

Antipsychotic Side-effects Checklist (ASC)

Problem	Yes	No	Comments
1. Loss of energy and drive: Have you had trouble moving, getting going, or starting things? Do you feel slowed down?	_____	_____	_____ _____ _____
2. Feeling unmotivated or numb: Have you had trouble getting motivated or wanting to do the things you used to? (Sometimes people describe this as "feeling like a zombie.")	_____	_____	_____ _____ _____
3. Daytime sedation or drowsiness: Are you tired or sleepy during the day? Feelings of tiredness can happen throughout the day or only at certain times.	_____	_____	_____ _____ _____
4. Sleeping too much: Do you sleep too much? Do you feel you sleep for too long? Do you have a problem getting out of bed in the morning, or do you need to go back to sleep for a large part of the day?	_____	_____	_____ _____ _____
5. Muscles being too tense or stiff: Do your muscles feel stiff or rigid? Do you feel cramps or muscle pains in the arms, legs, or neck?	_____	_____	_____ _____ _____
6. Muscles trembling or shaking: Have you had any shaking or muscle-trembling?	_____	_____	_____ _____ _____
7. Feeling restless or jittery: Have you had any feelings of restlessness? Do you ever feel like you want to "jump out of your skin"?	_____	_____	_____ _____ _____
8. Need to move around and pace; can't sit still: Do you often need to get up and pace around? Do you have trouble sitting still? Do you rock from one leg to the other?	_____	_____	_____ _____ _____
9. Trouble getting to sleep or staying asleep (insomnia): Do you have trouble falling asleep or getting to sleep when you want to? Do you wake up during the night, or wake up too early in the morning?	_____	_____	_____ _____ _____

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10. Blurry vision: Do you have blurry vision? Things may seem out of focus. People with blurred vision may have trouble with reading printed words in newspapers.	_____	_____	_____ _____ _____
11. Dry mouth: Is your mouth too dry? Does it feel like you have cotton in your mouth? Does it seem like your tongue sticks to the top of your mouth?	_____	_____	_____ _____ _____
12. Drooling: Do you have too much saliva (spit)? Is your pillow wet when you wake up?	_____	_____	_____ _____ _____
13. Memory and concentration: Do you have any memory problems? Are you more forgetful? Is it hard to concentrate? Do you find it hard to follow conversations, watch programs on TV, or read?	_____	_____	_____ _____ _____
14. Constipation: Do you have problems with constipation?	_____	_____	_____ _____ _____
15. Weight change: Have you had any changes in weight? Do you feel that you are overweight? Do you gain weight quickly, or cannot seem to go on a diet? Are your clothes getting too big or too small for you?	_____	_____	_____ _____ _____
16. Changes in sexual functioning: Do you have any sexual problems or difficulties? Sometimes people say they have problems with low sex drive. Some men say that they have difficulties with erections or ejaculation, and some women say that they have difficulty achieving orgasm.	_____	_____	_____ _____ _____
17. Menstrual or breast problems: If you should have regular menstrual periods, have you had any menstrual problems lately? Sometimes women stop having their normal periods, or have irregular periods. Have you had this problem recently? Sometimes there may be milk leakage from the breasts.	_____	_____	_____ _____ _____

For more information or to obtain additional *Dialogue for Recovery* materials, please contact your local Mental Health Association, or

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www.nmha.org



ASC and the National Mental Health Association *Dialogue for Recovery* program are supported by unrestricted educational grants from AstraZeneca 