ID Number:				Rating Period:			
		F	Pittsburgh Side-Effects Ratin	g Scale			
Form completed by: Parent		☐ Parent	☐ Teacher		Date Completed:		
ADHD. Please with him or her effects that you	read each this week observed	n item carefully k. When reques	possible negative effects (side effects and use the boxes to rate the severity ted, or wherever you feel it would be usual behaviors in the "Comments" soleted.	of this chi useful for	ld's side et us to knov	ffects during you w, please describ	or contact be the side
Use the following	ng system	to assess sever	ity:				
Mild:	The symptom is assessed and is found absent. The symptom is present but is not sufficient to cause concern to the child, peers or adults and would not affect a decision to recommend medication.						
	The symptom causes impairment of functioning or social embarrassment to a degree that the benefits of medication must be considerable to justify the risks of continuing medication.						
Severe:	The symptom causes impairment of functioning or social embarrassment to a degree that the child should not continue to receive medication as part of treatment.						
				NONE	MILD	MODERATE	SEVERE
Motor Tics—repetitive movements: jerking or twitching (e.g., eye blinking- eye opening, facial or mouth twitching, shoulder or arm movements)— please describe below							
Buccal-lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting—please describe below							
Picking at skin obelow	or fingers	, nail-biting, lip	or cheek chewing—please describe				
Worried/Anxiou	us						
Dull, tired, listless							
Headaches							
Stomachache							
Crabby , Irritable							
Tearful, sad, de	_						
		creased interacti					
		ears things that	aren't there)				
Loss of appetite)						
Parent: Please	complet	e the additiona	l item below.				

Comments:

Trouble sleeping