

## VANDERBILT ADHD RATING SCALE—FOLLOW-UP

**Child's Name:** \_\_\_\_\_ **Sex:**  M  F **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Completed by:**  Mother  Father  Guardian  Grandparent

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child. Think about your child's behavior in the past 6 months.

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

Circle the number that best describes your child's home behavior over the past 6 months.	Never or Rarely	Sometimes	Often	Very Often	
1. Does not pay close 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 on instructions and fails to finish schoolwork, chores, or duties	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)	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 in 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 too much	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 (e.g., butts into conversations/games)	0	1	2	3	
Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Overall school 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 organizational activities	1	2	3	4	5

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	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—explain below				
Sees or hears things that aren't there				
<b>Comments:</b>				
<p><b>SOURCES:</b> 1. Rating scale adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised-1102.  2. Side effect scale adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD. As adapted by American Academy of Pediatrics and National Initiative for Children's Healthcare Quality.</p>				