Today's Date: Child's Name: Parent's Name:			Date of Birth: nt's Phone Number:				
Sy	mptoms	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 "drıven 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		

		Above		Somewhat of a	
Performance	Excellent	Average	Average		Problematic
19. Overall school performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26 Participation in organized activities (eg, teams)	1	2	3	4	5

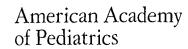
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The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD Revised - 0303 $\,$

1





18. Interrupts or intrudes in on others' conversations and/or activities





2

3

Today's Date: Child's Name:	Date of Birth:			
Parent's Name: Parent's	Parent's Phone Number:		····	
Side Effects: Has your child experienced any of the following side	Are these side effect		ts currently a problem?	
effects or problems in the past week?	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, tıred, lıstless behavıor				
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	W	
Total Symptom Score for questions 1–18:		
Average Performance Score for questions 1	19–26:	

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





