

ADHD SYMPTOM AND TREATMENT TRACKER

Use this log to monitor the effectiveness of your current treatment plan. Use the daily scoring to track trends over time to accurately discuss options with your physician. Do not make any changes to your medications or dietary supplements without consulting your physician first.

NAME:

WEEK OF:

CURRENT TREATMENT PLAN:

Include all medications, dietary supplements, or herbal treatments, their dose and time of day taken

Score each of the following on a scale of 1 - 10, with 10 being excellent and 1 being very poor.

	MON	TUE	WED	THUR	FRI	SAT	SUN
1. Can focus on tasks & redirect focus as needed.							
2. Less impulsivity both verbally and behaviorally.							
3. Pays attention to detail, avoids making careless mistakes.							
4. Memory							
5. Able to control thoughts (they aren't racing)							
6. Healthy appetite							
7. Stable mood							
8. Minimal physiological effects (nausea, headache, etc.)							
9. Motivation to complete expected tasks such as school & homework							
10. Restful night sleep							

TOTAL

Higher scores indicate the current treatment plan is more effective. Scores should trend upwards or remain high over time. Low scores or decreasing scores indicate that your current treatment plan may not be the best option for you. Always discuss concerns with your physician before changing your treatment plan.