

Child Name:
 Person Completing Form: Mother ___ Father ___ Other ___

Date:

Pittsburgh Side-Effects Rating Scale

Instructions: Listed below are several possible negative effects (side effects) that medication may have on a child with ADHD. Please read each item carefully and use the boxes to rate the severity of this child's side effects during your contact with him or her **over the past 4 weeks**. When requested, or wherever you feel it would be useful for us to know, please describe the side effects that you observed or any other unusual behaviors in the "Comments" section below. **The same person should complete this scale each time it is completed.**

Use the following system to assess severity:

- None: The symptom is assessed and is found absent.
- Mild: 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.
- Moderate: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buccal-lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting—please describe below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picking at skin or fingers, nail-biting, lip or cheek chewing—please describe below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worried/Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dull, tired, listless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crabby , Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tearful, sad, depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socially withdrawn—decreased interaction with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations (sees or hears things that aren't there)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: