

NICHQ Vanderbilt Assessment Follow Up: Parent Informant

Patient's Name: _____ DOB: _____ Today's Date: _____

Parent Name: _____

*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 behavior since the last assessment scale was filled out. Your answers should reflect your observations while your child is **ON** medication.*

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 activities and tasks.	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 task or activities	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 and feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs around or climbs 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" 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/her turn	0	1	2	3
18. Interrupts or intrudes in others' conversations or activities	0	1	2	3

NICHQ Vanderbilt Assessment Follow Up: Parent Informant

Performance: Excellent Above Average Average Somewhat of a Problem Problematic

19.Overall school performance	0	1	2	3	4
20. Reading	0	1	2	3	4
21. Writing	0	1	2	3	4
22.Math	0	1	2	3	4
23.Relationship with parents	0	1	2	3	4
24.Relationship with siblings	0	1	2	3	4
25. Relationship with peers	0	1	2	3	4
26.Participation in organized activities (e.g. teams, clubs)	0	1	2	3	4

Side Effects: None Mild Moderate Severe

Headache	0	1	2	3
Stomach Ache	0	1	2	3
Decreased appetite	0	1	2	3
Trouble sleeping	0	1	2	3
Irritability in late morning, late afternoon, or evening (explain below)	0	1	2	3
Socially withdrawn-decreased interaction with others	0	1	2	3
Extreme sadness or unusual crying	0	1	2	3
Dull, tired or listless behavior	0	1	2	3
Tremors or feeling shaky	0	1	2	3
Repetitive movements, tics, jerking, twitching, eye blinking (explain below)	0	1	2	3
Picking at skin or fingers, nail biting, lip or cheek chewing (explain below)	0	1	2	3
Sees or hears things that are not there	0	1	2	3

Explain/Comments:
