



MEDICATION TREATMENT EMERGENT EFFECTS CHECKLIST

Client's name: _____ **Date of assessment:** ____/____/____ **Assessor** _____

Drug(s) and dosage: _____

Instructions: Fill out before initial medication use, and at least once a month during, and for 3 months after, medication use. Inquire about the presence of each event over the **past week**. Causation by treatment need not be suspected or established. If present, score as **1** (mild), **2** (moderate), or **3** (severe). If not present, leave blank. For items listing different or opposite events (e.g., "increased" or "decreased" appetite, circle the appropriate one.)

Psychological	1, 2, 3	Gastrointestinal	1, 2, 3
1. Agitation (restless, nervous, hyperactive)		43. Increased or Decreased appetite	
2. Confusion, cognitive difficulties		44. Weight Gain or Loss	
3. Memory problems, forgetfulness		45. Abdominal pain or cramps, Stomach bloating	
4. Irritability (easily upset, angry)		46. Increased thirst	
5. Impulsivity		47. Nausea, vomiting	
6. Trouble concentrating or paying attention		48. Diarrhea	
7. Insomnia, trouble falling or staying asleep		49. Constipation	
8. Hypersomnia, trouble waking up		50. High blood sugar	
9. Crying spells, sadness		51. Other:	
10. Anxiety, tension, Panic (racing heart, breathless)		Musculoskeletal/Neurological	
11. Lethargy, apathy, sedation, drowsiness		52. Disequilibrium, unsteady gait, poor coordination	
12. Nightmares, intense dreaming		53. Spinning, swaying, lightheaded	
13. Feeling detached or unreal		54. Weakness, fatigue	
14. Elevated mood (feeling high/euphoric/giddy)		55. Numbness, burning or tingling sensations	
15. Mania/mood swings		56. Slowed movements, sluggishness, muscle rigidity	
16. Hearing voices, seeing things		57. Muscle cramps, stiffness, twitches, jerks, spasms	
17. Aggressivity, hostility		58. Restlessness, pacing, rocking, hopping, can't sit still	
18. Homicidal thoughts or urges		59. Tremor (slight shaking/trembling of limbs or muscles)	
19. Self-harm (cutting, piercing)		60. Any other abnormal involuntary movements anywhere	
20. Suicidal thoughts or urges		61. Other:	
21. Suicide attempts		Skin	
22. Other:		62. Increased or Reduced sweating	
Head/Face		63. Increased sensitivity to sun	
23. Headache		64. Chills or Feelings of warmth	
24. Blurred or Double vision		65. Rash, hives / Dry skin, crusty	
25. Sore eyes		66. Acne	
26. Ringing or other noises in the ears		67. Easy bruising	
27. Abnormal smells or tastes		68. Pale, yellowing skin	
28. Electric zap-like sensations in the head		69. Hair loss or Abnormal hair growth	
29. Drooling, excessive saliva		70. Other:	
30. Slurred speech		Genito-Urinary	
31. Tics, eye blinks, or grimaces		71. Menstrual disturbances (absent or irregular periods)	
32. Abnormal movements of mouth, lips, tongue		72. Difficulty urinating / Increased urination	
33. Expressionless, "zombie" look		73. Enuresis, night bedwetting	
34. Other:		74. Difficulties with orgasm	
Nose/Throat/Chest		75. Erectile dysfunction, impotence	
35. Runny nose/ Stuffed nose		76. High or Low sexual desire / activity (libido)	
36. Fever		77. Other:	
37. Flu-like aches and pains		Cardiovascular	
38. Sore throat/Difficulty swallowing		78. High blood pressure	
39. Labored breathing		79. Arrhythmia (irregular heartbeat)	
40. Chest pain		80. Tachychardia (abnormally fast hearbeat)	
41. Breast swelling or discharge		81. Cardiac arrest	
42. Other:		82. Other:	

Adapted from: Kalachnik JE. Measuring side effects of psychopharmacologic medication. *Mental Retardation & Developm. Disability Research Review* 1999; 4, 349-359; 2) Rosenbaum et al. SSRI discontinuation syndrome, *Biological Psychiatry* 1998; 44, 77-87. (3) Bezchlibnyk-Butler & Jeffries, 2005, *Clinical handbook of psychotropic drugs* (15th rev. ed). Seattle: Hogrefe.