

# WEST SIDE PEDIATRICS

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## Follow Up Parent Vanderbilt Assessment Scale

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Patient's Physician: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child.

Is this evaluation based on a time the child \_\_\_\_ was on medication OR \_\_\_\_ was not on medication?

Symptoms	Never	Occasionally	Often	Very Often	
1. Does not pay close attention to details or makes careless with mistakes, 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 misunderstanding)	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 (e.g., schoolwork or homework)	0	1	2	3	
7. Loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)	0	1	2	3	
8. Is 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 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 his/her turn	0	1	2	3	
18. Interrupts or intrudes in others conversation and/or activities	0	1	2	3	
Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Overall Performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26. Participation in organized activities (e.g., teams)	1	2	3	4	5

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

### Side Effects Rating Scale

Instructions: Listed below are several possible negative effects (side effects) that medication may have on an ADHD child. Please read each item carefully and use the boxes to rate the severity of your child's side effects 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 the patient, to his/her friends, or adults.

**Moderate:** The symptom causes some impairment of functioning or social embarrassment.

**Severe:** The symptom causes impairment of functioning or social embarrassment to such a degree that it requires specific treatment.

	None	Mild	Moderate	Severe
Motor Tics- repetitive movements: jerking or twitching (e.g. eye blinking, eye opening, facial or mouth twitching, shoulder or arm movements)- describe:				
Buccal-lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting- describe:				
Picking at skin or fingers, nail biting, lip or cheek chewing – describe:				
Worried/Anxious				
Dull, tired, listless				
Headaches				
Stomachache				
Crabby, Irritable				
Tearful, Sad, Depressed				
Socially withdrawn – decreased interaction with others				
Hallucinations (see or hear things that aren't there)				
Loss of appetite				
Trouble sleeping (time went to sleep)				

**Comments:**