

Hepatitis C Treatment Side Effects Inventory

Did you experience any of the following symptoms during the past week?
Place a checkmark by symptoms experienced.

Check here if Yes

Feeling excessively tired/exhausted, weakness	
Fever	
Headache	
Muscle aches/pains	
Shaking/trembling	
Irritability/anxiety	
Difficulty sleeping	
Hair loss	
Nausea/vomiting	
Feeling depressed	
Loss of appetite <u>or</u> Change in taste (Circle which one)	
Joint aches/pains	
Itching	
Redness/rash where you gave your shot	
Other Rash (specify where on body): _____	
Shortness of breath	
Dizziness	
Dry skin	
Problems concentrating/focusing	
Diarrhea	
Anorectal Discomfort (hemorrhoids, burning, itching)	
Decrease in weight	
Abdominal pain	
Cough	
Dry mouth	
Changes in mood/mood swings	
Heartburn or upset/sour stomach	
Feeling more forgetful/memory impairment	
Increased sweating	
Back pain	
Changes in your vision or blurred vision	
Other, specify: _____	

Name: _____

Chart #: _____

Weeks of Treatment Completed: _____

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