



Serotonergic Medication Trial

Child's name: _____ Grade: _____ Year: _____

Person completing this form: _____

Relation to child: _____

Dear Parents, Teachers, and Student,

Thank you very much for your help. It's so important to conduct this medication trial in a careful and controlled fashion. Please complete the table below. Record observations for the week indicated. Your comments in narrative form are also very helpful. On the back, please record the date and elaborate on any side effects and benefits. Please contact me if you have any questions or concerns. Thank you.

How often did you notice the following? 0 = not at all, 1 = just a little, 2 = often, 3 = very often

Dose										
Target Symptoms	Date (Week of)									
Inflexibility/frustration intolerance										
Meltdowns/tantrums										
Aggression										
Irritability										
Sadness										
General anxiety										
Specific worries/fears										
Obsessive/perseverative thoughts										
Compulsive habits/behaviors										
Tics /nervous habits										
Physical symptoms/body complaints										
Limited social interaction										
Possible Side Effects										
Trouble sleeping										
Agitation/tension										
Dizzy										
Bowel/bladder changes										
Nausea/vomiting/stomach pains										
Increased/decreased appetite (circle one)										
Drowsy										
Headache										
Restless, hyper, manic, impulsive, distractible										

Directions for Serotonergic Medication Trial

1. Baseline ratings: Observers should complete baseline rating scales before starting medication for both target symptoms and possible side effects.
2. Starting medication and dose: _____. I recommend beginning medications and making any dose changes on Friday nights or Saturday mornings, so that parents can be sure that there are no side effects over the weekend.
3. Adjustments: Side effects tend to happen early, usually within days of each dose change. Although peak benefits happen late, usually after a month or two, you may see the beginning of benefits earlier, even within the first week. After one week at each dose, compare baseline ratings with updated ratings:
 - a. "Looking good": If benefits are optimal (2s and 3s are down to 0s and 1s) and side effects are *insignificant* (numbers on the bottom half of the page have not gone up), then stay with that dose.
 - b. "Too low": If benefits are less than optimal and side effects are *insignificant*, then increase the dose by an amount equal to the starting dose.
 - c. "Hopefully just an adjustment": If benefits are optimal but there are significant side effects, try to keep the benefits but lose the side effects by decreasing the dose by one-quarter or one-half of the starting dose.
 - d. "No good": If benefits are less than optimal and there are significant side effects, either decrease the dose by half and give the maximum tolerated dose a chance to work, or just stop and consider trying something else.