

**Medication Effects Rating Scale
Children & Adolescents**

The Arlington Center for ADD

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Name of the Person Being Rated: _____ Age: _____ Today's Date: _____

Rating: _____ Medication: _____ Dose: _____

Behavioral Changes Observed: What Have You Noticed?	No More Notice	More Notice	No Change	More Other Notice	More Notice
Doing Better - Grades/Passing Subjects					
Finishes Homework Better/Completes it With Less Difficulty - Does it Better					
Pays Attention Better in Class					
Participates Better in Class					
Obeys School Rules Better					
Gets Along Better With Siblings and/or Friends - Less Sibling Conflict					
More Alert/More Awake in Class					
Wakes Up/Gets Going More Easily in the Morning					
Listens Better When Adults Talk (Parents/Teachers/Coaches, etc)					
Obeys Adults Better/More Cooperative/Takes Back Less					
Less Easily Distracted					
Less Forgetful - Better Memory					
Less Irritable/More Aggressive					
Less Impulsive - Either Verbally or Behaviorally					
Less Easily Frustrated - Greater Tolerance for Stress & Demands					
Less Restless/Fidgety/Overactive					
Increased Motivation & Productivity/Procrastinates Less					
Less Talkative (if he/she has been a talker/More Talkative (if he/she has been quietish))					
Less Argumentative					
More Clear Minded					

Circle any negative Side Effects:

Appetite Loss (most common)	Sleep Disturbance	Headaches	Stomach Aches	Seems More Tired	Increased Aggression
Worst or Other Two	Sadness or Depression	Nervousness/Anxiety	Other		