

ADHD Monitoring Sheet

Name: _____

Date: _____

SYMPTOMS

For each symptom, circle the number that describes how much of a problem it was this week.
 1= Not a Problem 3= Somewhat a Problem 5= Severe Problem



1 2 3 4 5
 Trouble paying attention



1 2 3 4 5
 Hard to stay still



1 2 3 4 5
 Trouble finishing school work



1 2 3 4 5
 Hard not to blurt out things or interrupt



1 2 3 4 5
 Trouble finding or keeping track of things



1 2 3 4 5
 Trouble finishing chores or tasks at home



1 2 3 4 5
 Got into arguments or fights with others



1 2 3 4 5
 Got into trouble for not listening

Medications

Name of Medication:

Take When?

Morning During School After School
 Morning During School After School

How Much?

Side Effects

For each side effect, circle the number that describes how much of a problem it was this week.
 1= Not a Problem 3= Somewhat a Problem 5= Severe Problem



1 2 3 4 5
 Trouble falling asleep



1 2 3 4 5
 Too sleepy



1 2 3 4 5
 Not feeling hungry



1 2 3 4 5
 Trouble with eyes



1 2 3 4 5
 Feeling grouchy or irritable



1 2 3 4 5
 Stomach aches



1 2 3 4 5
 Feeling restless or fidgety



1 2 3 4 5
 Feeling thirsty a lot

Source: 1) Children's Medication Algorithm Project, Texas Dept. of State Health Services. *ADHD Monitoring Sheet*. 2004. www.dshs.state.tx.us/mhprograms/CMAPed.shtm. Adapted with permission.