These forms should not be used alone for the diagnosis of any condition.

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. When completing this form, please think about your child's behaviors in the past 6 months.

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

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Symptoms	Never	Occasionally	Often	Very Often
 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
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	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.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 1102









NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date:	Child's Name:		Date of Birth:
Parent's Name:		Parent's Phone Number:	

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	' 0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

				Somewhat	t
		Above		of a	
Performance	Excellent	Average	Average	Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only
Total number of questions scored 2 or 3 in questions 1–9:
Total number of questions scored 2 or 3 in questions 10–18:
Total Symptom Score for questions 1–18:
Total number of questions scored 2 or 3 in questions 19–26:
Total number of questions scored 2 or 3 in questions 27–40:
Total number of questions scored 2 or 3 in questions 41-47:
Total number of questions scored 4 or 5 in questions 48-55:
Average Performance Score:







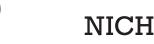
D4	NICHQ Vanderbilt Assessment Scale—12/	ACHERI	ntormant			
Teacher's Na	me: Class Time:		Class Name/I	Period:		
Today's Date	: Child's Name:	Grade Level:				
	Each rating should be considered in the context of what is an and should reflect that child's behavior since the beginning weeks or months you have been able to evaluate the behavior	of the sc ors:	hool year. Please 	indicate t	the number of	
Symptom	lation based on a time when the child \square was on medication.	on 🗌 w Never	as not on medica Occasionally	Often	ot sure? Very Often	
	o give attention to details or makes careless mistakes in schoolwork	0	1	2	3	
	fficulty sustaining attention to tasks or activities	0	1	2	3	
	not seem to listen when spoken to directly	0	1	2	3	
4. Does 1	not follow through on instructions and fails to finish schoolwork ue to oppositional behavior or failure to understand)	0	1	2	3	
5. Has di	fficulty organizing tasks and activities	0	1	2	3	
	s, dislikes, or is reluctant to engage in tasks that require sustained l effort	0	1	2	3	
	things necessary for tasks or activities (school assignments, s, or books)	0	1	2	3	
8. Is easi	y distracted by extraneous stimuli	0	1	2	3	
9. Is forg	etful in daily activities	0	1	2	3	
10. Fidget	s with hands or feet or squirms in seat	0	1	2	3	
	seat in classroom or in other situations in which remaining is expected	0	1	2	3	
	about or climbs excessively in situations in which remaining is expected	0	1	2	3	
13. Has di	fficulty playing or engaging in leisure activities quietly	0	1	2	3	
14. Is "on	the go" or often acts as if "driven by a motor"	0	1	2	3	
15. Talks 6	excessively	0	1	2	3	
16. Blurts	out answers before questions have been completed	0	1	2	3	
17. Has di	fficulty waiting in line	0	1	2	3	
18. Interru	upts or intrudes on others (eg, butts into conversations/games)	0	1	2	3	
19. Loses	temper	0	1	2	3	
20. Active	ly defies or refuses to comply with adult's requests or rules	0	1	2	3	
21. Is ang	ry or resentful	0	1	2	3	
22. Is spite	eful and vindictive	0	1	2	3	
23. Bullies	s, threatens, or intimidates others	0	1	2	3	
24. Initiat	es physical fights	0	1	2	3	
25. Lies to	obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3	
26. Is phy:	sically cruel to people	0	1	2	3	
27. Has st	olen items of nontrivial value	0	1	2	3	
28. Delibe	rately destroys others' property	0	1	2	3	
29. Is fear	ful, anxious, or worried	0	1	2	3	
30. Is self-	conscious or easily embarrassed	0	1	2	3	
31. Is afra	id to try new things for fear of making mistakes	0	1	2	3	

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.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303

American Academy of Pediatrics





D4 NICHQ Vanderbilt Assessment Sc	ale—TEACH	IER Inform	ant, continue	d			
Teacher's Name: Class 7	Class Time:			Class Name/Period:			
Today's Date: Child's Name:							
Symptoms (continued)		Never	Occasionally	Often	Very Often		
32. Feels worthless or inferior		0	1	2	3		
33. Blames self for problems; feels guilty		0	1	2	3		
34. Feels lonely, unwanted, or unloved; complains that "no one	e loves him or	her" 0	1	2	3		
35. Is sad, unhappy, or depressed		0	1	2	3		
				Somewha	t		
Performance		Above		of a			
Academic Performance	Excellent	Average	Average		Problemation		
36. Reading	1	2	3	4	5		
37. Mathematics	1	2	3	4	5		
38. Written expression	1	2	3	4	5		
		A I		Somewha	t		
Classroom Behavioral Performance	Excellent	Above Average	Average	of a Problem	Problematic		
39. Relationship with peers	1	2	3	4	5		
40. Following directions	1	2	3	4	5		
41. Disrupting class	1	2	3	4	5		
42. Assignment completion	1	2	3	4	5		
43. Organizational skills	1	2	3	4	5		
Comments:							
Please return this form to:							
Mailing address:							
Fax number:							
For Office Use Only							
Total number of questions scored 2 or 3 in questions 1–9:							
Total number of questions scored 2 or 3 in questions 10–18:							
Total Symptom Score for questions 1–18:							
Total number of questions scored 2 or 3 in questions 19–28:							
Total number of questions scored 2 or 3 in questions 29–35:							
Total number of questions scored 4 or 5 in questions 36–43:							
Total number of questions scored 4 of 3 in questions 30–43:							



Average Performance Score:_





D5	NICHQ Vanderbilt Assessment Follow-up—PARENT Informant					
Today's Date:	Child's Name:	Date of Birth:				
Parent's Name:		Parent's Phone Number:				
	•	he context of what is appropriate for the age of your child. Please think e last assessment scale was filled out when rating his/her behaviors.				
Is this evaluation ba	ased on a time when the child	\square was on medication \square was not on medication \square not sure?				

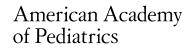
Symptoms	Never	Occasionally	Often	Very Often
Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when 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

		Above		Somewhat of a	t
Performance	Excellent	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

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 0303









D5 NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued								
Today's Date: Child's Name:	Date of Birth:							
Parent's Name: Parent's Phone Number:								
Side Effects: Has your child experienced any of the following side	Are these	side effect	ts currently a բ	oroblem?				
effects or problems in the past week?		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								

Explain/Comments:

Sees or hears things that aren't there

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Total Symptom Score for questions 1–18:	_
Average Performance Score for questions 19–26:	_

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







D6	NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant				
Teacher's Name:		Class Time:	Class Name/Period:		
Today's Date:	Child's Name:	Grade Level:			
and sho	ould reflect that child's behavi	or since the last asses	appropriate for the age of the child you are rating sment scale was filled out. Please indicate the see the behaviors:	ng	
Is this evaluation ba	ased on a time when the child	\square was on medica	tion \square was not on medication \square 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

		Above		Somewhat of a	t
Performance	Excellent	Average	Average	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.

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 $\label{thm:conditional} Adapted from the Vanderbilt Rating Scales developed by Mark L.\ Wolraich, MD.$

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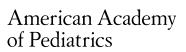






eacher's Name:	Class Time:	 	Class Name	/Period:		
oday's Date:	Child's Name:	Grade Leve	el:			
Side Effects: Has the	child experienced any of the following side	Are these side effects currently a problem?				
effects or problems in	, ,	None	Mild	Moderate	Severe	
Headache						
Stomachache						
Change of appetite—e	explain below					
Trouble sleeping						
Irritability in the late r	morning, late afternoon, or evening—explain below					
	decreased interaction with others					
Extreme sadness or un	nusual crying					
Dull, tired, listless beh	· · ·					
Tremors/feeling shaky	,					
Repetitive movements	s, tics, jerking, twitching, eye blinking—explain below					
D: 1:	11177 12 1 1 1 1 1 1 1 1 1					
Picking at skin or fing	ers, nail biting, lip or cheek chewing—explain below					
Sees or hears things th						
Sees or hears things th xplain/Comments: For Office Use Only						
Sees or hears things the sees or hears	nat aren't there					
Sees or hears things the explain/Comments: For Office Use Only Total Symptom Score of Average Performance States	for questions 1–18:					

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



Fax number:





