

Today's Date: \_\_\_\_\_

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

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/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 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          |

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.

Copyright © 2005 American Academy of Pediatrics, University of North Carolina at Chapel Hill for its North Carolina Center for Children's Healthcare Improvement, and National Initiative for Children's Healthcare Quality

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

Revised - 0303

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



NICHQ

National Initiative for Children's Healthcare Quality



Today's Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

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

| Performance   | Somewhat of a Problem |               |         |         |             |
|---|-----------------------|---------------|---------|---------|-------------|
|   | Excellent             | Above 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           |

**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:

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://wings.buffalo.edu/adhd>



Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**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 last assessment scale was filled out. Please indicate the number of weeks or months you have been able to evaluate the 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 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          |

| Performance                 | Excellent | Above Average | Average | Somewhat of a Problem | Problematic |
|-----------------------------|-----------|---------------|---------|-----------------------|-------------|
| 19. Reading                 | 1         | 2             | 3       | 4                     | 5           |
| 20. Mathematics             | 1         | 2             | 3       | 4                     | 5           |
| 21. Written expression      | 1         | 2             | 3       | 4                     | 5           |
| 22. Relationship with peers | 1         | 2             | 3       | 4                     | 5           |
| 23. Following direction     | 1         | 2             | 3       | 4                     | 5           |
| 24. Disrupting class        | 1         | 2             | 3       | 4                     | 5           |
| 25. Assignment completion   | 1         | 2             | 3       | 4                     | 5           |
| 26. Organizational skills   | 1         | 2             | 3       | 4                     | 5           |

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Copyright © 2005 American Academy of Pediatrics, University of North Carolina at Chapel Hill for its North Carolina Center for Children's Healthcare Improvement, and National Initiative for Children's Healthcare Quality

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

Revised - 0303

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



NICHQ

National Initiative for Children's Healthcare Quality



Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

| Side Effects: Has the 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:**

|  |
|--|
| <p><b>For Office Use Only</b></p> <p>Total Symptom Score for questions 1–18: _____</p> <p>Average Performance Score: _____</p> |
|--|

|  |
|--|
| <p>Please return this form to: _____</p> <p>Mailing address: _____</p> <p>_____</p> <p>Fax number: _____</p> |
|--|

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://wings.buffalo.edu/adhd>

