Vanderbilt ADHD Follow-Up Parent Rating Scale



Child Study Center

Department of Pediatrics
University of Oklahoma Health Sciences Center Phone: 271-5700•Fax: 271-8835

Child's Name:	Parent's Name:	
Today's Date:	Date of Birth:	Age:

Is this evaluation based on a time when the child: was on medication □ was not possible. Rover 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 given directions and falls to finish activities (not due to a failure to understand). 1 2 3 4. Does not follow through when given directions and falls to finish activities (not due to a failure to understand). 1 2 3 5. Has difficulty progranizing tasks and activities. 0 1 2 3 6. Avoids, dislikes, or does not want to start tasks that require engoing mental effort. 0 1 2 3 8. Is easily distracted by noises or other stimuli 9 1 2 3 9. Is forgetful in daily activities 0 1 2 3 10. Fridgets with hands or feet or squirms in seat. 0 1 2 3 11. Leaves seat when remaining seated is expected. 0 1 2		- 100a) 0 2ato 2ato 0. 211ati 7go							
Set in a evaluation based on a time when the child:	Directions: Each rating should be considered in the context of what is appropriate	e for the age	of your child.						
New	When completing this form, please think about your child's behaviors in the past 6 months.								
1. Does not pay attention to details or makes careless mistakes with, for example, homework. 2. Has difficulty keeping attention to what needs to be done, 3. Does not seem to listen when spoken to directly. 4. Does not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow through when given directions and falls to finish activities (not due to not follow to follow the not follow to follow the not satisful to not not have memaning seated is expected. 3. Distriction of the notes as if "driven by a motor". 4. It is not not not not not not not have been completed. 4. It is not	Is this evaluation based on a time when the child: was on medication was not on medication not sure								
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33. Relationship with peers. 1 2 3 4 5	31. Relationship with parents	1	2	3	4	5			
	32. Relationship with siblings.		2	3	4	5			
34. Participation in organized activities (eq. teams) 1 2 3 4 5	33. Relationship with peers.	1	2	3	4	5			
	34. Participation in organized activities (eq. teams)	1	2	3	4	5			



Vanderbilt ADHD Follow-Up Parent Rating Scale, Continued Pittsburgh Side Effects Rating Scale

1890							
Child's Name:	Parent's Name:						
Today's Date:	Date of Birth:	<i>F</i>	\ge:				
Directions: Listed below are several possible negative effects (side effects) that medication may have on a child with ADHD. Please read each item carefully and use the boxes to rate the severity of your child's side effects since he/she has been on his/her current dose of medication. When requested, or wherever 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:							
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. 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.							
Side Effect:		None	Mild	Moderate	Severe		
Headache							
Stomachache							
Change of appetite-explain below							
Trouble of sleeping							
Irritability in the late morning, late afternoon, or evening-e	xplain below						
Socially withdrawn – decreased interaction with others							
Extreme sadness or unusual crying							
Dull, tired, listless behavior							
Tremors/feeling shaky							
Repetitive movements, tics, jerking, twitching, eye blinking	g-explain below				<u> </u>		
Picking at skin or fingers, nail biting, lip or cheek chewing	- describe below		<u> </u>		<u> </u>		
Sees or hears things that aren't there							
Comments:							