

Appendix C: Selective Serotonin Reuptake Inhibitor (SSRI) Monitoring Form*

SSRI Medication Monitoring: Rate both symptoms and side effects using a 0 to 3 scale.

0=not present 1=a little 2=a moderate amount 3=severe and/or frequent

Note: It is important that parents or the adolescent do a baseline for both symptoms and “side effects” before treatment to have a comparison. Extra spaces are provided to add individual target symptoms or side effects.

NAME OF PATIENT		MEDICATION					START DATE	
<i>Rate both symptoms and side effects using a 0 to 3 scale. 0 = not present 1 = a little 2 = moderate amount 3 = severe and/or frequent</i>								
DATE:								
DOSE:								
DEPRESSION	BASELINE	2 WEEKS	4 WEEKS	6 WEEKS	8 WEEKS	___ WEEKS	___ WEEKS	___ WEEKS
Depressed mood								
Irritable mood								
Sleep problems								
Fatigue								
Poor concentration								
Appetite problems								
Agitation								
Suicide ideas								
Hopelessness								
Worthlessness								
Social withdrawal								
Slowed down								
ANXIETY	BASELINE	2 WEEKS	4 WEEKS	6 WEEKS	8 WEEKS	___ WEEKS	___ WEEKS	___ WEEKS
Insomnia								
Uncontrollable worry								
Panic attacks								
Avoidance								
Stomach aches								
Fatigue								
Poor concentration								
Compulsive habits								
Obsessive thoughts								
Social anxiety								
SIDE EFFECTS	BASELINE	2 WEEKS	4 WEEKS	6 WEEKS	8 WEEKS	___ WEEKS	___ WEEKS	___ WEEKS
Nausea								
Stomach ache								
Headache								
Shakiness								
Agitation								
Rash								
Can't sleep								
Tired/Sleepy								
Inner restlessness								
Muscle spasms								
Twitching								
Heart racing								
Sexual changes								
Apathy/unmotivated								
Sweating								
Dizzy								
Vivid dreams								
Urinary problem								
Diarrhea								
Appetite decrease								
Appetite increase								
Weight loss								
Weight gain								