FaithWorks Counseling
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MEDICATION LOG

Complete this form every day to keep track of how well your medication is working. Share this information with your doctor which will help with making medication adjustments, if necessary.

Complete the following for each day of the week.	MON	TUES	WED	THUR	FRI	SAT	SUN
Name of medication:							
Dose of medication and number of tablets.							
Time(s) you are taking the medication?							
Time the medication starts working after taking it?							
Time the medication wears off?							
Symptom(s) when medication is wearing off. Irritable? Hungry? Tired?, etc.							
Hours of sleep last night?							
Amount of nap time?							
Rate your mood today. (1 = bad to 10 = great)							
Rate Irritability/Agitation today. (1 = bad to 10 = great)							
Rate ability to focus/concentrate today. (1 = bad to 10 = great)							
Rate memory for today. (1 = a little to 10 = a lot)							
Rate ability to complete tasks. (1 = a little to 10 = a lot)							
Rate Motivation/Incentive (1 = a little to 10 = a lot)							
Rate Appetite. .(1 = a little to 10 = a lot)							
Rate Impulsivity.. (1 = a little to 10 = a lot)							
Other symptoms or side effects concerning to you. Nausea? Headache? Etc.							