

# Vanderbilt Parent Assessment Follow-Up

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ School: \_\_\_\_\_

Each rating should be considered in the context of what is appropriate for the age of your child.

Is this evaluation based on a time when the child  was on medication  was not 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 misunderstanding)	0	1	2	3
5. Has difficulty organizing task and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require Ongoing mental efforts	0	1	2	3
7. Loses things necessary for tasks or activities (school 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/her turn	0	1	2	3
18. Interrupts or intrudes in others' conversations and/or activities	0	1	2	3

ACADEMIC PERFORMANCE	Excellent	Above Average	Average	Somewhat of a 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

SOCIAL PERFORMANCE	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
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 (games)	1	2	3	4	5

## FAX OR MAIL COMPLETED FORM TO ONE OFFICE LOCATION:

Anderson Hills Pediatrics  
7400 Jager Court  
Cincinnati, OH 45230  
Phone: 513-232-8100 Fax: 513-624-3191

Anderson Hills Pediatrics  
1126 Ohio Pike  
Amelia, OH 45102  
Phone: 513-232-8100 Fax: 513-943-6154

# Vanderbilt Parent Follow-Up, Continued

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Pittsburg Side-Effects Rating Scale

Instructions: Listed below are several possible negative effects (side effects) that medication may have on an ADHD child. Please read each item carefully and circle the rate of severity of your child's side effects he/she has been on his/her current dose of medication. When requested, or whatever you feel it would be useful for us to know, please describe the side effects that you observed or any other unusual behavior in the "Comments" section below.

Use the following to assess severity and circle your answer:

- None:** The symptom is not present.
- Mild:** The symptom is present but is not significant enough to cause concern to your child, to you, or to his/her friends. Presence of the symptom at this level would **NOT** be a reason to stop taking the medicine.
- Moderate:** The symptom causes impairment of functioning or social embarrassment to such a degree that the negative impact on social and school performance should be weighed carefully to justify benefit of continuing medication must be considered.
- Severe:** The symptom causes impairment of functioning or social embarrassment to such a degree that the child should not continue to receive this medication or dose of medication as part of current treatment.

• Motor Tics-repetitive movements: jerking or twitching (e.g. eye blinking-eye opening, facial or mouth twitching, shoulder or arm movements) - <b>describe below</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Buccal-lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting - <b>describe below</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Picking at skin or fingers, nail biting, lip or cheek chewing – <b>describe below</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Worried/Anxious	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Dull, tired, listless	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Headaches	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Stomachache	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Crabby, Irritable	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Tearful, Sad, Depressed	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Socially withdrawn – decreased interaction with others	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Hallucinations – see or hear things that aren't there	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Loss of appetite	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
• Trouble sleeping – time went to sleep	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>

### COMMENTS:

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