

## NICHQ Vanderbilt Assessment Follow-up—PARENT Informant

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 in the past \_\_\_\_\_ when rating his/her behaviors.

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

| 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          |

| Performance   | Excellent | Above Average | Average | Somewhat of a 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.

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality

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

Revised - 1102

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality



## NICHQ Vanderbilt Assessment Follow-up—PARENT Informant

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

| 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   |   |      |          |        |
| 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.

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

**NICHQ**

National Initiative for Children's Healthcare Quality

