

Stimulant Side Effect Monitoring Scale

Instructions: Each symptom listed should be scored before the medications are begun and then, for each successive rating, using the next digit (e.g., baseline = 0, first rating = 1, second rating = 2 etc.). Use the same sheet to track symptoms over time.

EXAMPLE:

Symptom	Not at all	Sometimes	Often	All the time
Loss of appetite	0	2	1	

Name (or Initials): _____ Age: _____ Grade: _____

Baseline Date (Assign number 0): _____

Symptom	Not at all	Sometimes	Often	All the time
Loss of appetite				
Problems sleeping at night				
Stomach aches				
Vomiting				
Nausea				
Headaches				
Mood swings				
Irritability				
Anxious/worried/jumpy				
Appears depressed				
Tics				
Jitters/shaky				
Dry skin				
Dry eyes				
Dry mouth				
Palpitations				
Light headed				
Diarrhea				
Frequent urination				
Thirsty				
Sweating				
Sleepy				
Weight loss				
Weight gain				
Sore throat				
Fatigue				
Early morning awakening				
Runny nose				
Increased anger episodes				
Excessively talkative				