



Medication Check

for

Name _____

Grade: _____ School attending: _____

DATE: _____

Name of medication _____

Dosage: Morning _____

Do you feel it is helping? A lot A little bit Not at all Can't tell for sure

Noon _____

Explain any side effects:

Evening _____

How is school going?

Does your child qualify for special help at school? No Yes If so, in what areas?

Name 2 good things that have happened to you / your child in the last 2 months. 1 _____ 2 _____	Name 2 bad things that have happened to you / your child in the last 2 months. 1 _____ 2 _____
--	---

Are there any other issues you would like to discuss? No Yes If so, what?

When did you last see your child psychologist? _____ When is your next appointment? _____

Please check the box that best describes this child
Compared with other children of the same age and gender.

Never	Some times	Often	Very Often	Med has helped
-------	------------	-------	------------	----------------

SCALE A:

1	Fails to pay close attention to details or makes careless mistakes in schoolwork, chores or other tasks				
2	Has difficulty sustaining attention to tasks, chores or activities				
3	Does not seem to listen when spoken to directly				
4	Does not follow through on instructions and fails to finish schoolwork, chores or duties (not due to oppositional behavior or failure to understand directions)				
5	Has difficulty organizing tasks and activities				
6	Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork)				
7	Loses things necessary for tasks and activities (e.g. toys, school assignments, pencils, books or tools)				
8	Is distracted by unimportant stimuli				
9	Is forgetful in daily activities				

SCALE B:

10	Fidgets with hands and feet or squirms in seat				
11	Leaves seat in classroom or in other situations when expected to remain seated				
12	Runs about or climbs excessively in situations where it is inappropriate (in adolescence, may be limited to restlessness)				
13	Has difficulty playing or engaging quietly in activities				
14	Is "on the go" or often acts as if "driven by a motor"				
15	Talks excessively				
16	Blurts out answers before the questions have been completed				
17	Has difficulty awaiting his or her turn				
18	Interrupts or intrudes on others (e.g. butts into others' conversations or games)				

SCALE C:

19	Is uncooperative or defiant or argues with adults				
20	Has difficulty getting along with children				
21	Is often angry, irritable or easily upset				
22	Has excessive anxiety, worry or fearfulness				
23	Seems sad, moody, depressed or discouraged				
24	Has problems with academic progress (skill level or learning)				
25	Has problems with academic performance (productivity or accuracy)				

Questions answered by Mother Father Other _____