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**Medication Effects Rating Scale – Homework/Project**

Name: \_\_\_\_\_

Completed by: \_\_\_\_\_

Grade: \_\_\_\_\_

Date form completed: \_\_\_\_\_

Medication: \_\_\_\_\_

Main Effects on Behavior:	Worse	No Difference	Improved a little	Improved a lot
Attention to task				
Listening to directions/conversations				
Avoiding work / trouble starting				
Finishing assigned work				
Impulsivity				
Organizing work				
Overactivity – distracting				
Restless, fidgety				
Talkative				
Aggressive				
Planning problems (procrastination)				
Misestimating time				
Memory / retention				
Penmanship / handwriting				

Check any side effects:						
		Appetite loss		Seems tired		Sadness
		Insomnia		Irritability		Withdrawal
		Headaches		Motor /vocal tic		Manic mood
		Stomaches		Nervousness		Rebound

*Example of target behavior:*

Project goal:

Start time:            Stop time:            Task            Amount completed            Estimated efficiency

Comments: