

Antidepressant Monitoring Form for Children and Adolescents



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

Purpose

If you have been given this form, it may mean you will be taking an antidepressant to help decrease your symptoms of anxiety and/or depression. 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. Please bring this form with you when you visit your doctor. Please use it to 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 antidepressant (at "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]
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Date							
Dose							

Depression	Baseline	1 week	2 weeks	4 weeks	6 weeks	8 weeks	12 weeks
Feeling things are hopeless							
Feeling tired throughout the day (too hard to get going)							
Guilty feelings (e.g., like you let either yourself or someone else down)							
Irritable mood							
Little interest or pleasure in doing things you usually like							
Low mood or feeling sad							
Moving or speaking very slowly							
Not able to complete tasks (e.g., at school, work or home)							
Overeating (eating >3 large meals/day)							
Poor appetite (eating <2 regular meals/day)							
Sleeping too much (>12 hrs/day)							
Thoughts of harming yourself or that you are better off dead							
Trouble concentrating or focusing on a task							
Trouble falling or staying asleep							

Anxiety	Baseline	1 week	2 weeks	4 weeks	6 weeks	8 weeks	12 weeks
Avoidance behaviours							
Compulsive habits							
Feeling overly and uncontrollably worried							
Obsessive thoughts							
Panic attacks							
Social anxiety							
Unusual aches & pains in the body							

Please note: This monitoring form is designed to be used for several types of antidepressant medications. Hence, the “possible side effects” listed below represents those from several different antidepressants. Please rate them all using the same scale:

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

Possible Side Effects	Baseline	1 week	2 weeks	4 weeks	6 weeks	8 weeks	12 weeks
Appetite gain							
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 overly excited or happy							
Feeling overly tired or sleepy							
Headaches							
Inner sense of restlessness							
Racing heart beat							
Seizures							
Skin rash							
Stomach aches							
Strange dreams							
Sweating							
Thoughts of causing harm to yourself or others							
Twitching or muscle tremors (shakiness)							
Unusual bleeding or bruising							
Urinary problems							
Weight gain							
Weight loss							
Approximate # of missed doses of your antidepressant (past week)	N/A						

Please list any other medications you are taking:

