



Vanderbilt Parent Follow-Up Scale

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Circle the appropriate rating. 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

Today's Date: _____

<i>Symptoms</i>	<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
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 and 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 in seat is expected	0	1	2	3
12 Runs about or climbs too much when remaining in seat 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

Child's Name: _____ Date of Birth: _____ Parent/Guardian: _____

<i>Symptoms continued</i>		<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
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

<i>Performance</i>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Somewhat of a Problem</i>	<i>Problematic</i>
27 Reading	1	2	3	4	5
28 Writing	1	2	3	4	5
29 Mathematics	1	2	3	4	5
30 Relationship with parents	1	2	3	4	5
31 Relationship with siblings	1	2	3	4	5
32 Relationship with peers	1	2	3	4	5
33 Participation in organized activities (eg, teams)	1	2	3	4	5

Side Effects: Has your child experienced any of the following side effects or problems in the past week?

	Are these side effects currently a problem?			
	<i>None</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
Headache	0	1	2	3
Stomachache	0	1	2	3
Change of appetite - explain below	0	1	2	3
Trouble sleeping	0	1	2	3
Irritability in the late morning, late afternoon, or evening - explain below	0	1	2	3
Socially withdrawn - decreased interaction with others	0	1	2	3
Extreme sadness or unusual crying	0	1	2	3
Dull, tired, listless behavior	0	1	2	3
Tremors/feeling shaky	0	1	2	3
Repetitive movements, tics, jerking, twitching, eye blinking - explain below	0	1	2	3
Picking at skin or fingers, nail biting, lip or cheek chewing - explain below	0	1	2	3
Sees or hears things that aren't there	0	1	2	3

Child's Name: _____ Date of Birth: _____ Parent/Guardian: _____

ADDITIONAL COMMENTS:

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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 symptom score - SUM of questions 1-18:	_____
Total number of questions scored 2 or 3 in questions 19-26:	_____
Total number of questions scored 4 or 5 in questions 27-33:	_____
Average function score - AVERAGE questions 27-33:	_____