Child's Name: _____

DOB: _____

First ADHD Visit Questionnaire

Have any of the following symptoms been present for at least six months? Check all that apply.

☐	Often makes careless mistakes in schoolwork, work, or other activities.
☐	Often has difficulty sustaining attention in tasks or play activities.
☐	Often does not seem to listen when spoken to directly.
☐	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the work place. (This is not due to oppositional behavior or failure to understand instructions.)
☐	Often has difficulty organizing tasks and activities.
☐	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
☐	Often loses things necessary for task or activities (e.g.: toys, school assignments, Pencils, books, or tools).
☐	Is often easily distracted by extraneous stimuli.
☐	If often forgetful in daily activities.
☐	Often fidgets with hands or feet or squirms in seat.
☐	Often leaves seat in classroom or in other situations in which remaining seated is expected.
☐	Often runs about or climbs excessively when it is inappropriate. (In adolescents, may be limited to subjective feelings of restlessness.)
☐	Often has difficulty playing or engaging in leisure activities quietly
☐	Is often "on the go" or often acts "if driven by a motor."
☐	Often talks excessively.
☐	Often blurts out answers before questions have been completed.
☐	Often has difficulty awaiting turn.
☐	Often interrupts or intrudes on others (e.g.: butts into conversations or games).

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.

Revised - 1102

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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:

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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 19–26: _____

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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D4 **NICHQ Vanderbilt Assessment Scale—TEACHER Informant**

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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D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

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: _____

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 19–28: _____

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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