

# 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
1. Does not pay attention to details or makes careless mistakes with, for example, homework				
2. Has difficulty keeping attention to what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)				
8. Is easily distracted by noises or other stimuli				
9. Is forgetful in daily activities				
				For Office Use Only _____/9
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet play activities				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks too much				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes in on others' conversations and/or activities				
				For Office Use Only _____/9

**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				For Office Use Only _____/8

**Performance** Excellent    Above Average    Average    Somewhat of a Problem    Problematic

27. Reading				
28. Writing				For Office Use Only 4s: ____/3
29. Mathematics				For Office Use Only 5s: ____/3
30. Relationship with parents				
31. Relationship with siblings				
32. Relationship with peers				For Office Use Only 4s: ____/4
33. Participation in organized activities (eg, teams)				For Office Use Only 5s: ____/4

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

<b>Side Effects:</b> Has your child experienced any of the following side effect or problems in the past week?	<b>Are these side effects currently a problem?</b>			
	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>.

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–26: \_\_\_\_\_

Total number of questions scored 4 in questions 27–29: \_\_\_\_\_

Total number of questions scored 5 in questions 27–29: \_\_\_\_\_

Total number of questions scored 4 in questions 30–33: \_\_\_\_\_

Total number of questions scored 5 in questions 30–33: \_\_\_\_\_

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

