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ADHD Medication Side Effects Checklist

Patient Name _____

Age: _____

| Problem | Baseline Date _____ | Visit 1 Date _____ | Visit 2 Date _____ | Visit 3 Date _____ |
|----------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Medication/Dose _____ | Medication/Dose _____ | Medication/Dose _____ | Medication/Dose _____ |
| Decreased appetite | | | | |
| Weight loss | | | | |
| Weight gain | | | | |
| Upset stomach | | | | |
| Vomiting | | | | |
| Nausea | | | | |
| Thirsty | | | | |
| Constipation | | | | |
| Difficulty with urination | | | | |
| Diarrhea | | | | |
| Headaches | | | | |
| Tiredness, sedation, fatigue | | | | |
| Difficulty with sleep at night | | | | |
| Sleepiness | | | | |
| Early morning awakening | | | | |
| Dizziness/light-headedness | | | | |
| Dry skin | | | | |
| Dry eyes | | | | |
| Dry mouth | | | | |
| Unpleasant taste in the mouth | | | | |
| Sore throat | | | | |
| Skin rashes | | | | |
| Runny nose | | | | |
| Sweating | | | | |
| Blood pressure and pulse changes | | | | |
| Congestion | | | | |
| Palpitations | | | | |
| Chest pains | | | | |
| Tremor | | | | |
| Mood swings | | | | |
| Depression | | | | |
| Worried or Anxious | | | | |
| Socially withdrawn | | | | |
| Irritability | | | | |
| Easily agitated | | | | |
| Increased anger episodes | | | | |
| Nervousness | | | | |
| Excessive talkative | | | | |
| Picking at skin or fingers, nail-biting, lip or cheek chewing | | | | |
| Movement of mouth, tongue, jaw (e.g., tongue thrusts, jaw clenching) | | | | |
| Tics-repetitive movements (e.g., eye blinking, twitching, etc) | | | | |
| Impotence | | | | |
| Change in sexual drive | | | | |
| Other _____ | | | | |