

Side Effect Tracker

MY MEDS: _____

Nausea/throwing up

Feeling lightheaded/dizzy

Diarrhea

Change in skin color

Headaches

Going to the bathroom (*peeing*) too much

Not hungry

Problems thinking clearly

Problems sleeping

Other: _____

Bad dreams

Other: _____

Stomach pain

Other: _____

Feeling tired/weak

Other: _____