

3171 N.E. Carnegie Drive, Suite A
Lee's Summit, MO 64064
P: (816) 525-2800 F: (816) 525-4077
www.summitdoctors.com



Dear Parent,

Thank you for contacting our office to request an evaluation for your child's behavioral health.

We value being a part of your child's success in school, at home, and in life. If your child is struggling with symptoms such as hyperactivity, forgetfulness, impulsivity, distractibility and is having difficulty with attention at home or school, they need to complete a full evaluation for diagnosis and management.

To begin the evaluation, we are including screening questionnaires to assess behavior at home and in the classroom. Each section will be clearly marked to be filled out by parent(s) or teacher(s).

Forms included in this packet:

- Behavioral & ADHD Screening Intake Form
- Vanderbilt Assessment Scale
 - Parent (2) Teacher (1+)
- SCARED Anxiety Assessment (ages 8-18, to be filled out by the child and each parent)
- PHQ-9 Assessment (ages 12 and older, to be filled out by the child)
- GAD-7 Assessment (ages 12 and older, to be filled out by the child)

These forms need to be completed in their entirety and submitted as one COMPLETE packet by a parent. In addition, please also send the following if applicable:

- Copies of report/grade cards
- Notes & emails from teachers
- Copies of homework or assignments (if learning is a concern)
- Copies of any previous evaluations including IEP (Individualized Education Plan) or 504 plans

To submit completed paperwork, please fax to (816) 525-4077, upload to your child's patient portal, or deliver to the office. Please include attention ADHD coordinator. We also ask for your patience as we score and review your child's returned forms. We will contact you to schedule a behavioral consult once these are reviewed by your physician.

Diagnosing ADHD requires a tremendous amount of background information and management of this chronic disorder requires follow up at designated intervals in the office. We understand that your time is important, please consider making all follow up appointments well in advance. Your child's yearly well visit also needs to be completed separately to allow for a thorough exam and focus on overall health.

Kindest regards,

Tamara Peterson, DO

Sara Myers, MD

Quyen Dam, MD

Mandi Menard, DO

Kailey Wilson, DO

Adam Grumke, MD

CURRENT MEDICATIONS:

PRESCRIPTION _____

OVER THE COUNTER _____

SUPPLEMENTS _____

PRENATAL HISTORY LIST ALL OF MOTHER'S PREGNANCIES – INCLUDE MISCARRIAGES

YEAR	SEX	LENGTH OF PREGNANCY	BIRTH WEIGHT	VAGINAL/ C-SECTION	COMPLICATIONS
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____

PAST MEDICAL HISTORY

PRENATAL: CHECK ANY OF THE FOLLOWING WHICH OCCURRED DURING THE PREGNANCY OF THIS CHILD:

- ___ HIGH BLOOD PRESSURE ___ HIGH FEVER ___ HOSPITALIZATION
- ___ INFLUENZA ___ VAGINAL BLEEDING ___ ACCIDENTS / FALLS
- ___ INFECTIONS ___ AMNIOCENTESIS

CHECK ANY MEDICATIONS / SUBSTANCES USED DURING THE PREGNANCY OF THIS CHILD:

- ___ ANTIBIOTICS ___ PRENATAL VITAMINS ___ OTC COLD MEDICINE
- ___ SEIZURE MEDICATION ___ THYROID MEDICATION ___ TOBACCO
- ___ MARIJUANA ___ ALCOHOL ___ AMPHETAMINES
- ___ COCAINE ___ OTHER _____

BIRTH HISTORY: WAS THIS CHILD BORN PREMATURE? YES / NO

IF YES, WHAT WAS GESTATION _____ WEEKS _____ DAYS MATERNAL AGE AT DELIVERY _____

APGAR SCORES: 1 MIN _____ 5 MIN _____ LABOR: _____ INDUCED _____ SPONTANEOUS _____ GENERAL ANESTHESIA

NEWBORN PROBLEMS:

- ___ ANEMIA ___ JAUNDICE ___ PHOTOTHERAPY ___ NEEDED OXYGEN ___ INFECTION
- ___ HOSPITALIZED IN NICU OR SPECIALTY CARE OR ANY VENTILATOR USE? _____

PREVIOUS DIAGNOSIS

- ___ CHRONIC EAR INFECTIONS ___ HEARING PROBLEMS ___ ASTHMA
- ___ EYE PROBLEMS ___ SINUS INFECTIONS ___ TIC DISORDER
- ___ MENINGITIS ___ SEIZURES ___ PROLONGED OR HIGH FEVER
- ___ IRON DEFICIENCY ___ HEART MURMUR ___ HEART PALPITATIONS
- ___ HIGH BLOOD PRESSURE ___ HEADACHES ___ ENLARGEMENT OF ADENOIDS/TONSILS
- ___ ABDOMINAL PAIN ___ CHRONIC CONSTIPATION ___ CHRONIC DIARRHEA
- ___ HEAD TRAUMA / CONCUSSION ___ SPEECH / LANGUAGE DELAYS OR DIFFICULTIES

PAST SURGICAL HISTORY

SURGERY PERFORMED

DATE OF SURGERY

NAME OF SURGEON AND/OR FACILITY

_____/_____/_____
_____/_____/_____

STRESSORS (FAMILY STRESS OR PROBLEMATIC RELATIONSHIPS, BULLYING, SOCIAL PRESSURES, ETC)

IF ANY PLEASE EXPLAIN _____

DEVELOPMENT AGE OF CHILD NOW: _____ (INDICATE BELOW WHEN YOUR CHILD WAS ABLE TO PERFORM EACH SKILL)

____ SAT WITHOUT SUPPORT ____ SPOKE SINGLE WORDS ____ TIED SHOELACES
____ CRAWLED ____ UNDRESSED SELF ____ FED SELF WITH SPOON
____ WALKED ____ PEDALED TRICYCLE ____ SPOKE SENTENCES

WAS HE/SHE A "CUDDLY" BABY? _____ WAS HE/SHE AN "ACTIVE" BABY? _____

WAS HE/SHE A "COLIC" BABY? _____

TOILET TRAINING: AGE WHEN TOILET TRAINING WAS STARTED _____ AGE COMPLETED _____

DOES YOUR CHILD HAVE ACCIDENTS DURING THE DAY OR NIGHT? _____

SLEEP HABITS:

AGE CHILD BEGAN SLEEPING THROUGH THE NIGHT _____

CURRENT BEDTIME _____ CURRENT WAKE UP TIME _____ WHERE DOES CHILD SLEEP _____

ANY CHANGES IN SLEEP IN THE PAST 6 MONTHS? _____

____ NIGHT WAKING ____ NIGHTMARES OR NIGHT TERRORS ____ SLEEPWALKING ____ RESTLESS SLEEP
____ DIFFICULTY FALLING ASLEEP ____ APNEA (PAUSE IN BREATHING) ____ DAYTIME SLEEPINESS

____ WHAT ELECTRONICS ARE IN BEDROOM? _____

APPETITE:

____ EATS CONSTANTLY ____ AVERAGE ____ PICKY EATER ____ CAFFEINE USE

____ WEIGHT LOSS OR WEIGHT GAIN, WHY? _____

PROBLEMS AT MEALTIME: _____

JOBS/RESPONSIBILITIES

____ CHORES: PLEASE LIST _____

DOES YOUR CHILD COMPLY WITH DOING RESPONSIBILITIES AND CHORES? _____

PLAY

WHO ARE YOUR CHILD'S BEST FRIENDS? _____

IS YOUR CHILD THE BEST FRIEND OF SOMEONE ELSE? _____

FAVORITE ACTIVITIES _____

DISCIPLINE

_____ SPANKING _____ TIME OUT _____ SEND TO ROOM _____ WITHHOLD PRIVILEGES _____ REASONING

WHAT METHOD IS MOST EFFECTIVE? _____

DO PARENTS AGREE ON DISCIPLINE? EXPLAIN _____

ACEDMIC HISTORY

CHILD'S BEHAVIOR

PRESCHOOL	_____ GOOD	_____ AVERAGE	_____ POOR
KINDERGARTEN	_____ GOOD	_____ AVERAGE	_____ POOR
GRADES 1-3	_____ GOOD	_____ AVERAGE	_____ POOR
CURRENT GRADE	_____ GOOD	_____ AVERAGE	_____ POOR

_____ SCHOOL FAILURE OR REPEATED GRADE LEVEL _____ PROBLEM WITH PREFORMANCE ON STANDARDIZED TESTS

_____ CONCERN FOR LEARNING DISABILITY _____ DETENTION, SUSPENSION, OR EXPULSION

DOES YOUR CHILD HAVE OR EVER HAD AN IEP (INDIVIDUALIZED EDUCATION PLAN) OR A 504 PLAN? _____ YES _____ NO

IF YES, WHEN WAS IT LAST UPDATED? _____

REVIEW OF SYSTEMS HAS YOUR CHILD EVER HAD OR CURRENTLY HAVE ANY OF THE FOLLOWING (elaborate please):

CARDIAC:

_____ CHEST PAIN _____ SHORTNESS OF BREATH WITH EXERCISE _____ PALPITATIONS

_____ FAINTING / DIZZINESS WITH EXERCISE _____ UNEXPLAINED OR NOTICABLE CHANGE IN EXERCISE TOLERANCE

NEUROLOGIC:

_____ RESTLESS LEG SYNDROME OR PERIODIC LIMB MOVEMENT DISORDER _____ SEIZURES

_____ LEARNING DIFFICULTIES _____ DEVELOPMENTAL DELAY

PSYCHIATRIC:

_____ ANXIETY _____ DEPRESSION _____ OPPOSITIONAL-DEFIANT DISORDER _____ CONDUCT DISORDER

_____ DISRUPTIVE BEHAVIOR _____ SUICIDAL THOUGHTS/ACTIONS _____ DELUSIONS _____ MOOD INSTABILITY

_____ SUBSTANCE USE (CIGARETTES, ALCOHOL, DRUGS, PRESCRIPTION MEDICATIONS)

Comments on above items: _____

PREVENTATIVE SCREENINGS

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING STUDIES?

_____ EKG _____ ECHOCARDIOGRAM _____ GENETIC SCREENING _____ SLEEP STUDY

IF SO, WHERE? _____

FAMILY MEDICAL HISTORY

	YES	NO	WHO? Mother (of patient), Father (of patient) Sibling (specify who), Maternal / Paternal Grandfather or grandmother (of patient), Maternal / Paternal Aunt or Uncle (of patient)	Comments: Age diagnosed (if known)
ADHD				
ANEMIA				
ARRYTHMIA				
ASTHMA				
CANCER (specific type)				
CARDIOMYOPATHY				
CONGENITAL BIRTH DEFECTS (specify)				
DEVELOPMENTAL DISABILITY				
DIABETES (specify type)				
DRUG ALLERGY				
HIGH BLOOD PRESSURE				
HIGH CHOLESTEROL				
HEART DISEASE (details if known)				
HEART ATTACK				
KIDNEY DISEASE				
LEARNING DELAY OR DISABILITY				
MENTAL ILLNESS/DEPRESSION (specify)				
MIGRAINES				
SEIZURES				
STROKE				
SUBSTANCE USE/ABUSE				
SUDDEN DEATH <35 YEARS OF AGE				
THYROID DISORDERS (specify type)				
OTHER:				

**CLINICAL CARDIAC SCREEN PRIOR TO INITIATING STIMULANT PRESCRIPTION
MEDICATION**

The following clinical screen is unofficial and not formally endorsed, but is used by some pediatric psychiatrists when screening patients for whom initiation of psycho-stimulant medication is being considered in treating ADHD

Respond with yes or no if you're not sure mark a 0

_____ At any time in your child's life, has any doctor told you that your child has an abnormality of the heart?

_____ Has your child had an illness that affected the heart? If so, what was the illness?

_____ At any time, has any doctor told you there is a heart murmur? If yes, what was done about it? _____

_____ Has your child complained about the heart skipping beats?

_____ Has any doctor said your child has irregular heartbeats?

_____ Has your child fainted; if yes, how many times? _____

_____ Do any blood relatives have heart trouble? If yes, what kind and who? _____

_____ Do any blood relatives have trouble with irregular heartbeats? If yes, do they take medication or wear a pacemaker? _____

What is their age? _____

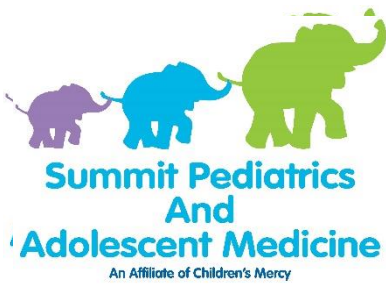
_____ Have any blood relatives died suddenly? At what age and who?

_____ Cause of death (if known) _____

*Source: Child Psychopharmacology listserv - contributing Child/Adolescent Psychiatrist
May 12, 2009*

Transcribed by Samuel Zinner, MD – University of Washington

CAUTION: Neither Dr. Zinner nor any member of the Child Psychopharmacology listserv is not responsible for the contents of this screening instrument. This screening tool has been provided only as a clinical suggestion prepared by an anonymous member the referenced listserv.



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ADHD MEDICATION RULES

- ✓ Medications used to treat attention deficit disorders are controlled medications requiring a written or electronic prescription.
- ✓ CMSP physicians WILL NOT replace lost/misplaced prescriptions for ADHD medications.
- ✓ Renewals for ADHD prescriptions require at least a **72-hour notice** to allow sufficient time to e-prescribe the prescriptions as well as to allow time for the pharmacy to fill the prescription and possibly order your specific medication. Generally, 3-4 electronic prescriptions will be sent to the pharmacy of your choice once patient is stable on medication. Please contact the pharmacy to obtain your refills. After your last refill, then please contact Summit Pediatrics to obtain another set of refills or to schedule an office visit if necessary.
- ✓ ADHD Medications may cause weight loss, so we **MUST** monitor your child's weight periodically.

ADHD APPOINTMENT/FOLLOW-UP OUTLINE AND RULES

- ✓ All ADHD appointments are scheduled with the physician who writes your child's ADHD prescriptions.
- ✓ A "NO-SHOW" for an ADHD appointment may result in your child running out of medication. Each physician has a limited number of ADHD appointments available. It is imperative that you honor scheduled appointments.
- ✓ Your **INSURANCE COMPANY'S RULES** related to Co-Pays, Co-Insurance and/or deductibles apply to all ADHD physician visits and ADHD Weight Checks.

WHEN WILL MY CHILD NEED A FOLLOW-UP APPOINTMENT?

3 weeks	After starting a new medication, to evaluate dosage, side-effects and provide additional prescriptions. May need to continue monthly visits until your child is stable on a medication dose.
3 MONTHS Once stable	Weight check and obtain additional prescriptions. This is important for compliance with drug monitoring even if your child is not completely out of medication.
6 MONTHS Once stable	An interval visit with your child's prescribing physician. Includes weight check, evaluation of side-effects, effectiveness of medication dosage and providing additional prescriptions.
12 MONTHS	Annual re-evaluation of status of ADHD, medication effectiveness, side effects, etc. This visit is with the prescribing physician; good to schedule in summer. This is not generally combined with annual well check.

I understand that if I fail to comply with this agreement, the physician may discontinue medication and/or treatment.

Patient Name: _____ DOB: _____

Parents signature: _____ Date: _____

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.

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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:

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: _____



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

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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:

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: _____



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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HE0351

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	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
Academic Performance					
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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