

Vanderbilt ADHD Follow-Up Parent Rating Scale

Child's Name: _____ **Parent's Name:** _____
Today's Date: _____ **Date of Birth:** _____ **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 their behavior.

Is this evaluation based on a time when the child: was on medication was not on medication not sure

Behavior:	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes mistakes in schoolwork or during other activities	0	1	2	3
2. Has difficulty keeping attention to tasks and activities	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, 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 games	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. Loses temper	0	1	2	3
20. Is touchy or easily annoyed	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Argues with authority figures or adults	0	1	2	3
23. Actively defies or refuses to comply with requests or rules	0	1	2	3
24. Deliberately annoys people	0	1	2	3
25. Blames others for his or her mistakes or behaviors	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3

Academic & Social Performance	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
1. Overall school performance	1	2	3	4	5
2. Reading	1	2	3	4	5
3. Writing	1	2	3	4	5
4. Mathematics	1	2	3	4	5
5. Relationship with parents	1	2	3	4	5
6. Relationship with siblings	1	2	3	4	5
7. Relationship with peers	1	2	3	4	5
8. Participation in organized activities (eq. teams)	1	2	3	4	5



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

Child's Name: _____

Parent's Name: _____

Today's Date: _____

Date of Birth: _____ **Age:** _____

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 his/her current treatment.

Side Effect:	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite- explain below				
Trouble sleeping				
Irritability 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- describe below				
Sees or hears things that aren't there				

COMMENTS: