

## NICHQ Vanderbilt Assessment Follow-up: Parent Informant

Today's Date: 05-05-17

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

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

**Please think about your child's behaviors since the last assessment scale was filled out when rating his or her behaviors.**

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

**If on medication, please list medication name and dose:** \_\_\_\_\_

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty keeping attention to what needs to be done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by noises or other stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	For Office Use Only 2 & 3s: 0 / 9			
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or beginning quiet play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurs out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Symptoms (continued)	Never	Occasionally	Often	Very Often
19. Argues with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Actively defies or refuses to go along with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Deliberately annoys people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Blames others for his or her mistakes or misbehaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Is touchy or easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Is spiteful and wants to get even	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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2 & 3s: 0 /8

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
27. Reading	<input type="radio"/>				
28. Writing	<input type="radio"/>				
29. Mathematics	<input type="radio"/>				
30. Relationship with parents	<input type="radio"/>				
31. Relationship with siblings	<input type="radio"/>				
32. Relationship with peers	<input type="radio"/>				
33. Participation in organized activities (eg, teams)	<input type="radio"/>				

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4s: 0 /3  
5s: 0 /3For Office Use Only  
4s: 0 /4  
5s: 0 /4For Office Use Only  
4s: 0 /4  
5s: 0 /4

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

**Side Effects:** Has your child experienced any of the following side effect or problems in the past week?**Are these side effects currently a problem?**

None      Mild      Moderate      Severe

Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomachache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change of appetite—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability in the late morning, late afternoon, or evening—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socially withdrawn—decreased interaction with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme sadness or unusual crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dull, tired, listless behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tremors/feeling shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repetitive movements, tics, jerking, twitching, eye blinking—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sees or hears things that aren't there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Explain/Comments:**Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD. Available for downloading at no cost in expanded format at <http://ccf.FIU.edu>.