

Medication Monitoring Sheet

You can use this sheet, one per day, to record how a new medication or dosage is working. This can help you and your prescriber find the right medication regimen. This sheet is short enough so you can fill it in quickly, but still covers enough important areas to help you judge the benefits that you are getting.

Name: _____ Day: _____ Date: _____

Was this a typical day in terms of the demands placed on you? If not, then how was it different?

Inattention Symptoms

Improvement (0 = none, 4 = significant)

Distractible	0	1	2	3	4
Disorganized	0	1	2	3	4
Poor Time Management	0	1	2	3	4
Forgetful	0	1	2	3	4
Careless Mistakes	0	1	2	3	4

Hyperactive/Impulsive Symptoms

Improvement (0 = none, 4 = significant)

Feel Restless	0	1	2	3	4
Tendency to Blurt Things Out	0	1	2	3	4

Are you experiencing any side effects?