

VANDERBILT PARENT ASSESSMENT FOLLOW UP

TODAY'S DATE: _____ CHILD'S NAME: _____ DOB: ___/___/___

PERSON COMPLETING FORM: _____

Each rating should be considered in the context of what is appropriate for the age of this child.

This evaluation form should be based on the last 2-4 weeks at home.

SYMPTOMS

| | NEVER | OCCASIONALLY | OFTEN | VERY OFTEN |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|-------|------------|
| 1. Does not pay attention to details or makes careless mistakes (ex: homework). | <input type="radio"/> 0 | 1 | 2 | 3 |
| 2. Has difficulty keeping attention to what needs to be done. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 3. Does not seem to listen when spoken to directly. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 4. Does not follow through when given directions and fails to finish activities. (not due to refusal or misunderstand). | <input type="radio"/> 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 7. Loses things needed for tasks or activities (toys, assignments, pencils, books). | <input type="radio"/> 0 | 1 | 2 | 3 |
| 8. Is easily distracted by noises or other stimuli. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet, or squirms in seat. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 11. Leaves seat when remaining seated is expected. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 12. Runs about or climbs too much when remaining seated is expected. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or beginning quiet play activities. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor." | <input type="radio"/> 0 | 1 | 2 | 3 |
| 15. Talks too much. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 16. Blurts out answers before questions have been completed. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting his/her turn. | <input type="radio"/> 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes in on others' conversations and/or activities. | <input type="radio"/> 0 | 1 | 2 | 3 |

Please rate (impairment) how these symptoms affect your child in the given areas of your chld's life.

SYMPTOMS

| | SEVERE | MODERATE | MILD | NOT AT ALL |
|----------------------------|--------|----------|------|------------|
| Academic Work | 3 | 2 | 1 | 0 |
| Homework | 3 | 2 | 1 | 0 |
| Attitude at Home | 3 | 2 | 1 | 0 |
| Relationship with Peers | 3 | 2 | 1 | 0 |
| Relationship with Parents | 3 | 2 | 1 | 0 |
| Relationship with Siblings | 3 | 2 | 1 | 0 |
| Ability to be Happy | 3 | 2 | 1 | 0 |