

ADHD Medication Side Effects Checklist

Patient Name _____ Age: _____

Instructions: Below is a list of some possible physical or emotional problems that may result from taking ADHD medication. Look through this list and check the box *for the current visit* that describes your experience (put "✓" if the problem is mild, "✓✓" if moderate, and "✓✓✓" if it is severe). Measurements taken at baseline (before ADHD medication was taken) will help your health care provider identify what problems were pre-existing before ADHD treatment was started and what problems may have developed after ADHD treatment was initiated.

Problem	Baseline Date _____	Visit 1 Date _____	Visit 2 Date _____	Visit 3 Date _____
	Medication/Dose _____	Medication/Dose _____	Medication/Dose _____	Medication/Dose _____
Decreased appetite				
Weight loss				
Weight gain				
Upset stomach				
Vomiting				
Nausea				
Thirsty				
Constipation				
Difficulty with urination				
Diarrhea				
Headaches				
Tiredness, sedation, fatigue				
Difficulty with sleep at night				
Sleepiness				
Early morning awakening				
Dizziness/light-headedness				
Dry skin				
Dry eyes				
Dry mouth				
Unpleasant taste in the mouth				
Sore throat				
Skin rashes				
Runny nose				
Sweating				
Blood pressure and pulse changes				
Congestion				
Palpitations				
Chest pains				
Tremor				
Mood swings				
Depression				
Worried or Anxious				
Socially withdrawn				
Irritability				
Easily agitated				
Increased anger episodes				
Nervousness				
Excessive talkative				
Picking at skin or fingers, nail-biting, lip or cheek chewing				
Movement of mouth, tongue, jaw (e.g., tongue thrusts, jaw clenching)				
Tics-repetitive movements (e.g., eye blinking, twitching, etc)				
Impotence				
Change in sexual drive				
Other _____				