Medication Effects Rating Scale: Children & Adolescents

The Arlington Center for ADD

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Name of the Person Being Rated:		Age: Today's Date:						
Rater: Medication:	Dose:							
Behavioral Changes Observed: What Have You Noticed?		Do Not Know	Worse	No Change	Some- what Better	Better		
Making Better Grades/Passing Subjects								
Finishes Homework Better/Completes it With Less Difficulty- Sticks to it Better								
Pays Attention Better in Class								
Participates Better in Class								
Obeys School Rules Better								
Gets Along Better With Siblings and/or Friends– Less Sibling Conflict								
More Alert/More Awake in Class								
Wakes Up/Gets Going More Easily in the Morning								
Listens Better When Adults Talk- Parents/Teachers/Coaches, etc.								
Obeys Adults Better/More Cooperative/Talks Back Less								
Less Easily Distracted								
Less Forgetful- Better Memory								
Less Irritable/Angry/Aggressive								
Less Impulsive– Either Verbally or Behaviorally								
Less Easily Frustrated– Greater Tolerance for Stress & Demands								
Less Restless/Fidgety/Overactive								
Increased Motivation & Productivity/Procrastinates Less								
Less Talkative (if he/she has been a talker)/More Talkative (if he/she has been qu	uiet/shy)							
Less Argumentative								
More Even Moods								

Circle Any negative Side Effects:	Appetite Loss (most common)	Sleep Disturbance	Headaches	Stomach Aches	Seems More Tired	Irritable/ Aggressive
	Vocal or Motor Tics	Sadness or Depression	Nervousness/ Anxiety	Other:		