

ATOMOXETINE

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										
Headache	0	1	2	3	4	5	6	7	8	9	10
Abdominal pain	0	1	2	3	4	5	6	7	8	9	10
Appetite Decreased	0	1	2	3	4	5	6	7	8	9	10
Vomiting	0	1	2	3	4	5	6	7	8	9	10
Nausea	0	1	2	3	4	5	6	7	8	9	10
Irritability	0	1	2	3	4	5	6	7	8	9	10
*Sleepiness/Somnolence	0	1	2	3	4	5	6	7	8	9	10
Dizziness	0	1	2	3	4	5	6	7	8	9	10
Fatigue	0	1	2	3	4	5	6	7	8	9	10
Heartburn/dyspepsia	0	1	2	3	4	5	6	7	8	9	10
Dry mouth	0	1	2	3	4	5	6	7	8	9	10
*Sleep problems	0	1	2	3	4	5	6	7	8	9	10
Nausea	0	1	2	3	4	5	6	7	8	9	10
Constipation	0	1	2	3	4	5	6	7	8	9	10
Sweating	0	1	2	3	4	5	6	7	8	9	10

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