CLINICIAN TOOLS



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

hi	d's name:	Parent's na	ame:				
)at	e: DOB:	DOB:			Age:		
Dir	ections: Each rating should be considered in the contex	t of what is a	opropriate for the	e age of you	r child. When c	ompleting	
	form, please think about your child's behaviors since yo	-				1 1 1 0	
					N-+		
M	s evaluation is based on a time when your child: Was	on medicalio	on \square was not	on medicali	on 🗆 Not sui	re	
						I	
	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					For Office Use Only	
9.	Is forgetful in daily activities					2s & 3s /9	
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					For Office Use Only 2s & 3s/9	
					·		

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



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				

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						For Office
32. Relationship with siblings						Use Only 4s /8
33. Relationship with peers						
34. Participation in organized activities (eg, teams)						For Office Use Only 5s/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		Are these side effects currently a problem?				
problems in the past week?	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.

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



Child's name:	1	Today's date:	
_		,	

Explanations and other 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 number of questions scored 2 or 3 in questions 19–26: _

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

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

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.

Inclusion in this resource does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this resource. Website addresses are as current as possible but may change at any time.

The American Academy of Pediatrics (AAP) does not review or endorse any modifications made to this resource and in no event shall the AAP be liable for any such changes.

© 2020 American Academy of Pediatrics. All rights reserved.

