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Medication Effects Rating Scale

Name: _____ Completed by: _____

Grade: _____ Date form completed: _____

Medication(s): _____

Mark any effects notices in the following behaviors:

Main Effects on Behavior:	Worse	No Difference	Improved a little	Improved a lot
Attention to task				
Listening to lessons				
Finishing assigned work				
Impulsivity				
Calling out in class				
Organizing work				
Overactivity				
Restless, fidgety				
Talkative				
Aggressive				
Peer interaction				
Getting started (procrastination)				
Turning in work punctually				
Misestimating time				
Memory				
Penmanship / handwriting				

	Side Effects	Comments
	Appetite Loss	
	Insomnia	
	Headaches	
	Stomachaches	
	Seems tired	
	Stares a lot	
	Irritability	
	Excessive crying	
	Motor/ vocal tic	
	Nervousness	
	Sadness	
	Withdrawn	
	Manic Mood	
	Rebound	