FOLLOW-UP TOOL: MEDICATION FORM

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Changes that have occurred since taking the current medication:

	ADHD Symptom Control														
	(-3) worse	-2	-1)	0 unchanged	1	2	3 better								
	Tolerability of Medication (side effects)														
	-3 worse	(-2)	(-1)	0 unchanged	1	2	3 better								
		Quality of Life													
	-3	(-2)	(-1)	0	1	2	3								
	worse		_	unchanged	_		better								
	Quali	fication of glo	obal changes	that have occu	ırred since me	dication s	tarted								
	Not applicable	le (medication n	ot taken)	Marke	d improvement	Smal									
	No change			Small	deterioration	Marked deterioration									

Mark with an X the frequency of any side effects experienced with the current treatment since your last medical appointment. Contact your physician if side effects are significant.

SIDE EFFECTS	Appetite reduction	Weight loss	Weight gain	Stomach aches	Nausea	Vomiting	Diarrhea	Dryness (skin/ eyes / mouth)	Thirst	Sore throat	Sleep difficulties	Tics	Headache	Muscular tensions	Fatigue	Dizziness	Sweating	Agitation / excitability	Irritability	Mood instability	Over focus "zombie effect"	Sadness	Heart palpitations	Blood pressure changes	Frequent urination	Sexual dysfunction	Feeling worse or different when medication wears off
All the time																											
Often																											
Sometimes																											
Not at all																											

Adapted with permission from CADDRA - Canadian ADHD Resource Alliance: Canadian ADHD Practice Guidelines, 4.1 Edition, Toronto ON; CADDRA, 2020.



