

DURATION OF MEDICATION EFFECT CHART

Instructions

Observe your child's behavior and the effects of his/her medication. During any hour in which your child's symptoms do not seem controlled, place a checkmark during that hour. Ask your child's teacher to complete this chart during school hours.

Time Medication Was Given							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
6:00–7:00							
7:00–8:00							
8:00–9:00							
9:00–10:00							
10:00–11:00							
11:00–12:00							
P.M.							
12:00–1:00							
1:00–2:00							
2:00–3:00							
3:00–4:00							
4:00–5:00							
5:00–6:00							
6:00–7:00							
7:00–8:00							
8:00–9:00							
9:00–10:00							