

Sexual Adverse Events Scale

Name _____

ID# _____ Rater ID# _____

DOB _____

Date _____

Medication _____

Total daily dose _____

Please circle yes (Y) or no (N).

- | | | | | | | | | | |
|---|---|---|------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I have unusual discharge from my breasts. | Y | N | Mild | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Severe | <input type="checkbox"/> | |
| 2. Sometimes my breasts hurt | Y | N | Mild | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Severe | <input type="checkbox"/> | |
| 3. I have decreased sexual desire. | Y | N | N/A | Mild | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Severe | <input type="checkbox"/> |
| 4. I have decreased sexual performance. | Y | N | N/A | Mild | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Severe | <input type="checkbox"/> |

For girls only

5. My period is usually regular..... Y N Pattern: _____

6. My period didn't come on time in this month..... Y N Pattern: _____

For boys only

- | | | | | | | | | |
|--|---|---|------|--------------------------|----------|--------------------------|--------|--------------------------|
| 7. My breasts got bigger. | Y | N | Mild | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Severe | <input type="checkbox"/> |
| 8. I don't have erections as frequently as I used to. | Y | N | Mild | <input type="checkbox"/> | Moderate | <input type="checkbox"/> | Severe | <input type="checkbox"/> |

Saito E et al. J Child Adolesc Psychopharmacol. 2004 Fall;14(3):350-8.