

Dear Parent:

You have scheduled an appointment for your child/adolescent for possible ADHD. Enclosed are forms that need to be completed and returned prior to the appointment. If possible, return all forms 1 week prior to the scheduled appointment. The teacher Vanderbilt forms should be completed by the child's main teacher and others who know the child well.

The following checklist is to help you make sure that all forms are completed.

- _____ ADHD Intake Form
- _____ ADHD/DMSIV Screening Questionnaire
- _____ Cardiac Questionnaire
- _____ Vanderbilt – Parent informant
- _____ Vanderbilt – Teacher informant (3 enclosed – use 1 or more)

ADHD Intake Form

Please use black pen to complete

Child's Name: _____ D.O.B: _____

Form completed by: _____

Relationship to patient: _____ Date completed: _____

Please summarize your concerns:

When did these problems begin?

What are your goals for this consultation?

SCHOOL:

Name of school:

Grade:

Please describe your child's strengths and challenges in the classroom. If applicable, please include any services that are provided and copy of the IEP or any testing that has been completed.

What concerns have the teachers mentioned and how have they tried to address these concerns?

Behavior:

Work completion/homework:

Academic progress:

Handwriting/neatness:

Careless mistakes:

Distraction/attention:

Other:

Were there concerns mentioned by prior teachers?

HOME:

Please describe concerns you have about your child at home:

Overall mood:

Homework:

Chores:

Listening:

Relationship with parents/siblings:

Discipline strategies you utilize:

With whom does your child live?

If there are siblings what are their ages?

Current after school care arrangements:

Parents: ☐ Married ☐ Divorced ☐ Single

If divorced/separated what are custody arrangements?

Do parents have a good relationship with one another?

What are family stressors?

SOCIAL

Describe any concerns you have about your child's ability to make and keep friends or any aspects of your child's relationship that concern you.

CONFIDENCE/SELF ESTEEM

Describe any concerns you have in this regard:

What does your child do that he/she feels good about?

What organized activities does your child participate in? (music, sports, religion)

Do you have any other concerns that you would like to address? If so, please list:

MEDICAL and FAMILY HISTORY

If you feel that some of the following information has already been reviewed recently with your clinician and is available to the clinician you are seeing for this visit, you may make a note to refer to the chart. Please note any additional information that you feel may be helpful, even if not specifically requested.

Have you or your child's M.D. or nurse practitioner have any concerns about:

Development:

Growth:

Weight loss or gain:

Head size:

Speech or understanding language:

Memory:

Appetite:

Sleep:

Headaches:

Stomach aches:

Tics:

Fainting:

Chest pain:

Trouble bleeding:

Day or night stool or urine accidents:

Constipation or diarrhea:

Hair loss:

Skin changes:

Pain: (where, when)

Other:

List any chronic or serious current or past medical concerns, include dates and medications where able:

Hospitalizations or surgeries:

Current medications:

Allergies to medications, foods, pollens, etc.:

Additional family history: (include parents, siblings, grandparents, aunts, uncles and cousins)

Learning problems:

Behavioral problems: (i.e. hyperactivity, trouble in school, trouble with the law, high school drop out)

Mental health concerns: (i.e. depression, anxiety, obsessive compulsive, suicide attempts or completion, psychiatric hospitalization, mental retardation or special needs, other)

Chemical dependency or abuse:

Difficulty holding a job:

Please add any other concerns that may not have been covered:

Best way to reach parents with questions or concerns:

ADHD Screening Form

ADHD / DMSIV Screening Questionnaire

Please circle the letters of symptoms that apply

Person completing form: _____ Date: _____

Inattention

- a) Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- b) Often has difficulty sustaining attention in tasks or play activities
- c) Often does not seem to listen when spoken to directly
- d) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions.)
- e) Often has difficulty organizing tasks and activities
- f) Often avoids, dislike, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- g) Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools)
- h) Is often easily distracted by extraneous stimuli
- i) Is often forgetful in daily activities

Hyperactivity

- a) Often fidgets with hands or feet or squirms in seat
- b) Often leaves seat in classroom or in other situations in which remaining seated is expected
- c) Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- d) Often has difficulty playing or engaging in leisure activities quietly
- e) Is often "on the go" or often acts as if "driven by a motor"
- f) Often talks excessively

Impulsivity

- g) Often blurts out answers before questions have been completed
- h) Often has difficulty awaiting turn
- i) Often interrupts or intrudes on others (e.g. butts into conversation or games)

Below the line for clinician use only.

DMSIV Criteria

- A. Six (or more) symptoms of inattention / hyperactivity -impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.
- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before 7 years of age.
- C. Some impairment from the symptoms is present in 2 or more settings (e.g. at school [or work] or at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (e.g. mood disorder, anxiety disorder, dissociative disorder, or personality disorder).

Code based on type:

314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type: if both criteria A1 and A2 are met for the past 6 months

314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: if criterion A1 is met but criterion A2 is not met for the past 6 months

314.01 Attention-Deficit/Hyperactivity Disorder Predominantly Hyperactive, Impulsive Type: if criterion A2 is met but criterion A1 is not met for the past 6 months

314.9 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified

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Score: Inattention /9 Hyperactivity & Impulsivity /9

Cardiac History Form

Please use black pen to complete

Medications to treat ADHD are generally considered very safe and effective. There is no solid medical evidence that these medications can cause heart problems in an otherwise healthy person. Recently, the American Academy of Pediatrics (AAP) as well as other medical groups, has recommended an electrocardiogram (EKG) for those patients who have a personal or family history that might make them more likely to have heart problems. Eagan Valley Pediatrics is following the guidelines of the AAP.

Please complete the following questionnaire and bring it with you to discuss with your provider at your next ADHD appointment. Based on your answers, your provider may recommend an EKG.

Patient Name _____ Date of Birth _____

Patient history

Has the patient every had any of the following:

- 1. Fainting or dizziness? _____ Yes No
- 2. Fainting or dizziness with exercise? _____ Yes No
- 3. A seizure? _____ Yes No
- 4. Rheumatic fever? _____ Yes No
- 5. Chest pain with exercise? _____ Yes No
- 6. Shortness of breath with exercise? _____ Yes No
- 7. Unexplained significant change in ability to exercise? _____ Yes No
- 8. Heart palpitations, fast rate, extra or skipped heart beats? _____ Yes No
- 9. High blood pressure? _____ Yes No
- 10. Heart murmur? _____ Yes No
- 11. Congenital heart defect or hole in heart? _____ Yes No
- 12. Chest pain or palpitations with viral illness? _____ Yes No

Other heart related condition? _____ Yes No

Explain any "yes" answers here:

Does the ***patient*** take any of the following:

Prescribed medications? _____ Yes No

Over the counter medications? _____ Yes No

Vitamins or other supplements? _____ Yes No

If yes, please list medication/supplements here

Family History

Has anyone in the patient's family has any of the following:

- 1. Sudden or unexplained death in a young person? _____ Yes No
- 2. Heart attack in someone younger than 35? _____ Yes No
- 3. Sudden death during exercise? _____ Yes No
- 4. Heart arrhythmias? _____ Yes No
- 5. Hypertrophic cardiomyopathy? _____ Yes No
- 6. Other cardiomyopathy (dilated, viral induced)? _____ Yes No
- 7. Long QT syndrome? _____ Yes No
- 8. Wolff-Parkinson-White syndrome? _____ Yes No
- 9. CPR (cardiopulmonary resuscitation) in someone under 35? _____ Yes No
- 10. Marfan syndrome? _____ Yes No
- 11. Other heart related condition? _____ Yes No

Explain any "yes" answers here

Is there any reason, other than those listed above, that you wish to have an EKG done? Yes No Explain _____

Form completed by _____ Relationship _____

Signature _____ Date _____

Clinic use only:

Provider initials _____ Date _____

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

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. 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 failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, 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 or her turn	0	1	2	3
18. Interrupts or intrudes in on 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' requests 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
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

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

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

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, 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 at 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, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	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 (eg, 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: _____

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: _____

Average Performance Score: _____

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

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. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	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 extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication 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.

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

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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 Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

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. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	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 extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
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41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

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Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

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Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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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. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	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 extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

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Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

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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 Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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