



Pediatric Associates of Lancaster * 1554 Wesley Way Lancaster Ohio 43130 * phone: 740-687-6386 * fax: 740-687-1388
Jennifer Miller MD * Michele Hensley MD * Michelle Golla MD * Rachael Hall CNP

Policy and Procedure Regarding Diagnosis and Treatment of ADD/ADHD

Initial Evaluation

- Before meeting with the doctor for a formal evaluation we must receive all of the following forms for review:
 - School Evaluation – Parent Form
 - NICHQ Vanderbilt Assessment Scale: Parent Informant
 - School Evaluation – Educator Form
 - NICHQ Vanderbilt Assessment Scale: Teacher Informant

These forms can be found on our website or we can email or mail you copies.

- When forms are returned completed, they will go to the primary care doctor for review.
- Once the doctor has completed their review of the forms, they will alert the staff to schedule an evaluation with the patient.
- Evaluation times vary, please expect to set aside up to an hour for the appointment.

Standard of Care

The following is the standard of care recommendation for all patients with an ADD/ADHD diagnosis:

- If prescribed medication – an additional appoint with be scheduled within thirty (30) days to ensure effectiveness of medication and review any side effects.
- ADD/ADHD maintenance visits every 3-6 months for those on medications
- Yearly physical examinations
- Follow up NICHQ Vanderbilt Assessment may be requested to be completed 1 month after starting medications and/or as needed.
- Physicians may be unable to authorize medication refills for noncompliance of the above standards of care.
- Medication refill requests must be made at least 2-3 days in advance – please call the office to request refills that will need to be mailed or picked up in person in office.



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School Evaluation – PARENT FORM

Date: _____

Patient Name: _____

Date of Birth: _____

School: _____

Current Grade: _____

Primary Teacher: _____

Other Teacher(s): _____

of students in (average) class: _____

Please describe in detail the reason for this evaluation?

When did the problem(s) begin? _____

Is the child tutored outside of the classroom? Yes No

Has the child been retained/failed a grade? Yes No

Has the child had educational or psychological testing? Yes No

If yes, please list results: _____

What interventions have been used to help with these issues? (Please circle all that apply)	Medication	Counseling	School Change	Eye Exam
	Visual Training	Prior Evaluation	Other: _____	

What time does your child go to bed? _____ Go to sleep? _____ Wake up in the AM? _____

Please describe the child's strengths:

Please circle areas of difficulty and/or concern:

Absenteeism	Motivation	Disobedience	Disruptive Behavior	Homework	Reading
Immaturity	Unhappy at School	Peer Relations	Self-esteem	Retaining Information	Speech
Hyperactivity	Attention	Inconsistent Performance	Distractibility	Risk Taking	Tics
Test Taking	Mathematics	Motor Skills	Completing Classwork	Copying from board	Spelling
Stealing	Lying	Fighting	Self-Harm	Running Away	Setting Fires
Appetite	Decreased Activity	Anger Control	Fear	Worries	Inappropriate Sounds

Is your child having any ongoing medical problems?

Seizures	Constipation	Recurrent Stomachaches	Recurrent Headaches	Allergies	Dizziness
Bedwetting	Stool Soiling	Mood Changes	Depression	Anxiety	Head Injury
Surgeries	Bowel Issues	Other: _____			

Is the child taking any medications? Yes No If yes, please list: _____

Did mother have any problems with pregnancy, labor or delivery of this child? Yes No

Was the child carried to full term? Yes No Birth Weight: _____

During pregnancy did the mother engage in any of the following:

Tobacco Use Alcohol Use Prescription Medications Abuse of Prescribed Meds Illegal Drug Use

Was the child's early development "normal" (i.e. walking, talking, toileting, etc.)? Yes No

If no, please list details: _____

Father's Name: _____ Age: _____ Occupation: _____
 School Level Completed? _____ School Problems? _____
 Behavior Problems? _____

Mother's Name: _____ Age: _____ Occupation: _____
 School Level Completed? _____ School Problems? _____
 Behavior Problems? _____

Who does the child primarily live with? _____

Parental Relationship status: Married Committed Relationship Engaged Separated Divorced

Please list name and age of any sibling(s): _____

Please list any school/behavior issues with sibling(s): _____

Who is the child with before and after school? _____

Please describe how the child is disciplined:

Has anyone in the family had any of the following:

Mental Retardation	Seizures	Psychiatric Problems	Emotional Problems	Panic Attacks	Alcohol Abuse
Drug Abuse	School Problems	Physical Abuse	Sexual Abuse	Emotional Abuse	ADHD
Tourette's / Tics	Depression	Anxiety	Inpatient Treatment for Mental Health	Developmental Delays	Police/Arrest Record

Has anyone in the family experienced any of the following in the past 2 years?

Marriage	Separation	Divorce	Any Serious Relationship change	Drug Abuse	Alcohol Abuse
Health/Medical Issues	Hospitalization	Change in or loss of employment	Death of someone important	Financial hardship	Moving Residence
Family Members leaving/returning	Birth of a child	Increase in family arguments	Change of school(s)	Incarceration of family member	Any other person trauma

NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: _____

Child's Name: _____

Child's 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, 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	For Office Use Only /9
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	For Office Use Only /9



Symptoms (continued)	Never	Occasionally	Often	Very Often	
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	For Office Use Only /8
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	
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	For Office Use Only /14
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	For Office Use Only /7

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48. Reading	1	2	3	4	5	
49. Writing	1	2	3	4	5	For Office Use Only 4s: /3
50. Mathematics	1	2	3	4	5	For Office Use Only 5s: /3
51. Relationship with parents	1	2	3	4	5	
52. Relationship with siblings	1	2	3	4	5	
53. Relationship with peers	1	2	3	4	5	For Office Use Only 4s: /4
54. Participation in organized activities (eg, teams)	1	2	3	4	5	For Office Use Only 5s: /4



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 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 in questions 48–50: _____

Total number of questions scored 5 in questions 48–50: _____

Total number of questions scored 4 in questions 51–54: _____

Total number of questions scored 5 in questions 51–54: _____

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition, Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

American Academy
of Pediatrics



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NICHQ
National Initiative for
Children's Healthcare Quality



Other Conditions

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.
 No tics present. Yes, they occur nearly every day but go unnoticed by most people. Yes, noticeable tics occur nearly every day.
2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.
 No tics present. Yes, they occur nearly every day but go unnoticed by most people. Yes, noticeable tics occur nearly every day.
3. If YES to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: To the best of your knowledge, please answer the following questions:

- | | | |
|--|-----------------------------|------------------------------|
| 1. Has your child been diagnosed with a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Comments:



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School Evaluation – EDUCATOR Form

Your student is scheduled for an evaluation in our office for school/behavior issues.
Please complete this form fully and return to our office as soon as possible. If you would like to receive a copy of the final assessment, please have the parent/guardian sign a release of information and we will share our assessment with you.

Date: _____
Patient Name: _____
Date of Birth: _____
School: _____
School Address: _____
School/Office Phone # : _____
Primary Teacher Name: _____
Other Teacher(s) Name(s): _____

How long have you known the student? _____

Do you feel you know the child well? _____

Please describe the problems the child is having in the classroom:

Please describe the interventions that have been used:

Has the child been referred for a Multi-Factored Evaluation? Yes No

If so, when? _____

If not, why not? _____

Has the child been referred for special services or tutoring? _____

Has the child ever been retained? If yes, grade and list reason. _____

Is the child likely to be retained this year? If yes, list reason. _____

Compared to other students, of the same age, does this child:

Work Diligently? Yes No Follow Class Rules? Yes No Learn the Material? Yes No

Seem Happy? Yes No Relate well with Peers? Yes No

Please explain answers above:

Briefly describe the child's personality:

Name of person completing this form: _____

Relationship to Patient: _____

Please return this form, along with:

- NICHQ Vanderbilt Assessment Scale: Teacher Informant
- A copy of all school testing, achievement testing, and proficiency test scores
- A copy of the most recent report card

To:

Pediatric Associates of Lancaster
1554 Wesley Way
Lancaster, Ohio 43130

NICHQ Vanderbilt Assessment Scale: Teacher Informant

Child's Name: _____

Child's Date of Birth: _____

Teacher's Name: _____

Today's Date: _____

Class Time: _____

Class Name/Period: _____

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: _____.

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				For Office Use Only
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting in line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others (eg, butts into conversations/games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				For Office Use Only



Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Activity defies or refuses to comply with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Is spiteful and vindictive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Initiates physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27. Has stolen items of nontrivial value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only
29. Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Blames self for problems; feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only
38. Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40. Following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
41. Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42. Assignment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only
43. Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only

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 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 in questions 36–38: _____

Total number of questions scored 5 in questions 36–38: _____

Total number of questions scored 4 in questions 39–43: _____

Total number of questions scored 5 in questions 39–43: _____

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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. Original document included as part of *Caring for Children With ADHD: A Resource Book for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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National Initiative for
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School Evaluation – EDUCATOR Form

Your student is scheduled for an evaluation in our office for school/behavior issues. Please complete this form fully and return to our office as soon as possible. If you would like to receive a copy of the final assessment, please have the parent/guardian sign a release of information and we will share our assessment with you.

Date: _____
Patient Name: _____
Date of Birth: _____
School: _____
School Address: _____
School/Office Phone # : _____
Primary Teacher Name: _____
Other Teacher(s) Name(s): _____

How long have you known the student? _____

Do you feel you know the child well? _____

Please describe the problems the child is having in the classroom:

Please describe the interventions that have been used:

Has the child been referred for a Multi-Factored Evaluation? Yes No

If so, when? _____

If not, why not? _____

Has the child been referred for special services or tutoring? _____

Has the child ever been retained? If yes, grade and list reason. _____

Is the child likely to be retained this year? If yes, list reason. _____

Compared to other students, of the same age, does this child:

Work Diligently? Yes No Follow Class Rules? Yes No Learn the Material? Yes No

Seem Happy? Yes No Relate well with Peers? Yes No

Please explain answers above:

Briefly describe the child's personality:

Name of person completing this form: _____

Relationship to Patient: _____

Please return this form, along with:

- NICHQ Vanderbilt Assessment Scale: Teacher Informant
- A copy of all school testing, achievement testing, and proficiency test scores
- A copy of the most recent report card

To:

Pediatric Associates of Lancaster
1554 Wesley Way
Lancaster, Ohio 43130

NICHQ Vanderbilt Assessment Scale: Teacher Informant

Child's Name: _____

Child's Date of Birth: _____

Teacher's Name: _____

Today's Date: _____

Class Time: _____

Class Name/Period: _____

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: _____.

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting in line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others (eg, butts into conversations/games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Office Use Only

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Symptoms (continued)

	Never	Occasionally	Often	Very Often	
19. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Activity defies or refuses to comply with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Is spiteful and vindictive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Initiates physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27. Has stolen items of nontrivial value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only
29. Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Blames self for problems; feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only
38. Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40. Following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
41. Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42. Assignment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only
43. Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

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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 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 in questions 36–38: _____

Total number of questions scored 5 in questions 36–38: _____

Total number of questions scored 4 in questions 39–43: _____

Total number of questions scored 5 in questions 39–43: _____

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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. Original document included as part of *Caring for Children With ADHD: A Resource Book for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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