| D5 | NICHQ Vanderbilt Assessment Follo | ow-up—PAREI | NT Informant | | |
|------------------------------------|--|------------------|------------------|-----------|------------|
| Today's Date: | Child's Name: | | Date o | f Birth: | |
| Parent's Name: | | Parent's Phone N | Number: | | |
| | ting should be considered in the context of wl our child's behaviors since the last assessmen | | _ | | |
| Is this evaluation ba | ased on a time when the child $\ \square$ was on m | edication 🗌 w | as not on medica | ntion 🗌 r | not sure? |
| Symptoms | | Never | Occasionally | Often | Very Often |
| 1. Does not pay at for example, ho | ttention to details or makes careless mistakes with, omework | 0 | 1 | 2 | 3 |
| 2. Has difficulty k | eeping attention to what needs to be done | 0 | 1 | 2 | 3 |

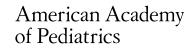
| Symptoms | Never | Occasionally | Often | Very Often |
|---|-------|--------------|-------|------------|
| 1. Does not pay attention to details or makes careless mistakes with, for example, homework | 0 | 1 | 2 | 3 |
| 2. Has difficulty keeping attention to what needs to be done | 0 | 1 | 2 | 3 |
| 3. Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort | 0 | 1 | 2 | 3 |
| 7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by noises or other stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat when remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs too much when remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or beginning quiet play activities | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor" | 0 | 1 | 2 | 3 |
| 15. Talks too much | 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting his or her turn | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes in on others' conversations and/or activities | 0 | 1 | 2 | 3 |

| | | Above | | Somewhat of a | t |
|---|-----------|---------|---------|------------------|-------------|
| Performance | Excellent | Average | Average | Problem | Problematic |
| 19. Overall school performance | 1 | 2 | 3 | 4 | 5 |
| 20. Reading | 1 | 2 | 3 | 4 | 5 |
| 21. Writing | 1 | 2 | 3 | 4 | 5 |
| 22. Mathematics | 1 | 2 | 3 | 4 | 5 |
| 23. Relationship with parents | 1 | 2 | 3 | 4 | 5 |
| 24. Relationship with siblings | 1 | 2 | 3 | 4 | 5 |
| 25. Relationship with peers | 1 | 2 | 3 | 4 | 5 |
| 26. Participation in organized activities (eg, teams) | 1 | 2 | 3 | 4 | 5 |

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303









| D5 NICHQ Vanderbilt Assessment Follow-up—PAR | ENT Inforn | nant, cont | inued | |
|---|----------------------------------|------------|-----------|----------|
| Today's Date: Child's Name: | | Date | of Birth: | |
| Parent's Name: Parent's | s Phone Num | ber: | | |
| Side Effects: Has your child experienced any of the following side | Are these side effects currently | | | problem? |
| effects or problems in the past week? | None | Mild | Moderate | Severe |
| Headache | | | | |
| Stomachache | | | | |
| Change of appetite—explain below | | | | |
| Trouble sleeping | | | | |
| Irritability in the late morning, late afternoon, or evening—explain below | | | | |
| Socially withdrawn—decreased interaction with others | | | | |
| Extreme sadness or unusual crying | | | | |
| Dull, tired, listless behavior | | | | |
| Tremors/feeling shaky | | | | |
| Repetitive movements, tics, jerking, twitching, eye blinking—explain below | | | | |
| Picking at skin or fingers, nail biting, lip or cheek chewing—explain below | | | | |
| Sees or hears things that aren't there | | | | |

Explain/Comments:

| For Office Use Only |
|--|
| Total Symptom Score for questions 1–18: |
| Average Performance Score for questions 19–26: |
| |

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.





