

HEALING MINDS

Vanderbilt Assessment Follow-Up — PARENT

Child's Name:

Date:

Parent's Name:

Phone Number:

Date of Birth:

Today's Date:

Symptoms — Rate behavior since last assessment:

0 1 2 3

1. Does not pay attention to details or makes careless mistakes
2. Difficulty keeping attention
3. Does not seem to listen
4. Does not follow through on directions
5. Difficulty organizing tasks
6. Avoids/dislikes mental tasks
7. Loses things needed
8. Easily distracted
9. Forgetful in daily activities
10. Fidgets or squirms
11. Leaves seat when expected
12. Runs/climbs excessively
13. Difficulty playing quietly
14. Acts 'on the go'
15. Talks too much
16. Blurts out answers
17. Difficulty waiting turn
18. Interrupts or intrudes

Performance:

1 2 3 4 5

19. Overall school performance
20. Reading
21. Writing
22. Mathematics
23. Relationship with parents

HEALING MINDS

Vanderbilt Assessment Follow-Up — PARENT

Performance (continued):

	1	2	3	4	5
24. Relationship with siblings					
25. Relationship with peers					
26. Participation in organized activities					

Side Effects — Past week:

Headache

Stomachache

Change of appetite — explain

Trouble sleeping

Irritability

Social withdrawal

Extreme sadness/crying

Tired/listless behavior

Tremors/shaky feelings

Tics — explain

Skin picking/chewing — explain

Sees/hears things not there

Explain/Comments: