

ADHD Medication Follow-up Survey

We are asking you to answer these questions to help your doctor or nurse know about any side-effects from the medication for ADHD your child has been taking since your last visit. Although side effects are rare, it is important that we know about them so we can make the right adjustments to the amount or type of medicine for your child. Please answer the questions and bring this paper into the visit with you. Try to choose the best answer for each question.

Please tell us if your child is having now, or had at any time since your last visit, any of the problems listed:

Any problems with breathing or his/her heart?

No, this has not been a problem

Yes, he/she is having trouble breathing

Yes, he/she is having times that feel like their heart is "racing"

Yes, he/she has had chest pain or a feeling of tightness in the chest

Not sure

Any complaints of dizziness?

No, this has not been a problem

Yes, but rarely

Yes, quite often

Not sure

Any complaints of headaches (his/her head hurts)?

No, this has not been a problem

Yes, but rarely

Yes, quite often

Not sure

Any loss of appetite or problem eating?

No, this has not been a problem – no changes in appetite

Yes, my child doesn't have much of an appetite and is eating less

Yes, my child has less of an appetite but he/she is able to eat enough that I am not worried about it

Not sure

Any problems falling asleep, sleeping through the night, or being tired or "out of it"?

No, this has not been a problem

Yes, my child has some trouble falling asleep but he/she does not seem tired during the day

Yes, my child has a lot of trouble going to sleep or staying asleep, and seems tired during the day

Yes, my child seems really tired or "out of it"

Not sure

Any changes in his/her moods or emotions? (irritability, withdrawn, sadness or unusual crying)

No, I have not noticed any changes

Yes, some changes – the doctor will ask you to describe them

Not sure

Any changes in movement? (like shaking, tics, eye blinking) or been hearing or seeing anything that does not exist

No

Yes – the doctor will ask you to describe them

Not sure

Has your child ever said “I wish I was dead” or anything else that you are worried about?

No

Yes – the doctor will ask you to describe them

Not sure

Has your child started any new behaviors? (like picking at skin, clothing, nail biting, lip chewing, ect.)

No

Yes – the doctor will ask you to describe them

Not sure

Is your child having any other problems you think might be from the ADHD medicine that has not been included in the questions above?

No

Yes – the doctor will ask you to describe them

Not sure

Do you have any other concerns today?

Thank you for completing this survey.