

# Medication Effects Rating Scale: Adults

# N·P·S

NEALPSYCHOLOGICALSPECIALTIES, LTD

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Client Name: \_\_\_\_\_ Date Today: \_\_\_\_\_ Rater \_\_\_\_\_

Med Name: \_\_\_\_\_ Date Started \_\_\_\_\_, mg: \_\_\_\_ Time taken: \_\_\_\_\_ am \_\_\_\_ pm \_\_\_\_

Time med wears off: \_\_\_\_\_ (i.e. appetite returns, loss of focus & motivation, cannot finish tasks, distracted, hyper)

Booster Name: \_\_\_\_\_ Date Started \_\_\_\_\_, mg: \_\_\_\_ Time taken: \_\_\_\_\_ am \_\_\_\_ pm \_\_\_\_

Time med wears off: \_\_\_\_\_ MD Prescribing \_\_\_\_\_ Next appt. time: \_\_\_\_\_

Behavioral Changes Observed: What Have You Noticed?	Do Not Know	Worse	No Change	A little Better	Much Better	N/A
1. More productive behaviors – more efficient use of time						
2. Greater organization – better able to stay organized						
3. Completes work/required tasks better						
4. Pays attention better in lectures, meetings, class, etc.						
5. Listens better socially, with friends, family, spouse, etc.						
6. Less family or marital conflicts						
7. Feels more alert or awake during the day – has more energy						
8. Gets up and gets going more easily in the morning						
9. More pleasant to be with						
10. Less forgetful						
11. Less irritable/combatative/argumentative						
12. Less anger/angry explosions						
13. Greater concentration – may be seen in reading, required tasks						
14. Less impulsive, either verbally or behaviorally						
15. Less easily frustrated/agitated/reactive						
16. Greater tolerance for stress, less overwhelmed by demands						
17. More motivated to do what has to be done/less procrastination						
18. More talkative in a close relationship, more pleasant to be with						
19. More even moods, less ups and downs						
20. A general sense of well being						

Rebounding: \_\_\_ No \_\_\_ Yes Effects: (irritable, angry, sad) \_\_\_\_\_

Time Starts: \_\_\_\_\_ pm Time Ends: \_\_\_\_\_ pm

Appetite loss: Brkfst \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

Sleep problems: \_\_\_\_\_ Headaches: \_\_\_\_\_ Stomach aches: \_\_\_\_\_ more tired: \_\_\_\_\_

Irritable/Aggressive: \_\_\_\_\_ Vocal or motor tics: \_\_\_\_\_ Sadness or depression: \_\_\_\_\_

Nervousness/Anxiety: \_\_\_\_\_ Caffeine: \_\_\_\_\_ If yes, how much? \_\_\_\_\_