

Side Effects Assessment Criteria

Instructions: Please rate each behaviour from 0 to 10 (serious). Circle only one number beside each item. A zero means that you have not seen the behaviour in this child during the past week, and a ten means that you have noticed it and believe it to be either very serious or to occur very frequently.

Behaviour	Absent										Serious		
*Insomnia or trouble sleeping	0	1	2	3	4	5	6	7	8	9	10	9	10
*Nightmares	0	1	2	3	4	5	6	7	8	9	10	9	10
Stares a lot or daydreams	0	1	2	3	4	5	6	7	8	9	10	9	10
Talks less with others	0	1	2	3	4	5	6	7	8	9	10	9	10
Uninterested in others	0	1	2	3	4	5	6	7	8	9	10	9	10
Decreased appetite	0	1	2	3	4	5	6	7	8	9	10	9	10
Irritable	0	1	2	3	4	5	6	7	8	9	10	9	10
Stomachaches	0	1	2	3	4	5	6	7	8	9	10	9	10
Headaches	0	1	2	3	4	5	6	7	8	9	10	9	10
Drowsiness	0	1	2	3	4	5	6	7	8	9	10	9	10
Sad/unhappy	0	1	2	3	4	5	6	7	8	9	10	9	10
Prone to crying	0	1	2	3	4	5	6	7	8	9	10	9	10
Anxious	0	1	2	3	4	5	6	7	8	9	10	9	10
Bites fingernails	0	1	2	3	4	5	6	7	8	9	10	9	10
Euphoric/usually happy	0	1	2	3	4	5	6	7	8	9	10	9	10
Dizziness	0	1	2	3	4	5	6	7	8	9	10	9	10
Tics or nervous movements	0	1	2	3	4	5	6	7	8	9	10	9	10

*** QUESTION TO BE COMPLETED BY PARENTS / GUARDIANS ONLY.**