

NICHQ Vanderbilt Assessment Follow-Up –PARENT Information

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Parent's Phone Number: _____ Today's date: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Please think about your behaviors since the last assessment scale was filled out when rating his/her behaviors.

Is this evaluation based on a time when the child

was on medication was not on medication not sure

| Symptoms | Never | Occasionally | Often | Very Often |
|---|-------|--------------|-------|------------|
| 1. Does not pay attention to details or make 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. Avoid, dislike, 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 others' conversations and/or activities | 0 | 1 | 2 | 3 |

| Performance | Excellent | Above Average | Average | Somewhat of a 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. Relationships with parents | 1 | 2 | 3 | 4 | 5 |
| 24. Relationships with siblings | 1 | 2 | 3 | 4 | 5 |
| 25. Relationship with peers | 1 | 2 | 3 | 4 | 5 |
| 26. Participation in organized activities (e.g. teams) | 1 | 2 | 3 | 4 | 5 |

| 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 | | | | |
| 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: _____