CLINICIAN TOOLS



Vanderbilt Assessment Scale, Follow-up: ADHD Toolkit Parent-Informant Form

Child's name:	Parent's	name:					
Date:	DOB:			Age:			
Directions: Each rating should be consithing form, please think about your child's			e age of you	r child. When d	completing		
This evaluation is based on a time when	your child: Was on medica	ation 🗆 Was not	on medicati	on □ Not su	re		
Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)			
Does not pay attention to details or makes careless with, for example, homework	mistakes that seem						
2. Has difficulty keeping attention on what nee	eds to be done						
3. Does not seem to listen when spoken to dir	ectly						
Does not follow through on instructions and activities (not because of refusal or lack of controls).		- II- ta	TM				
5. Has difficulty organizing tasks and activities	AAP I	DOIRIT	S				
Avoids, dislikes, or does not want to start to ongoing mental effort	sks that require						
7. Loses things necessary for tasks or activitie assignments, pencils, books)	s (eg, toys,						
8. Is easily distracted by noises or other stimu	li				For Office Use Only		
9. Is forgetful in daily activities					2s & 3s/9		
10. Fidgets with hands or feet or squirms in sea	at				1		
11. Leaves seat when remaining seated is expe					_		
12. Runs about or climbs too much when rema seated is expected					-		
13. Has difficulty playing or beginning quiet pla	y games				-		
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 b	een completed				-		
17. Has difficulty waiting his or her turn							
Interrupts or intrudes into others' conversat activities or both	ions or				For Office Use Only 2s & 3s/9		

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Child's name:	Today's date:	
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Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper				
20. Is touchy or easily annoyed				
21. Is angry or resentful				
22. Argues with authority figures or adults				
23. Actively defies or refuses to adhere to requests or rules				
24. Deliberately annoys people				
25. Blames others for his or her mistakes or behaviors				
26. Is spiteful and wants to get even				

Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)	
27. Overall school performance						
28. Reading						
29. Writing						
30. Mathematics		THE CONTRACTOR		-		
31. Relationship with parents		AP To	Ob	itc"		For Office
32. Relationship with siblings		Will I'V	MICH	163		Use Only 4s /8
33. Relationship with peers						
34. Participation in organized activities (eg, teams)						For Office Use Only 5s/8

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

Side effects: Has your child experienced any of the following side effects or	Are these side effects currently a problem?					
problems in the past week?		Mild	Moderate	Severe		
Headache						
Stomachache						
Change of appetite—Explain on the next page.						
Trouble sleeping						
Irritability in the late morning, late afternoon, or evening—Explain on the next page.						
Socially withdrawn—that is, decreased interaction with others						
Extreme sadness or unusual crying						
Dull, tired, listless behavior						
Tremors or feeling shaky or both						
Repetitive movements, tics, jerking, twitching, or eye blinking—Explain on the next page.						
Picking at skin or fingers, nail-biting, or lip or cheek chewing—Explain on the next page.						
Sees or hears things that aren't there						

Side effects questions adapted from the Pittsburgh Side-Effects Rating Scale developed by William E. Pelham Jr, PhD.

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Child's name:	Today's date:	
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Explanations and other comments:

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Total number of questions scored 2 or 3 in questions 1-9:

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

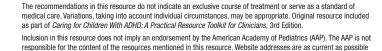
Total number of questions scored 2 or 3 in questions 19-26:

Total number of questions scored 4 in questions 27-34:

Total number of questions scored 5 in questions 27–34

Toolkits"

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but may change at any time.