Vanderbilt Assessment Scale, Follow-up: *ADHD Toolkit* Parent-Informant Form

Child's name: _____ Parent's name: _____

Date: _____ DOB: _____ Age: _____

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 since you last rated them.

This evaluation is based on a time when your child: ☐ Was on medication ☐ Was not on medication ☐ Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not pay attention to details or makes mistakes that seem careless with, for example, homework	○	○	○	○
2. Has difficulty keeping attention on what needs to be done	○	○	○	○
3. Does not seem to listen when spoken to directly	○	○	○	○
4. Does not follow through on instructions and does not finish activities (not because of refusal or lack of comprehension)	○	○	○	○
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 (eg, toys, assignments, pencils, books)	○	○	○	○
8. Is easily distracted by noises or other stimuli	○	○	○	○
9. Is forgetful in daily activities	○	○	○	○

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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 games	○	○	○	○
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 into others' conversations or activities or both	○	○	○	○

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Child's name: _____ Today's date: _____

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
19. Loses temper	○	○	○	○
20. Is touchy or easily annoyed	○	○	○	○
21. Is angry or resentful	○	○	○	○
22. Argues with authority figures or adults	○	○	○	○
23. Actively defies or refuses to adhere to requests or rules	○	○	○	○
24. Deliberately annoys people	○	○	○	○
25. Blames others for his or her mistakes or behaviors	○	○	○	○
26. Is spiteful and wants to get even	○	○	○	○

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Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
27. Overall school performance	○	○	○	○	○
28. Reading	○	○	○	○	○
29. Writing	○	○	○	○	○
30. Mathematics	○	○	○	○	○
31. Relationship with parents	○	○	○	○	○
32. Relationship with siblings	○	○	○	○	○
33. Relationship with peers	○	○	○	○	○
34. Participation in organized activities (eg, teams)	○	○	○	○	○

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5s 0 /8

Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.

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?			
	Never	Mild	Moderate	Severe
Headache	○	○	○	○
Stomachache	○	○	○	○
Change of appetite—Explain on the next page.	○	○	○	○
Trouble sleeping	○	○	○	○
Irritability in the late morning, late afternoon, or evening—Explain on the next page.	○	○	○	○
Socially withdrawn—that is, decreased interaction with others	○	○	○	○
Extreme sadness or unusual crying	○	○	○	○
Dull, tired, listless behavior	○	○	○	○
Tremors or feeling shaky or both	○	○	○	○
Repetitive movements, tics, jerking, twitching, or eye blinking—Explain on the next page.	○	○	○	○
Picking at skin or fingers, nail-biting, or lip or cheek chewing—Explain on the next page.	○	○	○	○
Sees or hears things that aren't there	○	○	○	○

Side effects questions adapted from the Pittsburgh Side-Effects Rating Scale developed by William E. Pelham Jr, PhD.

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Child's name: _____ Today's date: _____

Explanations and other comments:

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Total number of questions scored 2 or 3 in questions 1–9: 0

Total number of questions scored 2 or 3 in questions 10–18: 0

Total number of questions scored 2 or 3 in questions 19–26: 0

Total number of questions scored 4 in questions 27–34: 0

Total number of questions scored 5 in questions 27–34: 0

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Please return the completed screener by:

- **Upload to secure portal www.cardinalpediatrics.com/securesend**
- **Email forms@cardinalpediatrics.com**
- **Text a picture to 304-599-8000**
- **Fax to 304-599-8003**
- **Mail to 1247 Suncrest Towne Centre, Morgantown, WV 26505**

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The recommendations in this resource 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. Original resource included as part of *Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians*, 3rd Edition.

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