

Medication Side-Effects Assessment Instructions

To prepare the form for individualized use:

Form is best completed by a QMRP, nurse, or professional/paraprofessional

- 1) In box entitled "**Name**" at top left corner of form: enter in person's name
- 2) In box entitled "**Month**" on left side of form: enter in month (and year) of the assessment. The assessment should occur at least once per month, preferably the same day each month. However for certain medications (as determined by the physician), the assessment may need to occur more frequently.
- 3) List all medications prescribed to the person, including temporary medications (i.e., two weeks of antibiotics for ear infection).
 - a) Next to "**Medication:**" write the name of the medication as it appears on person's prescription bottle.
 - b) Next to "**Date begun:**" write the date that the person began taking the medication. For long-term prescriptions (i.e., prescribed for last 10 years), the actual beginning date may not be known. The year that the medication was prescribed may suffice. *Note: For medications which are often prescribed in varying dosages, the current prescribed dosage may need to be included next to "Date begun:" as well.*
 - c) Next to "**Side effects:**" list all known side effects of the medication. This information can be obtained from a physician or pharmacist or by looking at the pharmacy insert when the medication is filled.
- 4) Identify the side effects that are the most commonly occurring symptoms and/or the most severe symptoms among all of the medications. List these identified symptoms in the "**Side Effects**" column on the left side of the table at the bottom of the form. Many of the medications may have the same or similar side effects. Some common examples include: Drowsiness, nausea, vomiting, diarrhea, seizures, etc.

To record data on the form:

- 5) Using the "**Frequency/Severity**" rating scale (the middle column of the table), determine the frequency and severity of each side effect listed in the left column. Circle the corresponding number for each side effect. *Note: The frequency/severity of a side effect can be determined by speaking with the person and asking him/her questions about how he/she feels (i.e., drowsiness) or observing for outward signs of a side effect (i.e., nausea).*
- 6) Review the Medication Side-Effects Assessment from the previous month. Look at the frequency/severity ratings for each side effect from the previous month and compare those ratings to the current month. Indicate whether each side effect is currently **more or less frequent/severe** compared to the previous month by writing "more", "less", or "same" in the right column. *Note: For the first month that the form is completed, this item cannot be completed as there is no data available for comparison.*