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

Child's name: _____ Teacher's name: _____

Today's date: _____ School: _____ Gr: _____ Teacher's fax number: _____

Time of day you work with child: _____

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 behaviors since the last time you rated his or her behaviors. **Please indicate the number of weeks or months you have been able to evaluate the behaviors:** _____

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 give attention to details or makes mistakes that seem careless in schoolwork	○	○	○	○
2. Has difficulty sustaining attention on tasks or activities	○	○	○	○
3. Does not seem to listen when spoken to directly	○	○	○	○
4. Does not follow through on instructions and does not finish schoolwork (not because of oppositional behavior or lack of comprehension)	○	○	○	○
5. Has difficulty organizing tasks and activities	○	○	○	○
6. Avoids, dislikes, or does not want to start tasks that require sustained mental effort	○	○	○	○
7. Loses things necessary for tasks or activities (eg, school assignments, pencils, books)	○	○	○	○
8. Is easily distracted by extraneous 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 engaging in leisure activities quietly	○	○	○	○
14. Is on the go or often acts as if "driven by a motor"	○	○	○	○
15. Talks excessively	○	○	○	○
16. Blurts out answers before questions have been completed	○	○	○	○
17. Has difficulty waiting in line	○	○	○	○
18. Interrupts or intrudes in on others (eg, butts into conversations or games 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. Actively defies or refuses to adhere to adult's requests or rules	○	○	○	○
21. Is angry or resentful	○	○	○	○
22. Is spiteful and vindictive	○	○	○	○
23. Bullies, threatens, or intimidates others	○	○	○	○
24. Initiates physical fights	○	○	○	○
25. Lies to obtain goods for favors or to avoid obligations (ie, cons others)	○	○	○	○
26. Is physically cruel to people	○	○	○	○
27. Has stolen things of nontrivial value	○	○	○	○
28. Deliberately destroys others' property	○	○	○	○

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Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
29. Reading	○	○	○	○	○
30. Writing	○	○	○	○	○
31. Mathematics	○	○	○	○	○
32. Relationship with peers	○	○	○	○	○
33. Following directions	○	○	○	○	○
34. Disrupting class	○	○	○	○	○
35. Assignment completion	○	○	○	○	○
36. Organizational skills	○	○	○	○	○

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

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

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 below.	○	○	○	○
Trouble sleeping	○	○	○	○
Irritability in the late morning, late afternoon, or evening—Explain below.	○	○	○	○
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 below.	○	○	○	○
Picking at skin or fingers, nail-biting, or lip or cheek chewing—Explain below.	○	○	○	○
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.

Explanations and other comments:

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

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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 19–28: 0

Total number of questions scored 4 in questions 29–36: 0

Total number of questions scored 5 in questions 29–36: 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**

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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