

Antidepressant Monitoring Form

for children and adolescents

Name : _____ Start Date: _____ Weight: _____kg Height: _____cm

Medication Name: _____ Rater's Name: _____ Relationship to child: _____
(If different from above)

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 or care team monitor how well your medication is working and any side effects. Please bring this form with you when you visit your doctor to help guide discussions. **For example, use it to point out which symptoms and side effects bother you the most.**

Directions: Use this form to rate possible symptoms and side effects. Provide a rating before you start taking the antidepressant (at “baseline”) and at the end of each week listed below, whether you see your doctor or not. In the appropriate box, write the **number (0 to 3)** that best describes your experience on average over the past week.

0= Not present
(I have not noticed this)

1= A little
(It does not bother me)

2= A moderate amount
(It bothers me)

3= A severe amount
(It bothers me a lot)

Date								
Dose								

Depression	Baseline	1 week	2 weeks	3 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 (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 (at school, work or home)								
Overeating (eating more than 3 large meals/day)								
Poor appetite (eating less than 2 regular meals/day)								
Sleeping too much (more than 12 hrs/day)								
Thoughts of harming yourself or that you're better off dead								
Trouble concentrating or focusing on a task								
Trouble falling or staying asleep								

Anxiety	Baseline	1 week	2 weeks	3 weeks	4 weeks	6 weeks	8 weeks	12 weeks
Avoidance behaviours								
Compulsive habits								
Feeling overly and uncontrollably worried								
Obsessive thoughts								
Panic attacks								
Worried about social situations								
Unusual aches & pains in the body								

Please note: This monitoring form is used for many types of antidepressant medications. It lists a wide range of possible side effects.

0= Not present (I have not noticed this)	1= A little (It does not bother me)	2= A moderate amount (It bothers me)	3= A severe amount (It bothers me a lot)
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Possible Side Effects	Baseline	1 week	2 weeks	3 weeks	4 weeks	6 weeks	8 weeks	12 weeks
Increased appetite								
Decreased appetite								
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 feelings 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 medication (in the past week)	Not Applicable							

Please list any other medications you are taking: _____