



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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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				

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2s & 3s ____ /9

*****PLEASE NOTE*****
 WE WILL BILL THIS SCREENING TO YOUR
 INSURANCE CARRIER
 IN THE EVENT IT IS NOT COVERED, YOU
 MAY BE FINANCIALLY RESPONSIBLE.

TOUCHPOINT
 PEDIATRICS, P.A.
 touchpointpediatrics.com
 973.665.0900

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



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

Behavior

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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2s & 3s ___ / 8

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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4s ___ / 8

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 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: _____

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: _____

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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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