

Date Range: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_

Time(s) of Adminsitration: \_\_\_\_\_

	Areas of note	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<b>Morning</b>	<ul style="list-style-type: none"> <li>• Mood</li> <li>• Appetite</li> <li>• Energy level</li> </ul>							
<b>Afternoon</b>	<ul style="list-style-type: none"> <li>• School performance</li> <li>• Social interactions</li> <li>• Focus/concentration</li> <li>• Mood</li> <li>• Appetite</li> <li>• Hours spent napping</li> <li>• Observed side effects</li> </ul>							
<b>Evening</b>	<ul style="list-style-type: none"> <li>• Mood</li> <li>• Appetite</li> <li>• Homework/task completion</li> <li>• Energy levels</li> </ul>							
<b>Bedtime</b>	<ul style="list-style-type: none"> <li>• Ease of falling asleep</li> <li>• Number of awakenings</li> <li>• Overall sleep quality</li> <li>• Hours of sleep</li> </ul>							