

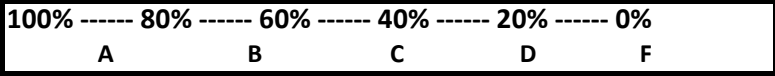
The Taylor ADD Medication Effectiveness Report

Patient's Name: _____ Your Name: _____
 Time period being rated: From (date) _____ To (date) _____
 Current regimen: _____ mg. of _____ taken at _____ a.m./p.m.
 _____ mg. of _____ taken at _____ a.m./p.m.
 _____ mg. of _____ taken at _____ a.m./p.m.

1. DESIRED EFFECTS:

Simply fill out as a teacher would a Grade Report:

Grade	Rating	The percentage of times the child shows this trait, from among all opportunities to do so.
A	Excellent - very pleasant	80% - 100% of the time
B	Good - OK, livable with	60% - 80% of the time
C	Fair - barely tolerable	40% - 60% of the time
D	Poor - very unpleasant	20% - 40% of the time
F	Failure - not tolerable	less than 20% of the time



_____ ACTIVITY CONTROL: Mouth, hands, and feet well controlled; sits for normal length of time; not fidgety or squirmy; doesn't poke, touch, and grab; stays seated appropriately.

_____ BRAIN IN GEAR: Not impulsive, asks thoughtful questions, understands and remembers clearly, not absentminded, seems "tuned in", stops and thinks before taking action.

_____ CONSCIENCE: Considers moral aspects of decisions; doesn't lie, cheat, or steal; respects boundaries; asks permission before doing things; repentant and apologetic if caught in a misdeed.

_____ DILIGENCE: Does things without being reminded or nagged, faces tasks and responsibilities head-on, wants to do a good and thorough job, earnest and serious minded rather than flippant, careful rather than careless, concerned about neatness.

_____ EMOTIONAL CONTROL: Patient, can be teased, not easily upset, can take frustrations in stride, doesn't have tantrums.

_____ FOCUSING: Normal attention span, pursues a goal without getting sidetracked, completes activities, not overly distractible, doesn't flit from activity to activity.

_____ GENTLENESS: Doesn't argue or power struggle, obedient, cooperative, respects authority.

_____ HELPFULLNESS: Polite generous, courteous, kind-hearted, doesn't demand own way with other children.

A's and B's in all eight desired effects signifies

2. UNDESIRED EFFECTS:

Please indicate the levels that are happening:

0 = This effect is not occurring or is so small that adapting to it requires no effort.
 1 = This effect is mild and manageable with just a small effort that is not inconvenient.
 2 = This is moderate, causing some inconvenience but still livable with.
 3 = This effect is severe, causing great inconvenience and cannot be allowed to continue.

RATING

EFFECT

_____ Groggy-zonked, too tired
 _____ Irritable, weepy shortly after taking pills
 _____ Headaches
 _____ Tics; jerking muscle movements
 _____ Appetite decrease
 _____ Stomach complaints
 _____ Pre-sleep complaints
 _____ Other: (describe) _____

3. OTHER CHANGES:

Please describe any other positive or negative changes in behavior or performance since starting this medication arrangement, whether or not you think they might be directly related to this child's medication treatment:

THANK YOU:

TAYLOR / /

