

# 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. Blurs 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

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### 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: