Medication Side-Effects Assessment

Name:
Month:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

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Side effects:

Medication: Date begun:
Side effects:

Medication: Date begun:
Side effects:

Side effects	Frequency / Severity 0 = none / not a problem 1 = happens very little / is a little problem 2 = happens sometimes / is a moderate problem 3 = happens very often / is a big problem	Was Frequency/Severity more or less compared to last month?
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