VANDERBILT ASSESSMENT FOLLOW UP (MODIFIED) - PARENT INFORMANT

Child's Name: _____ DOB: _____ Date: _____

Parent's Name: _____ Parent's Phone Number: _____

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 in the past **6 months**.

Is this evaluation based on a time when the child ☐ was on medication ☐ was NOT on medication ☐ not sure?

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
1. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
2. Has difficulty organizing tasks and activities	0	1	2	3
3. Has difficulty keeping attention to what needs to be done	0	1	2	3
4. Does not seem to listen when spoken to directly	0	1	2	3
5. Is easily distracted by noises or other stimuli	0	1	2	3
6. Is forgetful in daily activities	0	1	2	3
7. Loses things necessary for tasks or activities (toys, pencils, assignments or books)	0	1	2	3
8. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
9. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
10. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
11. Has difficulty playing or beginning quiet play activities	0	1	2	3
12. Fidgets with hands or feet or squirms in seat	0	1	2	3
13. Leaves seat when remaining seated is expected	0	1	2	3
14. Runs about or climbs too much when remaining seated is expected	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
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' request or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3

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SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business or car	0	1	2	3
38. Has stayed out all night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feel guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no	0	1	2	3
46. Is sad, unhappy or depressed	0	1	2	3
47. Is self-conscious or easily embarassed	0	1	2	3

PERFORMANCE	EXCELLENT	ABOVE AVG	AVG	SOMEWHAT OF A PROBLEM	PROBLEMATIC
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (teams)	1	2	3	4	5

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 symptom score for questions 1-18: _____
Average performance score:

Total number of questions scored 2 or 3 in questions 19-26: _____
Total number of questions scored 2 or 3 in questions 27-40: _____
Total number of questions scored 2 or 3 in questions 41-47: _____
Total number of questions scored 4 or 5 in questions 48-55: _____

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SIDE EFFECTS: Has your child experienced any of the following side effects or problems in the past week?

	NONE	MILD	MODERATE	SEVERE
Headache	☐	☐	☐	☐
Stomachache	☐	☐	☐	☐
Change of appetite (explain below)	☐	☐	☐	☐
Trouble Sleeping	☐	☐	☐	☐
Irritiability in the late morning, late afternoon or evening (explain 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 (explain below)	☐	☐	☐	☐
Picking at skin or fingers, nail biting, lip or cheek chewing (explain below)	☐	☐	☐	☐
Sees or hears things that aren't there	☐	☐	☐	☐

COMMENTS: _____

FOR OFFICE USE ONLY:

Total symptom score for questions 1-18: _____

Average performance score for questions 19-26: _____