# Stimulant Drug Side Effects Rating Scale

Name of Child: _____ Date: _____

Person Completing This Form: _____

Duration of Contact with Client: _____

***Instructions***

Please rate each behavior from 0 (absent) to 9 (serious). Circle only one number beside each item. A zero means that you have not seen the behavior in this child during the past week, and a 9 means that you have noticed it and believe it to be either very serious or to occur very frequently.

| ***Behavior*** | ***Absent*** | | | | | | | | | ***Serious*** |
|---|---|---|---|---|---|---|---|---|---|---|
| Insomnia or trouble sleeping | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Nightmares | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Stares a lot or daydreams | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Talks less with others | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Uninterested in others | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Decreased appetite | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Irritable | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Stomachaches | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Headaches | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Drowsiness | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sad/unhappy | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Prone to crying | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Anxious | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Bites fingernails | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Euphoric/unusually happy | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Dizziness | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Tics or nervous movements | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Source: Barkley, R.A., McMurray, M.B., Edelbrock, C.S., & Robbins, K. (1990). Side effects of methylphenidate in children with attention deficit hyperactivity disorder: A systemic, placebo-controlled evaluation. *Pediatrics 86*(2).