Medication Effects

Name:	Today's Date:
School:	Grade:
Physician:	Completed by:

List name(s) of medication student is taking:

Medication(s)	Dosage(s)	Time(s) of Day Taken	n Dispensed by		

Have there been recent medication changes?		Yes	No
Does the child take his/her medication regularly?	Yes	No	
Does the child complain about taking the medication?	Yes	No	
When did the child see the physician last?			

Mark any changes noted in the following behaviors:

<u>Behavior</u>	Worse	No Change	Improved a Little	Improved a lot
Attention to task				
Listening to lessons				
Finishing Work				
Impulsiveness				
Organization				
Overactivity				
Restlessness				
Talkativeness				
Aggressiveness				

Please rate each behavior from 0 (absent) to 9 (serious). Circle only one number beside each item. A zero means that you have not seen the behavior in this child during the past week, and a 9 means that you have noticed it and believe it to be either very serious or to occur very frequently.									
<u>Behavior</u>	Absent						<u>Seri</u>	<u>Serious</u>	
Trouble Sleeping	1	2	3	4	5	6	7	8	9
Nightmares	1	2	3	4	5	6	7	8	9
Stares/Daydreams	1	2	3	4	5	6	7	8	9
Talks less	1	2	3	4	5	6	7	8	9
Uninterested In others	1	2	3	4	5	6	7	8	9
Decreased Appetite	1	2	3	4	5	6	7	8	9
Irritable	1	2	3	4	5	6	7	8	9
Stomachaches	1	2	3	4	5	6	7	8	9
Headaches	1	2	3	4	5	6	7	8	9
Drowsiness	1	2	3	4	5	6	7	8	9
Sad/Unhappy	1	2	3	4	5	6	7	8	9
Prone to Crying	1	2	3	4	5	6	7	8	9
Anxious	1	2	3	4	5	6	7	8	9
Bites Fingernails	1	2	3	4	5	6	7	8	9
Euphoric/ Unusually Happy	1	2	3	4	5	6	7	8	9
Dizziness	1	2	3	4	5	6	7	8	9
Tics/Nervous Movements	1	2	3	4	5	6	7	8	9

Side Effects Rating Scale

From *Hyperactive Children: A Handbook for Diagnosis and Treatment* by R.A. Barkley, 1981, NewYork: Guilford Press. Copyright 1981 by Guilford Press.

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