

ADHD Symptoms and Side Effects

Child's Name: _____
 Prepared By: _____
 Date: _____

0=Never
 1=Occasionally
 2=Often
 3=Very Often

Symptoms	Week 1	Week 2	Week 3	Week 4
1. Restless/overactive	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
2. Excitable/impulsive	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3. Fails to finish things (s)he starts	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
4. inattentive, easily distracted	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
5. Temper outbursts	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
6. Fidgeting	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
7. Disturbs other children	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
8. Demanding, easily frustrated	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
9. Cries often & Easily	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
10. Mood changes quickly & drastically	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Side Effects	Week 1	Week 2	Week 3	Week 4
1. Appetite Loss	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
2. Excitable, Impulsive	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
3. Worried, Anxious	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
4. Tongue thrusting, jaw clenching, chewing movements	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
5. Picking at skin, fingers, nail biting, lip-cheek chewing	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
6. Stomachaches	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
7. Headaches	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
8. Trouble Sleeping	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
9. Other:	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3