma
Swollen Glands Feeling Flushed or Warm Feeling Cold or Chills

Medical or Surgical Procedure (describe): _____

Medicine(s) (names/doses of all medications currently taking): _____

ANY OTHER SIDE EFFECTS (Please Describe): _____

(adapted by J. Bostic, M.D., Ed.D.)

This document is intended to provide general educational information concerning mental health and health care resources. This information is not an attempt to practice medicine or to provide specific medical advice, and should not be used to make a diagnosis or to replace or overrule a qualified health care provider's judgment. The reader is advised to exercise judgment when making decisions and to consult with a qualified health care professional with respect to individual situations and for answers to personal questions. Material in this document is protected by copyright law. Users may print this document for personal, non-commercial use only, provided they identify the source of the material and include a statement that the materials are protected by copyright law.

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