D5 NICHQ Vanderbit Assessm	IEUC CONOM-UP—PARCIAL INFORMATIC
Today's Date: Child's Name:	Date of Birth:
Parent's Name:	Parent's Phone Number:

<u>Directions:</u> 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 \quad \text{was on medication } \tau \text{was not on medication } \tau \text{ 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	!	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	11	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		2	3
17. Has difficulty waiting his or her turn	0]	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3

Performance		Above	Somewhat of a			
	Excellent	Average	Average	Problem	Problematic	
19. Overall school performance	1	2	3	4	5	
20. Reading	1	2	3	4	5	
21. Writing	l	2	3	4	5	
22. Mathematics	l	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.

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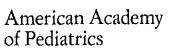


D5 NICHQ Vanderbilt Assessment Follow-up—PAR	IENT Inform	ıant, cont	inued				
Today's Date: Child's Name:	Date of Birth:						
·	's Phone Num	ber;					
Side Effects: Has your child experienced any of the following side effects or problems in the past week?		Are these side effects currently a problem? 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				, page 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -			
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 II, Pelham, Jr, PhD.





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