

Antipsychotic Monitoring Form for Children and Adolescents



Name: _____	Start Date: _____	Weight _____ kg	Height: _____ cm
Medication Name: _____	Rater's Name _____ <small>(If different than above)</small>	Relationship to patient: _____	

Purpose

If you have been given this form, it may mean you will be taking an antipsychotic to help you decrease your symptoms of a thought disorder (psychosis), schizophrenia, tic disorder or another condition. This form is designed to help you, your caregivers and your doctor monitor how well your medication is working and also to measure any side effects you may be experiencing. There are several blank spaces in this monitoring form. Please use these spaces by listing any specific symptoms or side effects you want to monitor.

Please bring this form with you when you visit your doctor. It can help guide your discussions with your doctor. **For example, use it to point out which symptoms and side effects bother you the most.**

Directions: Before you start the antipsychotic (“baseline”) and at each of the time periods listed below (whether you see your doctor or not), please rate the following possible symptoms and side effects. In other words, please write the number that best describes your experience (on average over the past week) in the appropriate box based on the following scale:

0 = not present [I haven't noticed this]	1 = a little [it doesn't bother me]	2 = a moderate amount [it bothers me]	3 = a severe amount [it bothers me a lot]
--	---	---	---

Date							
Dose							

Symptoms:	Baseline	1 week	2 weeks	4 weeks	6 weeks	8 weeks	12 weeks
Hallucinations							
Delusions							
Disorganized thoughts							
Aggression							
Hyperactivity							
Low mood							
Anxiety							
Tics (uncontrolled motor movements or vocalizations)							
Disruptive behaviours							
Trouble falling or staying asleep							
Feeling overly excited or happy							

Antipsychotic Monitoring Form for Children and Adolescents

Possible Side Effects	Baseline	1 week	2 weeks	4 weeks	6 weeks	8 weeks	12 weeks
Appetite loss							
Constipation							
Diarrhea							
Disruption with either menstrual cycles or sexual functioning							
Dry mouth							
Feeling agitated							
Feeling dizzy or lightheaded							
Feeling nauseated or vomiting							
Feeling drowsy							
Headaches							
Increased appetite							
Racing heart beat							
Skin rash							
Stiff muscles							
Urinary problems							
Weight gain							
Weight loss							
Blood work?							
Approximate # of missed doses of your antipsychotic (in the past week)	N/A						

Please list any other medications you are taking:

