

Stimulant Monitoring Form for Children and Adolescents

Name: _____	Start Date: _____	Weight: _____ lbs	Height: _____ inches
Medication Name: _____		Completer's Name: _____ Relationship to patient: _____	

Purpose

If you have been given this form, it may mean you will be taking a stimulant to help you decrease your Attention Deficit Hyperactivity Disorder (ADHD) symptoms of hyperactivity, impulsivity, inattention etc. This form is designed to help you, your caregivers and your doctor monitor how well your medication is working and also to measure any side effects you may be experiencing. There are several blank spaces in this monitoring form. Please use these spaces by listing any specific symptoms or side effects you want to monitor.

Please bring this form with you when you visit your doctor. It can help guide your discussions with your doctor. **For example, use it to point out which symptoms and side effects bother you the most.**

Directions: Before you start the stimulant ("baseline") and at each of the time periods listed below, please rate the following possible symptoms and side effects. In other words, please write the number that best describes your experience (on average over the past week) in the appropriate box based on the following scale:

0= not present [I haven't noticed this]	1= a little [it doesn't bother me]	2= a moderate amount [it bothers me]	3= a severe amount [it bothers me a lot]
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Date							
Dose							

Symptoms:	Baseline	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
Hyperactivity							
Impulsivity							
Inattention							
Aggression							
Hallucinations							
Delusions							
Disorganized thoughts							
Low mood							
Anxiety							
Tics(uncontrolled motor movements or vocalizations)							
Disruptive behaviors							
Trouble falling or staying asleep							
Feeling overly excited or happy							

Possible Side Effects:	Baseline	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6
Nervousness							
Insomnia							
Headaches							
Feeling dizzy or lightheaded							
Feeling nauseated or vomiting							
Tics							
Racing heart beat							
Skin rash							
Feeling of sensitivity							
Mood changes							
Dizziness							
Strange thoughts							
Unusual behavior							
Appetite loss							
Weight loss							
Approximate # of missed doses of your stimulant (in the past week)	N/A						

Please list any other medications you are taking:
