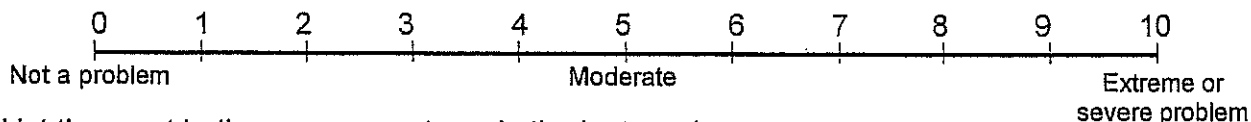


Symptom and Side Effect Sheet

Schizophrenia

Circle that number that best describes how much a problem your symptoms were:

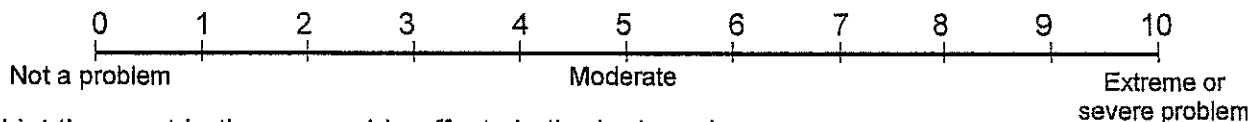


List the most bothersome symptoms in the last week:

-
-
-

Things I did for me: _____

Circle that number that best describes how much a problem your side effects were:



List the most bothersome side effects in the last week:

-
-
-

Things I did that helped: _____

List medications that you are currently taking:

- 1.
- 2.
- 3.
- 4.

About how long have you been taking each medication? Weeks Months Years