PARK VIEW
PEDIATRICS

Date: _____

Child's Name: _____

Date of Birth: _____

Dear Parent:

ADHD / ADD is a chronic condition requiring ongoing medication. It is our policy to follow your child every 6 months to monitor his/her progress and growth. Our records indicate that it has been 6 months or more since your child's last medication evaluation visit.

Attached, please find questionnaires for you as well as your child's teacher to complete. Please return the questionnaires to us.

Thank you for your cooperation. In the meantime, please do not hesitate to call, (303)972-2000, if you have questions regarding this process. We look forward to working with you.

Sincerely,

Park View Pediatrics

Enclosures

Follow – Up ADHD Questionnaire for Parents

Parent Name_____Date Completed_____

Child's Name_____DOB:_____

Name of medication and dose_____

Current dosage schedule: 1st dose _____mg at_____ am / pm (circle one)

2nd dose_____mg at_____ am / pm

1. What strengths does your child currently show at this time? What improvements have you seen on the current medication regimen?

_____
_____
_____

2. What concerns do you have regarding the current medication regimen? What are your child's current struggles (home / school / activities)?

_____
_____
_____

NICHQ Vanderbilt Assessment Follow-up: Parent Informant

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
Is this evaluation based on a time when the child

○ was on medication ○ was not on medication ○ not sure?

	Symptoms	Never (0)	Occasionally (1)	Often (2)	Very Often (3)	
1	Does not pay attention to details or makes careless mistakes with, for example, homework	○	○	○	○	
2	Has difficulty keeping attention to what needs to be done	○	○	○	○	
3	Does not seem to listen when spoken to directly	○	○	○	○	
4	Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	○	○	○	○	
5	Has difficulty organizing tasks and activities	○	○	○	○	
6	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	○	○	○	○	
7	Loses things necessary for tasks or activities (toys, assignments, pencils, books)	○	○	○	○	
8	Is easily distracted by noises or other stimuli	○	○	○	○	
9	Is forgetful in daily activities	○	○	○	○	For office use only 2 & 3s: /9
10	Fidgets with hands or feet or squirms in seat	○	○	○	○	
11	Leaves seat when remaining seated is expected	○	○	○	○	
12	Runs about or climbs too much when remaining seated is expected	○	○	○	○	
13	Has difficulty playing or beginning quiet play activities	○	○	○	○	
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 been completed	○	○	○	○	
17	Has difficulty waiting his or her turn	○	○	○	○	
18	Interrupts or intrudes in on others' conversations and/or activities	○	○	○	○	For office use only 2 & 3s: /9
19	Argues with adults	○	○	○	○	
20	Loses temper	○	○	○	○	
21	actively defies or refuses to go along with adults' requests or rules	○	○	○	○	
22	Deliberately annoys people	○	○	○	○	
23	Blames others for his or her mistakes or misbehaviors	○	○	○	○	
24	Is touchy or easily annoyed by others	○	○	○	○	
25	Is angry or resentful	○	○	○	○	
26	Is spiteful and wants to get even	○	○	○	○	For office use only 2 & 3s: /8
27	Bullies, thereatens, or intimidates others	○	○	○	○	
28	Starts physical fights	○	○	○	○	
29	Lies to get out of trouble or to avoid obligations (ie. "cons" others)	○	○	○	○	

30	Is truant from school (skips school) without permission	O	O	O	O	
31	Is physically cruel to people	O	O	O	O	
32	Has stolen things that have value	O	O	O	O	
33	Deliberately destroys others' property	O	O	O	O	
34	Has used a weapon that can cause serious harm (bat, knife, brick, gun)	O	O	O	O	
35	Is physically cruel to animals	O	O	O	O	
36	Has deliberately set fires to cause damage	O	O	O	O	
37	Has broken into someone's home, business, or car	O	O	O	O	
38	Has stayed out at night without permission	O	O	O	O	
39	Has run away from home overnight	O	O	O	O	
40	Has forced someone into sexual activity	O	O	O	O	For office use only: 2 & 3s: /14
41	Is fearful, anxious, or worried	O	O	O	O	
42	Is afraid to try new things for fear of making mistakes	O	O	O	O	
43	Feels worthless or inferior	O	O	O	O	
44	Blames self for problems, feels guilty	O	O	O	O	
45	Feels lonely, unwanted, or unloved; complains "no one loves him/her"	O	O	O	O	
46	Is sad, unhappy, or depressed	O	O	O	O	
47	Is self-concious or easily embarrassed	O	O	O	O	For office use only: 2 & 3s: /7

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

Performance		**Excellent (1)**	**Above Average (2)**	**Average (3)**	**Somewhat of a Problem (4)**	**Problematic (5)**	
48	Reading	O	O	O	O	O	
49	Writing	O	O	O	O	O	For office use only: 4s: /3
50	Mathmatics	O	O	O	O	O	For office use only: 5s: /3
51	Relationship with parents	O	O	O	O	O	
52	Relationship with siblings	O	O	O	O	O	
53	Relationship with peers	O	O	O	O	O	For office use only: 4s: /4
54	Participation in organized activities (eg. teams)	O	O	O	O	O	For office use only: 5s: /4

Are these side effects currently a problem?_____(Y/N)

Side Effects - Has your child experienced any of the following side effects or problems in the past week?	**None (0)**	**Mild (1)**	**Moderate (2)**	**Severe (3)**
Headache	O	O	O	O
Stomachache	O	O	O	O
Change of Appetite - Explain Below	O	O	O	O
Trouble Sleeping	O	O	O	O
Irritability in the late morning, late afternoon, or evening - explain below	O	O	O	O
Socially withdrawn - decreased interaction with others	O	O	O	O
Extreme sadness or unusual crying	O	O	O	O
Dull, tired, listless behavior	O	O	O	O
Tremmors/feeling shaky	O	O	O	O
Repetitive movements, tics, jerking, twitching, eye blinking - explain below	O	O	O	O
Picking at skin or fingers, nail biting, lip or cheek chewing - explain below	O	O	O	O
Sees or hears things that aren't there	O	O	O	O

PARK VIEW PEDIATRICS

Date: _____

Child's Name: _____

Date of Birth: _____

Dear Teacher:

ADD / ADHD is a chronic condition requiring ongoing medication, therefore, it is our policy to follow children on medication, every 6 months to monitor their progress.

Please complete the enclosed questionnaires and return the questionnaire to the child's parent. If you have any questions regarding the questionnaires or this process, please do not hesitate to contact our staff at 303-972-2000.

Thank you for your cooperation. We look forward to working with you.

Sincerely,

Park View Pediatrics

Enclosures

Follow-Up ADHD Questionnaire for Teachers

Teacher Name_____Date Completed_____

Child's Name_____Subject(s) taught?_____

How long have you known this child? _____

1. What strengths does the child currently show?

_____

_____

_____

2. What changes have been noted for the better since being on medication (if known)?

_____

_____

_____

3. What concerns do you have for this child regarding current social / academic functioning?

_____

_____

_____

_____

NICHQ Vanderbilt Assessment Follow-Up: Teacher Informant

Today's Date: Child's Name: Date of Birth:

Teacher's Name: Class Name: Period:

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

	Symptoms	Never	Occasionally	Often	Very Often	
1	Fails to give attention to details or makes careless mistakes in schoolwork	○	○	○	○	
2	Has difficulty sustaining attention to tasks or activities	○	○	○	○	
3	Does not seem to listen when spoken to directly	○	○	○	○	
4	Does not follow through when given directions and fails to finish schoolwork (not due to opositional behavior or failure to understand)	○	○	○	○	
5	Has difficulty organizing tasks and activities	○	○	○	○	
6	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	○	○	○	○	
7	Loses things necessary for tasks or activities (school assignments, pencils, books)	○	○	○	○	
8	Is easily distracted by extraneous stimuli	○	○	○	○	
9	Is forgetful in daily activities	○	○	○	○	For office use only. 2 & 3s: /9
10	Fidgets with hands or feet or squirms in seat	○	○	○	○	
11	Leaves seat in classroom or in other situations in which remaining seated is expected	○	○	○	○	
12	Runs about or climbs excessively in situations in which remaining seated is expected	○	○	○	○	
13	Has difficulty playing or engaging in leisure activities quietly	○	○	○	○	
14	Is "on the go" or often acts as if "driven by a motor"	○	○	○	○	
15	Talks excessively	○	○	○	○	
16	Blurts out answers before questions have been completed	○	○	○	○	
17	Has difficulty waiting in line	○	○	○	○	
18	Interrupts or intrudes in on others' conversations and/or activities (eg, butts into conversations/games)	○	○	○	○	For office use only. 2 & 3s: /9
19	Loses temper	○	○	○	○	
20	Actively defies or refuses to go along with adults' requests or rules	○	○	○	○	
21	Is angry or resentful	○	○	○	○	
22	Is spiteful and vindictive	○	○	○	○	
23	Bullies, threatens, or intimidates others	○	○	○	○	
24	Initiates physical fights	○	○	○	○	
25	Lies to obtain goods for favors or to avoid obligations (ie. "cons" others)	○	○	○	○	
26	Is physically cruel to people	○	○	○	○	
27	Has stolen items of nontrivial value	○	○	○	○	
28	Deliberately destroys others' property	○	○	○	○	For office use only. 2 & 3s: /10

Symptoms	Never	Occasionally	Often	Very Often
29 Is fearful, anxious, or worried	O	O	O	O
30 Is self-concious or easily embarrassed	O	O	O	O
31 Is afraid to try new things for fear of making mistakes	O	O	O	O
32 Feels worthless or inferior	O	O	O	O
33 Blames self for problems; feels guilty	O	O	O	O
34 Feels lonely, unwanted, or unloved; complains "no one loves him/her"	O	O	O	O
35 Is sad, unhappy, or depressed	O	O	O	O

For office use only: 2 & 3s: /7

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36 Reading	O	O	O	O	O
37 Mathmatics	O	O	O	O	O
38 Written expression	O	O	O	O	O

For office use only: 4s: /3

For office use only: 5s: /3

Classroom Behavioral Performance					
39 Relationship with peers	O	O	O	O	O
40 Following directions	O	O	O	O	O
41 Disrupting class	O	O	O	O	O
42 Assignment completion	O	O	O	O	O
43 Organizational skills	O	O	O	O	O

For office use only: 4s: /5

For office use only: 5s: /5

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

Are these side effects currently a problem?_____(Y/N)

Side Effects: Has the child experienced any of the following side effects or problems in the past week?	None	Mild	Moderate	Severe
Headache	O	O	O	O
Stomachache	O	O	O	O
Change of Appetite - Explain Below	O	O	O	O
Trouble Sleeping	O	O	O	O
Irritability in the late morning, late afternoon, or evening - explain below	O	O	O	O
Socially withdrawn - decreased interaction with others	O	O	O	O
Extreme sadness or unusual crying	O	O	O	O
Dull, tired, listless behavior	O	O	O	O
Tremmors/feeling shaky	O	O	O	O
Repetitive movements, tics, jerking, twitching, eye blinking - explain below	O	O	O	O
Picking at skin or fingers, nail biting, lip or cheek chewing - explain below	O	O	O	O
Sees or hears things that aren't there	O	O	O	O

Explain/Comments:

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