

Pediatric Neurology of Lehigh Valley ADHD Medication Benefit Checklist



NAME		RATE HOW WELL SYMPTOMS ARE CONTROLLED		
DATE		ON A SCALE OF 0-10 WITH 10 AS BEST:		
	Time	Focus	Not Hyperactive	Not Impulsive
First period of day				
Mid morning				
Lunch				
Mid afternoon				
Last period of day				
Time Benefit Starts				
Times of Best Benefit? (Indicate times and rate 0-10 with 10 as best)				
Time of Wear Off?				
Any Side Effects During Time of Wear Off (moody, irritable, headache)? Explain				
Headaches? Y/N				
Stomach aches? Y/N				
Decreased appetite? Y/N				
Lightheadedness/dizziness/pale? Y/N				
Sleepy/ tired? Y/N				
Trouble falling asleep? Y/N				
Other side effects? Explain				
Teacher/ Parent Comments:				