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# Side Effect Tracker

| Date | Side Effect | Severity of Symptom 1 to 5 |   |   |   |   | When (time of day) |  |  | Frequency (# of times daily) |   |   |    | Comments e.g.: What I tried to improve it, what works/doesn't work, etc. |
|------|-------------|----------------------------|---|---|---|---|--------------------|--|--|------------------------------|---|---|----|--|
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |  |  | 1                            | 2 | 3 | 4+ |  |

Severity of symptom: 1= very mild, 2 = mild, 3 = moderate, 4 = extreme, 5 = disabling

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## Examples of possible side effects from HIV medications

- Diarrhea
- Nausea
- Vomiting
- Fever
- Fatigue
- or list any others
- Sleep disturbances
- Depression
- Rash
- Yellow skin
- Appetite Changes

See accompanying side effect fact sheets for more information

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|------|-------------|----------------------------|---|---|---|---|--------------------|----|---|------------------------------|---|---|----|--|
|      |             | 1                          | 2 | 3 | 4 | 5 | ☀                  | ☀☀ | ☾ | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |
|      |             | 1                          | 2 | 3 | 4 | 5 |                    |    |   | 1                            | 2 | 3 | 4+ |  |

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