



insideADHD.org™  
Focusing together on ADHD

## Medication Log

If your child takes medication for ADHD, it can be useful to keep a day-to-day record of the impact of the medication. This information can be extremely useful to your child's health care provider - especially if your child has just started taking medication, or if there has been a change in his or her current medication regimen. A medication log can help your child's health care provider see whether or not the medication is having its intended impact.

### WHO SHOULD USE THIS TOOL?

Your and your child should update the medication log together each day.

### HOW SHOULD IT BE USED?

Every day, you and your child should complete an entry on the first part of the medication log. At the end of the week, sit down with your child and discuss how he or she felt that week. Together, complete the **"How did you feel this week?"** section. It is designed to inform your clinician of your child's levels of different ADHD symptoms experienced through the course of the entire week.

Present the completed medication logs to your health care provider. The prescribing clinician will be able to get a better idea of how effective a medication has been for your child.

| Medication Log  |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Medication & Dosage:                                  | Week of: _____                          |   |   |   |   |   |   |
|   | Sunday                                  | Monday                                  | Tuesday                                 | Wednesday                               | Thursday                                | Friday                                  | Saturday                                |
| At what time(s) did you take your medication?         |   |   |   |   |   |   |   |
| Did you eat before or after you took your medication? | Yes, before<br>Yes, after<br>No         | Yes, before<br>Yes, after<br>No         | Yes, before<br>Yes, after<br>No         | Yes, before<br>Yes, after<br>No         | Yes, before<br>Yes, after<br>No         | Yes, before<br>Yes, after<br>No         | Yes, before<br>Yes, after<br>No         |
| When did you notice the effects of the medication?    | Immediately<br>It took a while<br>Never | Immediately<br>It took a while<br>Never | Immediately<br>It took a while<br>Never | Immediately<br>It took a while<br>Never | Immediately<br>It took a while<br>Never | Immediately<br>It took a while<br>Never | Immediately<br>It took a while<br>Never |
| How long did the effects of the medication last?      |   |   |   |   |   |   |   |

| How did you feel this week?               |      |      |      |   |      |      |      |  |
|---|------|------|------|---|------|------|------|--|
| I was able to focus and pay attention     | Less | Same | More | I didn't lose or misplace things        | Less | Same | More |  |
| I completed my assignments and chores     | Less | Same | More | It was hard for me to work/play quietly | Less | Same | More |  |
| I was able to stay neat and organized     | Less | Same | More | I felt like my mind was "sped up"       | Less | Same | More |  |
| I was able to sit still when I had to     | Less | Same | More | I moved/fidgeted my hands or feet a lot | Less | Same | More |  |
| I waited for my turn without interrupting | Less | Same | More | I felt nervous                          | Less | Same | More |  |