

McConlogue Med Monitor

This form is designed to help you notice how your medications are affecting you and for how long. Record the time and meds you take. Then record the information following at two hour intervals.

Today's date		Awake time		Bed time last night	
Time at which I took meds:					
Meds I took:					
At the time I took meds, I also ate/drank					

8 AM Time now _____

In the last 2 hours I ate:

In the last 2 hours I drank:

In the last 2 hours I exercised for (how long)

RATE ON A SCALE OF 1-5

Physically sluggish 1 2 3 4 5 very awake
 Mentally sluggish 1 2 3 4 5 creative
 Emotionally cranky 1 2 3 4 5 Pleasant
 Verbally
 Totally tongue tied 1 2 3 4 5 Right on target
 Very distracted 1 2 3 4 5 Hyperfocused
 Not hungry 1 2 3 4 5 Very Hungry
 I have been alone 1 2 3 4 5 In a crowd

10 AM Time now _____

In the last 2 hours I ate:

In the last 2 hours I drank:

In the last 2 hours I exercised for (how long)

RATE ON A SCALE OF 1-5

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 Mentally sluggish 1 2 3 4 5 creative
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2 PM Time now _____

In the last 2 hours I ate:

In the last 2 hours I drank:

In the last 2 hours I exercised for (how long)

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Today's date: _____

4 PM Time now _____

In the last 2 hours I ate:

In the last 2 hours I drank:

In the last 2 hours I exercised for (how long)

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Verbally						
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I have been alone	1	2	3	4	5	In a crowd

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