

NICHQ Vanderbilt Assessment Follow-up: Parent Informant

Today's Date: _____

Child's Name: _____

Child's 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 or her behaviors. Is this evaluation based on a time when the child was on medication was not on medication not sure?

If on medication, please list medication name and dose: _____

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

- 19. Argues with adults _____
- 20. Loses temper _____
- 21. Actively defies or refuses to go along with adults' requests or rules _____
- 22. Deliberately annoys people _____
- 23. Blames others for his or her mistakes or misbehaviors _____
- 24. Is touchy or easily annoyed by others _____
- 25. Is angry or resentful _____
- 26. Is spiteful and wants to get even _____

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Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 27. Reading _____
- 28. Writing _____
- 29. Mathematics _____
- 30. Relationship with parents _____
- 31. Relationship with siblings _____
- 32. Relationship with peers _____
- 33. Participation in organized activities (eg, teams) _____

For Office Use Only
4s /3

For Office Use Only
5s /3

For Office Use Only
4s /4

For Office Use Only
5s /4

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

Side Effects: Has your child experienced any of the following side effect 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 _____
- 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:

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD. Available for downloading at no cost in expanded format at <http://ccf.FIU.edu>.