MEDICAL INFORMATION

DEAR PARENT(S): We are asking you to complete this form to help us understand your questions and concerns and to better understand your child. Some of the information requested may not seem related to your child or his/her problems, but often such seemingly unrelated information becomes very important in our understanding of your concerns. You may not immediately remember the answers to all of the questions, but please try to answer as many as possible.

PART I - IDENTIFYING INFORMATION

CHILD'S NAME	DATE OF BIRTH
PERSON COMPLETING THIS FORM	TODAY'S DATE

PART II - REASONS FOR EVALUATION

Who referred your child for evaluation? _____

Please list the problems, questions or concerns for which you want help for your child. Also, please indicate *when the problem(s) were first noticed.*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What do you think might be the reason(s) for your child's problem?

Did a specific event lead you to request this evaluation at this time? If yes, please explain.

How do you think we may be able to help you and your child?

Has the child had previous evaluation or treatments for the problems? ☐ Yes ☐ No
If yes, where and when? Please attach any available reports.

PART III - MEDICAL HISTORY

Section A - Pregnancy History (NOTE: This information relates to natural (biological) parent)

WAS THE PREGNANCY WITH THIS CHILD PLANNED? ☐ YES ☐ NO	ANY DIFFICULTY BECOMING PREGNANT? ☐ YES ☐ NO	MONTH OF PREGNANCY WHEN STARTED PRENATAL CARE	MOTHER'S AGE AT DELIVERY

MOTHER'S HEALTH DURING PREGNANCY *(check one)*

☐ GOOD ☐ FAIR ☐ POOR

DID MOTHER DRINK ALCOHOL OR USE DRUGS IN THE *MONTH* PRIOR TO DISCOVERING PREGNANCY? ☐ YES ☐ NO

PLEASE INDICATE AMOUNT OF ALCOHOL, DRUGS, OR CIGARETTES USED *DURING* PREGNANCY

	AMOUNT AND FREQUENCY	MONTH(S) OF PREGNANCY		AMOUNT AND FREQUENCY	MONTH(S) OF PREGNANCY
BEER OR WINE			CIGARETTES		
HARD LIQUOR			DRUGS		

LIST MEDICATIONS USED DURING PREGNANCY

DID MOTHER HAVE ANY OF THE FOLLOWING PROBLEMS DURING PREGNANCY? *(Check all that apply)*

- ☐ Vaginal bleeding or spotting
- ☐ High blood pressure or toxemia
- ☐ Rh factor incompatibility
- ☐ Serious injury or surgery
- ☐ Fever, rash, or infection *(especially rubella,cytomegalovirus, HIV)*
- ☐ Stresses or worries
- ☐ Hospitalization
- ☐ Prenatal monitoring or tests *(ultrasound amniocentesis, stress test, etc.)*
- ☐ Diabetes
- ☐ Seizures or convulsions
- ☐ Sexually transmitted disease
- ☐ Other problems *(specify)* _____

BABY'S MOVEMENTS WERE *(check one)* ☐ AVERAGE ☐ LESS ACTIVE OR WEAKER THAN EXPECTED ☐ MORE ACTIVE	WEIGHT GAIN BY MOTHER DURING PREGNANCY

Section B - Birth History

LENGTH OF PREGNANCY	LENGTH OF LABOR	LABOR WAS *(Check one)* ☐ EASY, NO PROBLEMS ☐ DIFFICULT *(Explain)*

TYPE OF DELIVERY ☐ NATURAL *(Vaginal)* ☐ C-SECTION ☐ FORCEPS	BABY'S POSITION ☐ HEAD DOWN *(Vertex)* ☐ LEGS OR BOTTOM DOWN *(Breech)*

WERE THERE ANY OF THEFOLLOWING PROBLEMS DURING LABOR OR DELIVERY? *(Check all that apply)*

- ☐ Premature rupture of membranes
- ☐ Failure of labor to progress
- ☐ Maternal fever
- ☐ Other complications or problems *(explain)* _____
- ☐ Abnormal bleeding
- ☐ Baby given oxygen
- ☐ Abnormalities noted at birth

BABY'S APGAR SCORES, IF KNOWN	BIRTH WEIGHT	LENGTH	HEAD CIRCUMFERENCE

Section C - Neonatal and Early Infancy History

DURATION OF MOTHER'S HOSPITAL STAY	DURATION OF BABY'S HOSPITAL STAY	BABY WAS ☐ BREAST FED UNTIL _____ *(AGE)* ☐ BOTTLE FED

WERE THERE ANY PROBLEMS WHILE THE BABY WAS IN THE HOSPTIAL? *(Check all that apply)*

- ☐ Needed Oxygen
- ☐ On ventilator
- ☐ Jaundice
- ☐ Seizures
- ☐ Birth defects
- ☐ Blood transfusion
- ☐ Feeding problems
- ☐ Abnormal muscle tone
- ☐ Infections/Meningitis
- ☐ Hyaline membrane disease
- ☐ Bleeding in brain or ventricles
- ☐ Problems with low blood sugar
- ☐ Problems feeding or growing
- ☐ Abnormal head ultrasound, CT scan
- ☐ Other problems *(explain)* _____

Section C - Neonatal and Early Infancy History (Continued)

IN THE FIRST SIX MONTHS, DID BABY HAVE ANY OF THE FOLLOWING? *(Check all that apply)*

- ☐ Excessively quiet/sleepy
- ☐ Excessively hyperactive or irritable
- ☐ Colicky
- ☐ Difficult to feed *(poor suck, spitting up, slow feeder)*
- ☐ Floppy muscle tone
- ☐ Stiff muscle tone
- ☐ Poor head control
- ☐ Poor eye contact
- ☐ Didn't like to be held/cuddled
- ☐ Abnormal response/interactions with people
- ☐ Difficult to calm down or comfort
- ☐ Sleep problems
- ☐ Other problems/concerns *(specify)* _____

DID PARENTS HAVE ANY PROBLEMS ADJUSTING TO NEW BABY? ☐ YES ☐ NO

Section D - Postnatal Health History

List any chronic or severe illnesses or medical problems your child has had that have required frequent care by a doctor or follow-up by a specialist.

List any HOSPITALIZATIONS since birth.

REASON	DATE/AGE	HOSPITAL

List any OPERATIONS since birth.

REASON	DATE/AGE	HOSPITAL

Serious injuries/accidents

Head injuries

Allergies

OVER THE PAST 12 MONTHS, CHILD'S GENERAL HEALTH HAS BEEN: *(Check one)* ☐ GOOD ☐ FAIR ☐ POOR

OVER THE PAST 12 MONTHS, HAS THERE BEEN ANY WORSENING OF YOUR CHILD'S OVERALL HEALTH? ☐ YES ☐ NO
IF YES, EXPLAIN

DO YOU HAVE ANY WORRIES ABOUT YOUR CHILD'S HEALTH? ☐ YES ☐ NO IF YES, EXPLAIN

Section D - Postnatal Health History (Continued)

HAS YOUR CHILD EVER HAD PROBLEMS WITH: *(Check all that apply)*

- ☐ Meningitis or encephalitis
- ☐ Loss of consciousness, coma, fainting
- ☐ Dizzy spells
- ☐ Sudden episodes of staring, confusion, altered awareness or responsiveness
- ☐ Seizures or epilepsy
- ☐ Excessive fatigue or daytime sleepiness
- ☐ Falling or staying asleep
- ☐ Contant nightime snoring or difficulty breathing
- ☐ Excessive weight gain
- ☐ Unusual movements (tremors, shaking, jerking, tics)
- ☐ Making odd noises, sounds (grunting, sniffing, throat-clearing, barking)
- ☐ Frequent stuttering or stammering
- ☐ Unusual walk or balance
- ☐ Weakness
- ☐ Poor coordination
- ☐ Ear infections
- ☐ Repeated or persistent respiratory problems (cough, asthma, pneumonia)
- ☐ Slow weight gain
- ☐ Slow height gain
- ☐ Trouble with hearing or vision
- ☐ Frequent headaches
- ☐ Frequent stomachaches
- ☐ Frequent vomiting or dehydration
- ☐ Excess sweating or poor tolerance of cold or heat
- ☐ Bowel problems (constipation, soiling underwear, frequent diarrhea)
- ☐ Kidney or urinary problems (infections, daytime wetting, nightime wetting)
- ☐ Anemia
- ☐ Heart problems
- ☐ Severe, frequent or unusual skin problems or rashes
- ☐ Problems with bones, muscles or joints

HAS CHILD: *(Check any that apply)*

- ☐ Lived in or regularly visited a house with peeling or chipping paint built before 1960
- ☐ Lived in or regularly visited a house build before 1960 with recent, ongoing, or planned renovation or remodeling
- ☐ Had siblings, housemate, or playmate who is followed or treated for lead poisoning
- ☐ Lived with adult whose job or hobby involves exposure to lead
- ☐ Lived near an active lead smelter, battery recycling plant, or other industry likely to release lead
- ☐ Been found to have a high blood lead level

MEDICATIONS CHILD IS TAKING AT THIS TIME

NAME	AMOUNT AND FREQUENCY

HAS CHILD EVER HAD A BAD REACTION TO A MEDICINE? ☐ YES ☐ NO

IF YES, EXPLAIN

ARE IMMUNIZATIONS UP TO DATE ☐ YES ☐ NO

PART IV - DEVELOPMENTAL HISTORY

HAVE YOU EVER BEEN WORRIED THAT YOUR CHILD'S DEVELOPMENT WAS SLOWER THAN IT SHOULD BE? ☐ YES ☐ NO
IF YES, EXPLAIN

HAVE YOU EVER BEEN WORRIED THAT YOUR CHILD HAS LOST SKILLS THAT HE/SHE USED TO HAVE? ☐ YES ☐ NO
IF YES, EXPLAIN

WHEN DID YOUR CHILD FIRST DO THE FOLLOWING: *(If you can recall, record age at which your child reached to following developmental milestones; if you cannot recall exactly, indicate early, late, or normal)*

MOTOR: ROLLED OVER _____ SAT WITHOUT HELP _____ CRAWLED _____ WALKED ALONE _____
RODE A TRICYCLE _____ RODE A BICYCLE _____

LANGUAGE: SMILED WHEN TALKED TO _____ FIRST WORDS *(other than mamaldada)* _____
PUT TWO WORDS TOGETHER _____ USED FULL SENTENCES _____ SPOKE CLEARLY _____

SELF-HELP: DRANK FROM CUP _____ USED SPOON _____ BOWEL CONTROL _____
BLADDER CONTROL *(day)* _____ BLADDER CONTROL *(night)* _____ DRESSED SELF WITHOUT HELP _____

SOCIAL/PLAY: USED TOYS IN PRETEND PLAY *(e.g., talk on toy phone, feed dolls, etc.)* _____ PLAYED WITH OTHERS _____

PART V - CURRENT SKILLS

AT WHAT AGE LEVEL DOES YOUR CHILD'S DEVELOPMENT SEEM CLOSEST TO *(for children below 6 years)*?

HOW WOULD YOU RATE YOUR CHILD'S OVERALL LEVEL OF INTELLIGENCE?
☐ BELOW AVERAGE ☐ AVERAGE ☐ ABOVE AVERAGE

PLEASE CHECK THE COLUMN THAT BEST DESCRIBES YOUR CHILD COMPARED TO OTHERS OF THE SAME AGE:

SKILL OR ABILITY	HAS GREAT DIFFICULTY	HAS SOME DIFFICULTY	DOES PRETTY WELL	DOES VERY WELL
Throwing/Catching				
Running, jumping				
Athletic skills				
Balance				
Understanding spoken instructions				
Expressing self verbally				
Speaking clearly				
Reading				
Handwriting				
Spelling				
Math				
Completing homework				
Knowing how to study				

PART VI - SCHOOL HISTORY

HAS CHILD EVER BEEN IN SPECIAL EDUCATION? ☐ NO ☐ YES *(List year(s) and services)*

HAS CHILD EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? ☐ NO ☐ YES *(explain)*

HAS CHILD EVER RETAINED A GRADE OR HELD BACK? ☐ NO ☐ YES *(explain)*

GRADE	UNABLE TO PAY ATTENTION, STAY ON TASK, OR COMPLETE ASSIGNMENTS	PROBLEMS WITH LEARNING, LOW OR FAILING GRADES	PROBLEMS WITH BEHAVIOR AT SCHOOL
Preschool			
Kindergarten			
First			
Second			
Third			
Fourth			
Fifth			
Sixth			
Seventh-Ninth			
Ninth-Twelfth			

DESCRIBE BRIEFLY ANY CURRENT SCHOOL PROBLEMS, AND WHAT IS BEING DONE TO IMPROVE THE PROBLEMS:

PART VII - TEMPERAMENT

PLEASE CHECK ANY TRAITS THAT YOUR CHILD PERSISTENTLY DISPLAYED DURING THE AGE RANGES:

TRAIT	0-12 MONTHS	1-3 YEARS	3-5 YEARS	5-12 YEARS
Highly active, always into things, restless, can't stay seated				
Trouble paying attention, doesn't finish what started, frequently shifts from one thing to another				
Has trouble with changes in daily activities, doesn't like change, inflexible				
Doesn't like new situations, slow to warm up, shy and reserved				
Intense feelings or emotions				
Unpredictable and hard to get on schedule with sleep, appetite, bowel, moods				
Negative mood, hard to please, whiny, unhappy, complains, irritable				
Bothered by sounds, touch, clothes have to feel just right				

PART VIII - SOCIAL HISTORY

MOTHER'S NAME			DATE OF BIRTH
OCCUPATION	EDUCATION LEVEL	MARITAL STATUS	NO. PREVIOUS MARRIAGES
FATHER'S NAME			DATE OF BIRTH
OCCUPATION	EDUCATION LEVEL	MARITAL STATUS	NO. PREVIOUS MARRIAGES

WITH WHOM IS CHILD CURRENTLY: *(List members of household)*

NAME	AGE	RELATIONSHIP

LIST ANY SIGNIFICANT STRESSES OR FAMILY PROBLEMS SINCE YOUR CHILD HAS BEEN BORN *(moves, marital conflicts, separations or divorces, family violence, abuse, illnesses or deaths, financial problems, alcohol or drug problems, etc.)*

PART IX - FAMILY HISTORY

DOES ANYONE IN THE FAMILY HAVE ANY OF THE FOLLOWING: *(Check all that apply, past or present)*

CONDITION	MOTHER	FATHER	SIBLING	MOTHER'S FAMILY	FATHER'S FAMILY
Mental Retardation					
Learning Disorder					
Attention Problems; Hyperactivity					
Agressive or Violent					
Failure to Graduate from High School					
Depression or Suicide					
Anxiety Disorder/Panic Attacks					
Manic Depression					
Psychiatric Problems					
Psychosis or Schizophrenia					
Obsessive-Compulsive Disorder					
Alcohol or Drug Abuse					
In Trouble with Law; Arrested; Delinquency					
Physical Abuse					
Sexual Abuse					
Ticks or Tourette Syndrome					
Behavior Problems as Child or Teen					
Seizures					
Neurological Problems					
Autism					
Birth Defects					
Cerebral Palsy					
Hearing Problems					
Vision Problems					

LIST ON BACK ANY OTHER FAMILY HEALTH, DEVELOPMENTAL, LEARNING OR MENTAL HEALTH PROBLEMS YOU THINK MAY BE IMPORTANT.

RS

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.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

NICHQ

D3 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. I 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
11-19/rep1205

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

North Carolina Center for Children's Healthcare Improvement

NICHQ
National Initiative for Children's Healthcare Quality

McNeil Consumer & Specialty Pharmaceuticals

HE0350

D3 NICHQ Vanderbilt Assessment Scale—PARENT Informant, continued

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: _____

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

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

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

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

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adults' 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

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

Revised - 0303
11-20/rep1205

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

North Carolina Center for Children's Healthcare Improvement

NICHQ
National Initiative for Children's Healthcare Quality

McNeil Consumer & Specialty Pharmaceuticals

HE0351

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

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

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

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance *Academic Performance*	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____