For past 4 weeks how is your child doing in following areas?

Attention at School: O Excellent O Good O Fair O Poor
Attention at Home: O Excellent O Good O Fair O Poor
Organization: O Excellent O Good O Fair O Poor
Homework Assignment: O Excellent O Good O Fair O Poor
School Behavior: O Excellent O Good O Fair O Poor
After School Activities: O Excellent O Good O Fair O Poor
Social Interactions: O Excellent O Good O Fair O Poor
Family Participation: O Excellent O Good O Fair O Poor
Hyperactivity: O Never O Occasional O Often O Very Often
Impulsivity: O Never O Occasional O Often O Very Often
Forgetfulness: O Never O Occasional O Often O Very Often
Distractibility: O Never O Occasional O Often O Very Often
Disruptive Behaviors: O Never O Occasional O Often O Very Often
Accidents/Injuries: O Never O Occasional O Often O Very Often
Medication effect lasts: O 12hrs O 10hrs O 8hrs O 6 hrs O <6 hrs
Taking Medication Daily: O Yes O No
Needs change in medication? O Yes O No

ADHD MEDICATION SIDE EFFECTS:

Appetite: O Good O Fair O Poor O Improved
Sleep: O Good O Fair O Poor O Improved
Stomach Aches: O None O Occasional O Frequent O Improved
Headaches: O None O Occasional O Frequent O Improved
Tremors: O None O Occasional O Frequent O Improved
Rebound Symptons: O None O Occasional O Frequent O Improved
Skin picking, nail biting: O None O Occasional O Frequent O Improved
Lip or Cheek chewing: O None O Occasional O Frequent O Improved
Hallucinations: O None O Occasional O Frequent O Improved
Abnormal Face Movement: O None O Tongue Thrusts O Jaw Clenching O Chewing
Motor Tics: O None O Twitching O Eye Blinking O Face Movements
Mood: O Normal O Depressed O Anxious O Irritable O Withdrawn

Please feel free to write down if you have any other questions or concerns in the space below including the back of this page:

__________________________________________________________________________

Name and Signature of person filling out this form