



NICHQ Vanderbilt Assessment Follow-up – 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. Please think about your child's behaviors in the past _____ when rating his/her behaviors.

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

Table with 5 columns: Symptoms, Never, Occasionally, Often, Very Often. Rows 1-18 list various behavioral symptoms.

Table with 6 columns: Performance, Excellent, Above Average, Average, Somewhat of a Problem, Problematic. Rows 19-26 list school and social performance areas.

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NICHQ Vanderbilt Assessment Follow-up – PARENT Informant, continued

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

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?			
	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Socially withdrawn—decreased interaction with others				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:

<p>For Office Use Only</p> <p>Total Symptom Score for questions 1-18: _____</p> <p>Average Performance Score: _____</p>
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