

| Symptom | Source | | Severity | | | |
|---|----------------|--|------------|----------|--------------|------------|
| | Patient report | Case-notes, investigation or examination | Absent (0) | Mild (1) | Moderate (2) | Severe (3) |
| 1. Headache (b) | | | | | | |
| 2. Back pain | | | | | | |
| 3. Joint pain and swelling (d, e) | | | | | | |
| 4. Blurred vision | | | | | | |
| 5. Nystagmus (voluntary or involuntary eye movements) | | | | | | |
| 6. Conjunctivitis (pink, blood-shot white of eye) | | | | | | |
| 7. Dry mouth | | | | | | |
| 8. Palpitations (irregular heart-beat) | | | | | | |
| 9. Dizziness | | | | | | |
| 10. Unsteadiness | | | | | | |
| 11. Ataxia (coordination problems) | | | | | | |
| 12. Tremor | | | | | | |
| 13. Other movement disorders | | | | | | |
| 14. Nausea/vomiting (a, b, e) | | | | | | |
| How often? | | | | | | |
| Do you have an explanation for this? | | | | | | |
| 15. Loss of appetite (a, e) | | | | | | |
| 16. Loss of weight (a, c, e) | | | | | | |
| 17. Diarrhoea (a, e) | | | | | | |

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| 18. Constipation | | | | | | |
| 19. Abnormal Colour Stools (a, e) | | | | | | |
| 20. Drowsiness (a, e) | | | | | | |
| 21. Insomnia | | | | | | |
| 22. Disorientation/confusion (b, e) | | | | | | |
| 23. Rash (a, b, c, d, e) | | | | | | |
| Where? | | | | | | |
| Do you have an explanation for this? | | | | | | |
| 24. Jaundice (a, e) | | | | | | |
| 25. Pruritis (a, d ,e) | | | | | | |
| Where? | | | | | | |
| Do you have an explanation for this? | | | | | | |
| 26. Skin lesions (d) | | | | | | |
| Where? | | | | | | |
| 27. Blisters (d) | | | | | | |
| Where? | | | | | | |
| 28. Mouth ulcers (d) | | | | | | |
| 29. Facial swelling (a) | | | | | | |
| 30. Lymphadenitis – swollen glands (a, c) | | | | | | |
| 31. Swollen/painful abdomen (e) | | | | | | |
| 32. Photophobia – intolerance or discomfort in response to light (b) | | | | | | |

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| 33. Breathlessness | | | | | | |
| 34. Fever (a, b, c, d) | | | | | | |
| 35. Aggression | | | | | | |
| 36. Agitation | | | | | | |
| 37. Suicidal thoughts Did you have these before taking the medication? Would you ever think of acting on these? | | | | | | |
| 38. Anaemia (f) | | | | | | |
| 39. Bruising (f) | | | | | | |
| Other side effects | | | | | | |

| Items labelled: | Total Number |
|-----------------|--------------|
| Absent | |
| Mild | |
| Moderate | |
| Severe | |