D5	5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant		
Today's Date:	Child's Name:	Date of Birth:	
Parent's Name:		Parent's Phone Number:	
		ne context of what is appropriate for the age of your child. Please think last assessment scale was filled out when rating his/her behaviors.	
Is this evaluation ba	sed on a time when the child	☐ was on medication ☐ was not on medication ☐ not sure?	

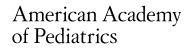
Symptoms		Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given 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

		Above		Somewhat of a	t
Performance	Excellent	Average	Average	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.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303









D5	NICHQ Vanderbilt Assessment Follow-up—PAF	RENT Inform	nant, conti	inued	
Today's Date:	Child's Name:		Date	of Birth:	
Parent's Name:	Parent	's Phone Num	ber:		
	las your child experienced any of the following side	Are these	side effect	ts currently a p	oroblem?
effects or prob	lems in the past week?	None	Mild	Moderate	Severe
Headache					
Stomachache					
Change of appe	etite—explain below				
Trouble sleepin	g				
Irritability in th	ne late morning, late afternoon, or evening—explain below				
Socially withdra	awn—decreased interaction with others				
Extreme sadnes	s or unusual crying				
Dull, tired, listle	ess behavior				
Tremors/feeling	g shaky				
Repetitive move	ements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin	or fingers, nail biting, lip or cheek chewing—explain below				

## **Explain/Comments:**

Sees or hears things that aren't there

Please return this form to:

319 LONGWOOD AVE 4TH FLOOR BOSTON, MA 02115

For Office Use Only
Total Symptom Score for questions 1–18:
Average Performance Score for questions 19–26:

 $Adapted \ from \ the \ Pittsburgh \ side \ effects \ scale, \ developed \ by \ William \ E. \ Pelham, \ Jr, \ PhD.$ 







NICHO:

