

Side Effects Checklist

Child's Name: _____

Rater's Name: _____

Medication: _____ Dosage: _____

Date: _____

The following are some common side effects of psychostimulant medication. Many of these improve with the passage of time or with a change in dosage. Rate the presence of each symptom using a new sheet per day.

Loss of appetite	None	1	2	3	4	5	Severe
Insomnia	None	1	2	3	4	5	Severe
Sadness	None	1	2	3	4	5	Severe
Depression	None	1	2	3	4	5	Severe
Fearfulness	None	1	2	3	4	5	Severe
Social withdrawal	None	1	2	3	4	5	Severe
Sleepiness	None	1	2	3	4	5	Severe
Headaches	None	1	2	3	4	5	Severe
Nail biting	None	1	2	3	4	5	Severe
Stomach upset	None	1	2	3	4	5	Severe
Weight loss	None	1	2	3	4	5	Severe
Irritability	None	1	2	3	4	5	Severe
Tics	None	1	2	3	4	5	Severe
Behavior rebound	None	1	2	3	4	5	Severe

Comments: