

Medication #1 name/dosage: _____

Med #2, if applicable: _____

ADHD Medication Log

(Month/day)	Mon (/)	Tues (/)	Wed (/)	Thurs (/)	Fri (/)	Sat (/)	Sun (/)
Med #1 time taken							
Med #2 time taken							
Any rebound effect as it wore off? If so, what did you observe and when?							
Breakfast eaten? When?							
Hours slept last night? Any naps? How long?							
Targeted behaviors	<input checked="" type="checkbox"/> Big improvement <input checked="" type="checkbox"/> Small improvement <input type="checkbox"/> No difference <input type="checkbox"/> Worse						
Staying focused							
Following directions							
Completing homework							
Managing time							
Getting less angry							
Interrupting less often							
Reducing hyperactivity							
Getting along socially							
Being calmer overall							
Other:							
Possible side effects	<input type="checkbox"/> 1 st First noticed <input checked="" type="checkbox"/> Improving <input type="checkbox"/> No difference <input type="checkbox"/> Worse						
Decreased appetite							
Stomach/headaches							
Irritability							
Anxiety/nervousness							
Trouble sleeping							
“Flat” or no emotions							
Social withdrawal							
Other:							
Other:							