

4. SIDE EFFECTS: <i>Has this child experienced any of the following side effects or problems in the past week?</i>	<i>Are these side effects currently a problem?</i>			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite <i> Explain below:</i>				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening <i> Explain below:</i>				
Socially withdrawn- decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors / Feeling shaky				
Repetitive movements, tics, jerking, twitching, eye-blinking <i> Explain below:</i>				
Picking at skin or fingers, nail biting, lip or cheek chewing <i> Explain below:</i>				
Sees or hears things that aren't there				
EXPLAIN/COMMENTS:				

5. Is this child receiving any special assistance (tutoring, after school, special education services) from the school system at this time? If yes, please specify:

6. Are there any times when you've noticed this child's behavior is worse? Are there any environmental factors that might explain these times? (e.g., after lunch child has a hard time calming down)

7. When are there natural breaks in the day for this child between 10--12 PM and 1--3 PM?

8. Are there any other problems you would like to mention? Please comment:

Medical Provider Use Only:

MD Signature:

Date:

