

# Survey: ADD: NICHQ Vanderbilt FOLLOW-UP

**Description: 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 behaviours since the last assessment scale was filled out .**

**Privacy level: Any staff member**

- |     |  |   |
|-----|--|---|
| 1.  | Is this evaluation based on a time when the child  | Was on medication   was not on medication   not sure? |
| 2.  | [1] Does not pay attention to details or makes careless mistakes with, for example, homework                                   | Never   Occasionally   Often   Very often             |
| 3.  | [2] Has difficulty keeping attention to what needs to be done  | Never   Occasionally   Often   Very often             |
| 4.  | [3] Does not seem to listen when spoken to directly  | Never   Occasionally   Often   Very often             |
| 5.  | [4] Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | Never   Occasionally   Often   Very often             |
| 6.  | [5] Has difficulty organizing tasks and activities   | Never   Occasionally   Often   Very often             |
| 7.  | [6] Avoids, dislikes, or does not want to start tasks that require ongoing mental effort                                       | Never   Occasionally   Often   Very often             |
| 8.  | [7] Loses things necessary for tasks or activities (toys, assignments, pencils, or books)                                      | Never   Occasionally   Often   Very often             |
| 9.  | [8] Is easily distracted by noises or other stimuli  | Never   Occasionally   Often   Very often             |
| 10. | [9] Is forgetful in daily activities   | Never   Occasionally   Often   Very often             |
| 11. | [10] Fidgets with hands or feet or squirms in seat   | Never   Occasionally   Often   Very often             |
| 12. | [11] Leaves seat when remaining seated is expected   | Never   Occasionally   Often   Very often             |
| 13. | [12] Runs about or climbs too much when remaining seated is expected   | Never   Occasionally   Often   Very often             |
| 14. | [13] Has difficulty playing or beginning quiet play activities   | Never   Occasionally   Often   Very often             |
| 15. | [14] Is "on the go" or often acts as if  | Never   Occasionally   Often   Very often             |

"driven by a motor"	
16. [15] Talks too much	Never   Occasionally   Often   Very often
17. [16] Blurts out answers before questions have been completed	Never   Occasionally   Often   Very often
18. [17] Has difficulty waiting his or her turn	Never   Occasionally   Often   Very often
19. [18] Interrupts or intrudes in on others' conversations and/or activities	Never   Occasionally   Often   Very often
20. [19] Overall school performance	Excellent   Above average   Average   Somewhat of a problem   Problematic
21. [20] Reading	Excellent   Above average   Average   Somewhat of a problem   Problematic
22. [21] Writing	Excellent   Above average   Average   Somewhat of a problem   Problematic
23. [22] Mathematics	Excellent   Above average   Average   Somewhat of a problem   Problematic
24. [23] Relationship with parents	Excellent   Above average   Average   Somewhat of a problem   Problematic
25. [24] Relationship with siblings	Excellent   Above average   Average   Somewhat of a problem   Problematic
26. [25] Relationship with peers	Excellent   Above average   Average   Somewhat of a problem   Problematic
27. [26] Participation in organized activities (eg, teams)	Excellent   Above average   Average   Somewhat of a problem   Problematic
Side Effects: Has your child experienced	
28. any of the following side effects or problems in the past week? Headache?	None   Mild   Moderate   Severe
29. Stomach ache	None   Mild   Moderate   Severe
30. Change of appetite - explain below	None   Mild   Moderate   Severe
31. Trouble sleeping	None   Mild   Moderate   Severe
32. Irritability in the late morning, late afternoon, or evening - explain below	None   Mild   Moderate   Severe
33. Socially withdrawn - decreased interaction with others	None   Mild   Moderate   Severe
34. Extreme sadness or unusual crying	None   Mild   Moderate   Severe
35. Dull, tired, listless behavior	None   Mild   Moderate   Severe
36. Tremors/feeling shaky	None   Mild   Moderate   Severe
37. Repetitive movements, tics, jerking, twitching, eye blinking - explain below	None   Mild   Moderate   Severe

38. Picking at skin or fingers, nail biting, lip or cheek chewing - explain below

None | Mild | Moderate | Severe |

None | Mild | Moderate | Severe |
39. Sees or hears things that aren't there
40. Explain/Comments: