

Coastal Children's Clinic

New Bern Havelock Maysville
 252 633-2900 252 447-8100 910 743-2022
 fax 252 6339609 fax 252 447-2900 fax 910 743-1283

Vanderbilt ADHD RatingScale Parent Follow-Up

Child's Name: _____ Parent's Name: _____

Today's Date: _____ Date of Birth: _____ Age: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.

When completing this form, please think about your child's behaviors in the past 6 months.

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

| Behavior: | 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, 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 games. | 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 | |
| 19. Is angry or resentful | 0 | 1 | 2 | 3 | |
| 20. Bullies, threatens or intimidates others | 0 | 1 | 2 | 3 | |
| 21. Is sad, unhappy, or depressed | 0 | 1 | 2 | 3 | |
| 22. Blames self for problems, feels guilty | 0 | 1 | 2 | 3 | |
| 23. Feels worthless or inferior | 0 | 1 | 2 | 3 | |
| 24. Is fearful, anxious or worried | 0 | 1 | 2 | 3 | |
| 25. Is self-conscious or easily embarrassed | 0 | 1 | 2 | 3 | |
| 26. Is afraid to try new things for fear of making mistakes | 0 | 1 | 2 | 3 | |
| Academic & Social Performance | Excellent | Above Average | Average | Somewhat of A Problem | Problematic |
| 27. Overall school performance | 1 | 2 | 3 | 4 | 5 |
| 28. Reading | 1 | 2 | 3 | 4 | 5 |
| 29. Writing | 1 | 2 | 3 | 4 | 5 |
| 30. Mathematics | 1 | 2 | 3 | 4 | 5 |
| 31. Relationship with parents | 1 | 2 | 3 | 4 | 5 |
| 32. Relationship with siblings. | 1 | 2 | 3 | 4 | 5 |
| 33. Relationship with peers. | 1 | 2 | 3 | 4 | 5 |
| 34. Participation in organized activities (eq. teams) | 1 | 2 | 3 | 4 | 5 |

Vanderbilt ADHD Parent Follow-Up Pittsburgh Side Effects Rating Scale

Child's Name: _____

Parent's Name: _____

Today's Date: _____

Date of Birth: _____ Age: _____

Directions: Listed below are several possible negative effects (side effects) that medication may have on a child with ADHD. Please read each item carefully and use the boxes to rate the severity of your child's side effects since he/she has been on his/her current dose of medication. When requested, or wherever you feel it would be useful for us to know, please describe the side effects that you observed or any other unusual behavior in the "Comments" section below.

Use the following to assess severity:

None: The symptom is not present.

Mild: The symptom is present but is not significant enough to cause concern to your child, to you, or to his/her friends. Presence of the symptom at this level would NOT be a reason to stop taking the medicine.

Moderate: The symptom causes impairment of functioning or social embarrassment to such a degree that the negative impact on social and school performance should be weighed carefully to justify benefit of continuing medication.

Severe: The symptom causes impairment of functioning or social embarrassment to such a degree that the child should not continue to receive this medication or dose of medication as part of current treatment.

| Side Effect: | None | Mild | Moderate | Severe |
|--|------|------|----------|--------|
| Headache | | | | |
| Stomachache | | | | |
| Change of appetite-explain below | | | | |
| Trouble of 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 – describe below | | | | |
| Sees or hears things that aren't there | | | | |

Comments: