

Antidepressant Monitoring Form for Children and Adolescents

Name: _____ Start Date: _____ Weight : _____ kg Height: _____ cm

Medication name: _____ Rater's Name : _____ Relationship to patient : _____
(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 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 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	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 (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 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 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	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)	N/A							

Please list any other medications you are taking here: _____

Developed by the health care professionals of the Child & Adolescent Mental Health Program and reviewed by the staff of the Kelty Resource Centre.