

ADHD medication log

Medication #1 name/dosage: _____ Med #2, if applicable: _____

Date (Month/day)	Mon (/)	Tue (/)	Wed (/)	Thu (/)	Fri (/)	Sat (/)	Sun (/)
Med #1 time taken							
Med #2 time taken							
Med rebound effect? If so, what and when?							
Breakfast time							
Hours slept last night							
Hours spent napping							
Targeted behaviors	^ Big improvement ✓ Small improvement – No difference ✗ Worse						
Staying focused							
Following directions							
Completing homework							
Managing time							
Interrupting less often							
Reducing hyperactivity							
Getting along socially							
Other:							
Possible side effects	^ First noticed ✓ Improving – No difference ✗ Worse						
Decreased appetite							
Stomach/headaches							
Irritability							
Anxiety/nervousness							
Trouble sleeping							
“Flat” or no emotions							
Social withdrawal							
Other:							