Does My Child Have ADHD?

Many parents worry about this question. The answer comes from children, families, teachers, and doctors working together as a team. Watching your child's behavior at home and in the community is very important to help answer this question. Your doctor will ask you to fill out rating scales about your child. Watching your child's behavior and talking with other adults in the child's life will be important for filling out the forms.

Here are a few tips about what you can do to help answer the question:

Watch your child closely during activities where he or she should pay attention.

- ☐ Doing homework
- ☐ Doing chores
- ☐ During storytelling or reading

Watch your child when you expect him or her to sit for a while or think before acting.

- ☐ Sitting through a family meal
- ☐ During a religious service
- ☐ Crossing the street
- ☐ Being frustrated
- ☐ With brothers or sisters
- ☐ While you are on the phone

Pay attention to how the environment affects your child's behavior. Make changes at home to improve your child's behavior.

- ☐ Ensure that your child understands what is expected. Speak slowly to your child. Have your child repeat the instructions.
- ☐ Turn off the TV or computer games during meals and homework. Also, close the curtains if it will help your child pay attention to what he or she needs to be doing.
- ☐ Provide structure to home life, such as regular mealtimes and bedtime. Write down the schedule and put it where the entire family can see it. Stick to the schedule.
- ☐ Provide your child with planned breaks during long assignments.
- ☐ Give rewards for paying attention and sitting, not just for getting things right and finishing. Some rewards might be: dessert for sitting through a meal, outdoor play for finishing homework, and praise for talking through problems.
- ☐ Try to find out what things set off problem behaviors. See if you can eliminate the triggers.

If your child spends time in 2 households, compare observations.

- ☐ Consult your child's other parent about behavior in that home. Cooperation between parents in this area really helps the child.
- ☐ If the child behaves differently, consider differences in the environment that may explain the difference in behavior. Differences are common and not a mark of good or bad parenting.

Talk to your child's teacher.

- ☐ Learn about your child's behavior at school. Talk about how your child does during academic lessons and also during play with other children.
- ☐ Compare your child's behavior in subjects he or she likes and those in which he or she has trouble with the work.
- ☐ Determine how the environment at school affects your child's behavior. When does your child perform well? What events trigger problem behaviors?
- ☐ Consider with the teacher whether your child's learning abilities should be evaluated at school. If he or she has poor grades in all subjects or in just a few subjects or requires extra time and effort to learn material, then a learning evaluation may be valuable.

Gather impressions from other adult caregivers who know your child well.

- ☐ Scout leaders or religious instructors who see your child during structured activities and during play with other children
- ☐ Relatives or neighbors who spend time with your child
- ☐ Determine how other environments affect your child's behavior. When does your child perform well? What events trigger problem behaviors?

Make an appointment to see your child's doctor.

- ☐ Let the receptionist know you are concerned that your child might have ADHD.
- ☐ If possible, arrange a visit when both parents can attend.

Adapted from materials by Heidi Feldman, MD, PhD

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General Tips

1. Rules should be clear and brief. Your child should know exactly what you expect from him or her.
2. Give your child chores. This will give him or her a sense of responsibility and boost self-esteem.
3. Short lists of tasks are excellent to help a child remember.
4. Routines are extremely important for children with ADHD. Set up regular times for meals, homework, TV, getting up, and going to bed. Follow through on the schedule!
5. Identify what your child is good at doing (like art, math, computer skills) and build on it.
6. Tell your child that you love and support him or her unconditionally.
7. Catch your child being good and give immediate positive feedback.

Common Daily Problems

It is very hard to get my child ready for school in the morning.

- Create a consistent and predictable schedule for rising and getting ready in the morning.
- Set up a routine so that your child can predict the order of events. Put this routine in writing or in pictures on a poster for your child. Schedule example:

  Alarm goes off → Brush teeth → Wash face → Get dressed → Eat breakfast → Take medication → Get on school bus

- Reward and praise your child! This will motivate your child to succeed. Even if your child does not succeed in all parts of the "morning routine," use praise to reward your child when he or she is successful. Progress is often made in a series of small steps!
- If your child is on medication, try waking your child up 30 to 45 minutes before the usual wake time and give him or her the medication immediately. Then allow your child to "rest" in bed for the next 30 minutes. This rest period will allow the medication to begin working and your child will be better able to participate in the morning routine.

My child is very irritable in the late afternoon/early evening. *(Common side effect of stimulant medications)*

- The late afternoon and evening is often a very stressful time for all children in all families because parents and children have had to "hold it all together" at work and at school.
- If your child is on medication, your child may also be experiencing "rebound"—the time when your child's medication is wearing off and ADHD symptoms may reappear.
- Adjust your child's dosing schedule so that the medication is not wearing off during a time of "high demand" (for example, when homework or chores are usually being done).
- Create a period of "downtime" when your child can do calm activities like listen to music, take a bath, read, etc.
- Alternatively, let your child "blow off extra energy and tension" by doing some physical exercise.
- Talk to you child's doctor about giving your child a smaller dose of medication in the late afternoon. This is called a "stepped down" dose and helps a child transition off of medication in the evening.

My child is losing weight or not eating enough. *(Common side effects of stimulant medication use)*

- Encourage breakfast with calorie-dense foods.
- Give the morning dose of medication after your child has already eaten breakfast. Afternoon doses should also be given after lunch.
- Provide your child with nutritious after-school and bedtime snacks that are high in protein and in complex carbohydrates. Examples: Nutrition/protein bars, shakes/drinks made with protein powder, liquid meals.
- Get eating started with any highly preferred food before giving other foods.
- Consider shifting dinner to a time later in the evening when your child's medication has worn off. Alternatively, allow your child to "graze" in the evening on healthy snacks, as he or she may be hungriest right before bed.
- Follow your child's height and weight with careful measurements at your child's doctor's office and talk to your child's doctor.

Homework Tips

- Establish a routine and schedule for homework (a specific time and place.) Don't allow your child to wait until the evening to get started.
- Limit distractions in the home during homework hours (reducing unnecessary noise, activity, and phone calls, and turning off the TV).
- Praise and compliment your child when he or she puts forth good effort and completes tasks. In a supportive, noncritical manner, it is appropriate and helpful to assist in pointing out and making some corrections of errors on the homework.
- It is not your responsibility to correct all of your child's errors on homework or make him or her complete and turn in a perfect paper.
- Remind your child to do homework and offer incentives: "When you finish your homework, you can watch TV or play a game."
- If your child struggles with reading, help by reading the material together or reading it to your son or daughter.
- Work a certain amount of time and then stop working on homework.

"Common Daily Problems" adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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- Many parents find it very difficult to help their own child with schoolwork. Find someone who can. Consider hiring a tutor! Often a junior or senior high school student is ideal, depending on the need and age of your child.

Discipline

- Be firm. Set rules and keep to them.
- Make sure your child understands the rules, so he or she does not feel uninformed.
- Use positive reinforcement. Praise and reward your child for good behavior.
- Change or rotate rewards frequently to maintain a high interest level.
- Punish behavior, not the child. If your child misbehaves, try alternatives like allowing natural consequences, withdrawing yourself from the conflict, or giving your child a choice.

Taking Care of Yourself

- Come to terms with your child's challenges and strengths.
- Seek support from family and friends or professional help such as counseling or support groups.
- Help other family members recognize and understand ADHD.

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Medication Management Information

Stimulant medication and dosage: Based on the patient's daily schedule and response to medication. Measure at baseline and periodically monitor: Height, weight, blood pressure, pulse, sleep, appetite, mood, tics, family goals, and side effects.

Stimulant Medications - Immediate Release

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects*
Mixed salts of amphetamine (Dextroamphetamine/ Levoamphetamine)	• Adderall Tablets *(scored)*:5 mg (blue), 10 mg (blue), 20 mg (pink), and 30 mg (pink)	Start with 5 mg 1–2 times per day and increase by 5 mg each week until good control achieved. Maximum Recommended Daily Dose: 40 mg **Do not use in patients with Cardiac disease**	About 4–6 hours depending on dose
Dextroamphetamine	• Dexedrine Tablet: 5 mg (orange) •Dextrostat Tablet *(scored)*:5 mg (yellow) and 10 mg (yellow)	Tablet: Start with 5 mg 1–2 times per day and increase by 5 mg each week until good control achieved. Maximum Recommended Daily Dose: 40 mg	Tablet: 4–5 hours
Methylphenidate	• Ritalin Tablets *(scored)*:5, 10, and 20 mg •Methylin Tablets *(scored)*:5, 10, and 20 mg •Focalin Tablets: 2.5, 5, and 10 mg	Start with 5 mg (2.5 mg for Focalin) 1–2 times per day and increase by 5 mg each week until good control is achieved. May need third reduced dose in the afternoon. Maximum Recommended Daily Dose: 60 mg	3–4 hours

Stimulant Medications Sustained Release, continued on side 2

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects*
Mixed salts of amphetamine (Dextroamphetamine/ Levoamphetamine)	• Adderall XR Capsule *(can be sprinkled)*: 10 mg (blue/blue), 20 mg (orange/orange), and 30 mg (natural/orange)	Start at 10 mg in the morning and increase by 10 mg each week until good control is achieved. Maximum Recommended Daily Dose: 40 mg **Do not use in patients with Cardiac disease**	8–12 hours
Dextroamphetamine	• Dexedrine Spansule Spansule *(can be sprinkled)*:5, 10, and 15 mg (orange/black)	Start at 5 mg in the morning and increase by 5 mg each week until good control is achieved. Maximum Recommended Daily Dose: 45 mg	8–10 hours
Methylphenidate	• Concerta Capsule *(noncrushable)*: 18, 27, 36, and 54 mg	Start at 18 mg each morning and increase by 18 mg each week until good control is achieved. Maximum Recommended Daily Dose: 72 mg	8–12 hours
	• Ritalin SR Tablet: 20 mg SR (white) • Ritalin LA Capsule *(can be sprinkled)*: 20, 30, and 40 mg	Start at 20 mg in the morning and increase by 20 mg each week until good control is achieved. May need second dose or regular methylphenidate dose in the afternoon. Maximum Recommended Daily Dose: 60 mg	4–8 hours

*These are estimates, as duration may vary with individual child.

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Stimulant Medications Sustained Release, continued

Active Ingredient	Drug Name	Dosing	Duration of Behavioral Effects
Methylphenidate (cont.)	•Metadate ER Tablet: 10 and 20 mg extended release •Methylin ER Tablet: 10 and 20 mg extended releases	Start at 10 mg each morning and increase by 10 mg each week until good control is achieved. May need second dose or regular methylphenidate dose in the afternoon. Maximum Recommended Daily Dose: 60 mg	4–8 hours
	•Metadate CD Capsule: 10, 20, and 30 mg extended release *(can be sprinkled)*:.	Start at 10 mg each morning and increase by 10mg mg each week until good control is achieved Maximum Recommended Daily Dose: 60 mg	4–8 hours

Contraindications and Side Effects

Active Ingredient	Contraindications *(Stimulants can be used in children with epilepsy.)*
Mixed salts of amphetamine	MAO Inhibitors within 14 days Glaucoma, Cardiovascular disease, Hyperthyroidism Moderate to severe hypertension
Dextroamphetamine	MAO Inhibitors within 14 days Glaucoma
Methylphenidate	MAO Inhibitors within 14 days Glaucoma Preexisting severe gastrointestinal narrowing Caution should be used when prescribing concomitantly with anticoagulants, anticonvulsants, phenylbutazone, and tricyclic antidepressants
Common Side Effects: • Decreased appetite • Sleep problems • Transient headache • Transient stomachache • Behavioral rebound	
Infrequent Side Effects: • Weight loss • Increased heart rate, blood pressure • Dizziness • Growth suppression • Hallucinations/mania • Exacerbation of tics and Tourette syndrome (rare)	
Possible Strategies for Common Side Effects: (If one stimulant is not working or produces too many adverse side effects, try another stimulant before using a different class of medications.) Decreased Appetite Behavioral Rebound Irritability/Dysphoria • Dose after meals • Try sustained-release stimulant • Decrease dose • Frequent snacks medication • Try another stimulant medication • Drug holidays • Add reduced dose in late afternoon • Consider coexisting conditions, especially depression Sleep Problems Exacerbation of Tics (rare) Psychosis/Euphoria/Mania/Severe • Bedtime routine • Observe Depression • Reduce or eliminate afternoon dose • Reduce dose • Stop treatment with stimulants • Move dosing regimen to earlier time • Try another stimulant or class of • Referral to mental health specialist • Restrict or eliminate caffeine medications	

Non Stimulant Medications

Active Ingredient	Drug Name	Dosing
Atomoxetine HCL	Strattera Capsule: 10mg, 18mg, 25mg, 40 mg, 60mg	Start as a single daily dose, based on weight, 0.5mg/kg/day for the first week then increase up to a max 1.4 mg/kg/day all given in 1 daily dose.

*These are estimates, as duration may vary with individual child. Note: Drugs listed on this handout do not appear in any order of importance.

ADHD Resources Available on the Internet

ADHD Information

About Our Kids
http://www.aboutourkids.org/articles/about_adhd.html

ADDitude Magazine for People With ADHD
http://www.additudemag.com

ADDvance Online Resource for Women and Girls With ADHD
http://www.addvance.com

American Academy of Family Physicians (AAFP)
http://www.aafp.org

American Academy of Pediatrics (AAP)
http://www.aap.org

American Medical Association (AMA)
http://www.ama-assn.org

Attention-Deficit Disorder Association (ADDA)
http://www.add.org

Attention Research Update Newsletter
http://www.helpforadd.com

Bright Futures
http://www.brightfutures.org

Center for Mental Health Services Knowledge Exchange Network
http://www.mentalhealth.org

Children and Adults With Attention-Deficit/Hyperactivity Disorder (CHADD)
http://www.chadd.org

Comprehensive Treatment for Attention-Deficit Disorder (CTADD)
http://www.ctadd.com

Curry School of Education (University of Virginia) ADD Resources
http://teis.virginia.edu/go/cise/ose/categories/add.html

Intermountain Health Care
http://www.ihc.com/xp/ihc/physician/clinicalprograms/primarycare/adhd.xml

National Center for Complementary and Alternative Medicine (NCCAM)
http://nccam.nih.gov

National Institute of Mental Health (NIMH)
http://www.nimh.nih.gov/publicat/adhdmenu.cfm

Northern County Psychiatric Associates
http://www.ncpamd.com/adhd.htm

One ADD Place
http://www.oneaddplace.com

Pediatric Development and Behavior
http://www.dbpeds.org

San Diego ADHD Web Page
http://www.sandiegoadhd.com

Vanderbilt Child Development Center
http://peds.mc.vanderbilt.edu/cdc/rating~1.html

Educational Resources

American Association of People With Disabilities (AAPD)
http://www.aapd.com

Consortium for Citizens With Disabilities
http://www.c-c-d.org

Council for Learning Disabilities
http://www.cldinternational.org

Education Resources Information Center (ERIC)
http://ericir.syr.edu

Federal Resource Center for Special Education
http://www.dssc.org/frc

Internet Resource for Special Children
http://www.irsc.org

Learning Disabilities Association of America
http://www.ldanatl.org

National Information Center for Children and Youth With Disabilities (NICHCY)
http://www.nichcy.org

Parent Advocacy Coalition for Educational Rights (PACER) Center
http://www.pacer.org

SAMSHSA
http://www.disabilitydirect.gov

SandraRief.com
http://sandrarief.com

TeachingLD
http://www.dldcec.org

US Department of Education
http://www.ed.gov

Please note: Inclusion in this publication does not imply an endorsement by the American Academy of Pediatrics or the National Initiative for Children's Healthcare Quality. The AAP and NICHQ are not responsible for the content of these resources. Web site addresses are as current as possible, but may change at any time.

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Rev06/02

Working With Your Child's School

Why Is My Child Having Trouble in School?

It is very common for children with ADHD to have difficulties in school. These problems can occur for several reasons:

- Symptoms of ADHD like **distractibility and hyperactivity** make it hard for children with ADHD to pay attention or stay focused on their work, even though they may be capable learners and bright enough to understand the material.
- Many children with ADHD also have **trouble organizing** themselves, breaking an assignment down into smaller steps, and staying on a schedule.
- Some children with ADHD have **difficulty with self-control** and get into trouble with peers and/or teachers.
- Many children with ADHD also have **a learning disability.** Schools usually define a learning disability as a discrepancy between a child's IQ score and his or her performance on achievement tests. A child with a learning disability has difficulty understanding information he or she sees or hears OR trouble putting together information from different parts of the brain.
- Children with ADHD often **can learn material but it may take longer** and require more repetition.
- Children with ADHD often show **inconsistency in their work** because of their ADHD; one day they may know information and the next day they cannot seem to remember it.

Typical School Performance Difficulties Associated With ADHD

- Poor organization and study skills
- Weaknesses in written language/writing skills
- Minimal/inconsistent production and output (both in-class assignments and homework)
- Behavior that interferes with learning and impacts on interpersonal relationships
- Immature social skills

What Can I Personally Do to Help?

There are many different ways that a parent's participation can make a difference in a child's school experience, including:

- **Spending time** in the classroom, if your work schedule allows, and observing your child's behavior.
- **Talking with your child's teacher** to identify where your child is having the most problems.
- Working with your child's teacher to make a **plan** for how you will address these problems and what strategies at school and home will help your child be successful at learning and completing work.
- **Acknowledging the extra efforts your child's teacher** may have to make to help your child.
- **Reading all you can about ADHD** and sharing it with your child's teacher and other school officials.
- **Becoming an expert on ADHD and your child.**
- **Finding out about tutoring options** through your child's school or local community groups. Children with ADHD may take longer to learn material compared with other children even though they are just as smart. Tutoring may help your child master new materials.
- **Making sure your child actually has mastered** new material presented so that he or she does not get behind academically.
- **Acknowledging how much harder** it is for your child to get organized, stay on task, complete assignments, and learn material compared with other children. Help your child to get organized, break tasks down into smaller pieces, and expend his or her excess physical energy in ways that are "okay" at home and in the classroom.
- **Praising your child** and rewarding him or her for a job well done immediately after completing tasks or homework.
- **Joining a support group** for parents of children with ADHD or learning disabilities. Other parents may help you with ideas to help your child.

Another good way to get help from your school is to **determine if your school has a regular education process that helps teachers with students who are having learning or behavioral problems that the teacher has been unsuccessful in solving.** The process differs in various school districts and even among different schools in the same district. Some of the names this process may go by include Student Study Team (SST), Instructional Support Team (IST), Pupil Assistance Team (PAT), Student Intervention Team (SIT), or Teacher Assistance Team (TAT).

Parents are encouraged to request a meeting on their child to discuss concerns and create a plan of action to address their child's needs. In addition to the child's teacher, members of the team may include the child, the parents, a mentor teacher or other teachers, the principal, the school nurse, the resource specialist, a speech and language specialist, or a counselor or psychologist. The team members meet to discuss the child's strengths and weaknesses, the child's progress in his or her current placement, and the kinds of problems the child is having. The team members "brainstorm" to develop a plan of action that documents the kinds of interventions that will help the child, the timeline for the changes to take place, and the school staff responsible for the implementation of the team's recommendations.

The team should also come up with a plan to monitor the child's progress. A follow-up meeting should be scheduled within a reasonable time frame (usually 4 to 6 weeks) to determine whether the team's interventions are actually helping the child in the areas of difficulty.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project.

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What Can I Do When My Child Has Problems With Sleep?

Many children with ADHD have difficulty sleeping at night, whether or not they are on medication. This is partially related to the ADHD; parents often describe their children as being "on the go" and collapsing late at night. It may also be due to the fact that stimulant medication has worn off, making it more difficult for them to manage their behavior. Lastly, some children have difficulty falling asleep because the stimulants affect them the same way caffeine affects adults.

Here are a few tips:

- **Develop bedtime rituals/routines.**
  - ☐ A bedtime ritual is a powerful sign that it is time to sleep. It needs to be simple so the child can "re-create" the ritual even if the parent is not present.
  - ☐ Try writing out the bedtime ritual to make it consistent.
- **Pay attention to the sleep environment.**
  - ☐ Background noises, location, sleep partners, bedding, favorite toys, and lighting can all affect a child's ability to fall asleep.
  - ☐ A cool, dark, quiet room is best.
- **Letting children cry themselves to sleep is not recommended.**
  - ☐ Teach them to soothe themselves, such as giving the child a special blanket, a picture of the parent(s), or a stuffed animal to hold while falling asleep.
  - ☐ Avoid activities that depend on a parent's presence, including rocking or holding the child until he or she falls asleep.
- **Make the bedroom a sleep-only zone.**
  - ☐ Remove most toys, games, televisions, computers, and radios from your child's bedroom if your child is having trouble falling asleep or is often up at night.
  - ☐ One or two stuffed animals are acceptable.
- **Limit time in bed.**
  - ☐ Hours spent awake in bed interfere with good sleep patterns; the goal is to make the child's bed a place for sleeping only.
  - ☐ Be aware of how much sleep children need at different ages. Even though adults need about 8 hours of sleep, infants and toddlers often sleep more than 12 hours and children usually sleep 10 hours. Teenagers also need lots of sleep, sometimes requiring 9 hours or more.
- **Establish consistent waking times.**
  - ☐ Bedtimes and waking times should be the same 7 days a week.
  - ☐ It is easier to enforce a waking time than a bedtime.
- **Avoid drinks with caffeine.**
  - ☐ Caffeine is present in a wide range of beverages, such as tea, soda, cocoa, and coffee. Drinking these beverages past the afternoon may make it more difficult for your child to settle down to sleep.
- **Establish daytime routines.**
  - ☐ Regular mealtimes and activity times, including playtime with parents, also help set sleep times.
- **Chart your child's progress.**
  - ☐ Praise your child for successful quiet nights.
  - ☐ Consider marking successful nights on a star chart and providing rewards at the end of the week.
- **Waking up at night is a habit.**
  - ☐ Social contact with parents, feeding, and availability of interesting toys encourage the child to be up late, so set limits on attention-getting behaviors at night.
- **Consider medical problems.**
  - ☐ Allergy, asthma, or conditions that cause pain can disrupt sleep. If your child snores loudly and/or pauses in breathing, talk to your doctor.
- **Try medications to help your child sleep only under the care of your child's doctor.**
  - ☐ Medications need to be used very carefully in young children. Many medications can have complications and make sleep worse.
  - ☐ Some children with ADHD may actually be helped by a small dose of a stimulant medication at bedtime. Paradoxically, this dose may help a child to get organized for sleep.
  - ☐ Some children may ultimately need other bedtime medications—at least for a little while—to help improve sleep. Talk with your doctor before starting any over-the-counter or prescription medications.

Adapted from material developed by Laurel K. Leslie, MD, San Diego ADHD Project, and from material developed by Henry L. Shapiro, MD, FAAP, for the Pediatric Development and Behavior Web site (www.dbpeds.org).

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D6 NICHQ Vanderbilt Assessment Follow-up—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 last assessment scale was filled out. 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. 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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

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

Revised - 0303

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D6 NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Side Effects: Has the 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				

Explain/Comments:

For Office Use Only

Total Symptom Score for questions 1–18: _____

Average Performance Score: _____

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

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11-22/rev0303

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

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

Revised - 1102

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:

Signature: Date:

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 19–26: _____

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: _____