NICHQ Vanderbilt Assessment Follow-up—PARENT Informant

D5

Today's Date: _____ Child's Name: _____

Date of Birth:

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her behaviors.

Is this evaluation based on a time when the child was on medicationwas not on medicationnot sure?

Symptoms	Never	Occasionally	Often	Very Often
 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
 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
 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	
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.

American Academy of Pediatrics



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



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NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued

Parent's Name: _____ Parent's Phone Number: _____

 Today's Date:
 ______ Date of Birth:

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?					
	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	0					
Extreme sadness or unusual crying						
Dull, tired, listless behavior				3		
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						

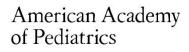
Explain/Comments:

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.





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