

ADHD Packet

Introduction

- Triage nurses will direct you to **saleepediatricclinic.com** to print forms the parent and teacher will need to complete.
- The parent will fill out "Parent Informant" and "ADHD Parent Interview".
- The teacher will fill out "Teacher Informant".
- All forms need to be returned to Salem Pediatric Clinic.
- Your provider will review the completed assessments.
- A receptionist will call you to schedule an appointment after your provider reviews the completed forms.



Salem Pediatric Clinic

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Salem, Oregon 97302
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503-371-7803 · Fax
SalemPediatricClinic.com

NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: _____

Child's Name: _____

Child's 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 the child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child

was on medication was not on medication not sure?

Symptoms	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, 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	For Office Use Only _____/9
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 "driven 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	
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3	For Office Use Only _____/9

Symptoms (continued)	Never	Occasionally	Often	Very Often		
19. Argues with adults	0	1	2	3		
20. Loses temper	0	1	2	3		
21. Actively defies or refuses to go along with adult's requests or rules	0	1	2	3		
22. Deliberately annoys people	0	1	2	3		
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3		
24. Is touchy or easily annoyed by others	0	1	2	3		
25. Is angry or resentful	0	1	2	3		
26. Is spiteful and wants to get even	0	1	2	3	For Office Use Only _____/8	
27. Bullies, threatens, or intimidates others	0	1	2	3		
28. Starts physical fights	0	1	2	3		
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3		
30. Is truant from school (skips school) without permission	0	1	2	3		
31. Is physically cruel to people	0	1	2	3		
32. Has stolen things that have value	0	1	2	3		
33. Deliberately destroys others' property	0	1	2	3		
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3		
35. Is physically cruel to animals	0	1	2	3		
36. Has deliberately set fires to cause damage	0	1	2	3		
37. Has broken into someone else's home, business, or car	0	1	2	3		
38. Has stayed out at night without permission	0	1	2	3		
39. Has run away from home overnight	0	1	2	3		
40. Has forced someone into sexual activity	0	1	2	3	For Office Use Only _____/14	
41. Is fearful, anxious, or worried	0	1	2	3		
42. Is afraid to try new things for fear of making mistakes	0	1	2	3		
43. Feels worthless or inferior	0	1	2	3		
44. Blames self for problems, feels guilty	0	1	2	3		
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3		
46. Is sad, unhappy, or depressed	0	1	2	3		
47. Is self-conscious or easily embarrassed	0	1	2	3	For Office Use Only _____/7	
Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48. Reading	1	2	3	4	5	
49. Writing	1	2	3	4	5	For Office Use Only _____/3
50. Mathematics	1	2	3	4	5	For Office Use Only _____/3
51. Relationship with parents	1	2	3	4	5	
52. Relationship with siblings	1	2	3	4	5	
53. Relationship with peers	1	2	3	4	5	For Office Use Only _____/4
54. Participation in organized activities (eg, teams)	1	2	3	4	5	For Office Use Only _____/4

Other Conditions

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks
 No tics present. Yes, they occur nearly every day but go unnoticed by most people. Yes, noticeable tics occur nearly every day.
2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.
 No tics present. Yes, they occur nearly every day but go unnoticed by most people. Yes, noticeable tics occur nearly every day.
3. If **YES** to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: To the best of your knowledge, please answer the following questions:

- | | | |
|--|-----------------------------|------------------------------|
| 1. Has your child been diagnosed with a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Comments:

NICHQ Vanderbilt Assessment Scale: Teacher Informant

Child's Name: _____

Child's Date of Birth: _____

Teacher's Name: _____

Today's Date: _____

Class Time: _____

Class Name/Period: _____

Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____ .

Symptoms	Never	Occasionally	Often	Very Often	
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3	
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3	
3. Does not seem to listen when spoken to directly	0	1	2	3	
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3	
5. Has difficulty organizing tasks and activities	0	1	2	3	
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3	
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	0	1	2	3	
8. Is easily distracted by extraneous stimuli	0	1	2	3	
9. Is forgetful in daily activities	0	1	2	3	For Office Use Only _____/9
10. Fidgets with hands or feet or squirms in seat	0	1	2	3	
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3	
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3	
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3	
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3	
15. Talks excessively	0	1	2	3	
16. Blurts out answers before questions have been completed	0	1	2	3	
17. Has difficulty waiting in line	0	1	2	3	
18. Interrupts or intrudes in on others (eg. butts into conversations/games)	0	1	2	3	For Office Use Only _____/9



Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Loses temper	0	1	2	3	
20. Activity defies or refuses to comply with adult's requests or rules	0	1	2	3	
21. Is angry or resentful	0	1	2	3	
22. Is spiteful and vindictive	0	1	2	3	
23. Bullies, threatens, or intimidates others	0	1	2	3	
24. Initiates physical fights	0	1	2	3	
25. Lies to obtain goods for favors or to avoid obligations (eg. "cons" others)	0	1	2	3	
26. Is physically cruel to people	0	1	2	3	
27. Has stolen items of nontrivial value	0	1	2	3	
28. Deliberately destroys others' property	0	1	2	3	For Office Use Only _____/10
29. Is fearful, anxious, or worried	0	1	2	3	
30. Is self-conscious or easily embarrassed	0	1	2	3	
31. Is afraid to try new things for fear of making mistakes	0	1	2	3	
32. Feels worthless or inferior	0	1	2	3	
33. Blames self for problems: feels guilty	0	1	2	3	
34. Feels lonely, unwanted, or unloved: complains that "no one loves him or her"	0	1	2	3	
35. Is sad, unhappy, or depressed	0	1	2	3	For Office Use Only _____/7

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36. Reading	1	2	3	4	5	
37. Mathematics	1	2	3	4	5	For Office Use Only _____/7
38. Written expression	1	2	3	4	5	For Office Use Only _____/3

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	1	2	3	4	5	
40. Following directions	1	2	3	4	5	
41. Disrupting class	1	2	3	4	5	
42. Assignment completion	1	2	3	4	5	For Office Use Only _____/5
43. Organizational skills	1	2	3	4	5	For Office Use Only _____/5

Comments:

Please return this form to: _____

Mailing address: _____

Fax number: _____

ADHD Parent Interview

SS3 – Page 1

Student Name _____ **Grade** _____ **DOB** _____ **Student Number** _____

School _____

Rated by: Parent: _____ **Interviewer:** _____ **Date** _____

1. At what age was your child when you first had concerns about his/her behavior/activity level?
2. What are your current concerns regarding your child's behavior?
3. Does either parent have a history of similar difficulties? No Yes – If yes, please explain.
4. Does any sibling have similar behavior difficulties? No Yes – If yes, please explain.
5. How would you rate your child's activity level as an infant/toddler?
 Very Active Active Average Less Active
6. Were there any complications during the pregnancy or delivery? No Yes – If yes, please explain.
7. Was the mother on any type of medication during pregnancy? No Yes – If yes, please explain.
8. Did the mother use any of the following substances during the pregnancy?
 Beer or wine Hard liquor Coffee/caffeine Cigarettes
9. Was your child's early development (walking, talking, toileting, feeding, etc.)?
 Somewhat advanced Fairly normal Somewhat slow
10. Does your child have a history of sleeping difficulties? No Yes
11. How does your child make friends? Fairly easily With difficulty
12. Has your child had any significant accidents while growing up? No Yes – If yes, please explain.
13. Has your child had any significant medical problems while growing up? No Yes – If yes, please explain.
14. Have there been any particularly stressful events occurring within the recent past? (such as a death, divorce, move, loss of a job, etc.)? No Yes – If yes, please explain.
15. Is there any history of physical/sexual abuse? No Yes – If yes, please explain.
16. Is there any suspicion of alcohol or drug abuse by your child? No Yes – If yes, please explain.
17. Does your child seem to have difficulty remembering and following directions at home? No Yes

ADHD Parent Interview

SS3 – Page 2

Student Name _____ **Grade** _____ **DOB** _____ **Student Number** _____

18. How have you attempted to deal with your child's behavior difficulties?

- | | | |
|--|---|---|
| <input type="checkbox"/> Verbal reprimands | <input type="checkbox"/> Time out (Isolation) | <input type="checkbox"/> Loss of privileges |
| <input type="checkbox"/> Rewards | <input type="checkbox"/> Physical punishment | <input type="checkbox"/> Give in to child |
| <input type="checkbox"/> Other: | | |

19. What seems to work best?

20. How often does your child comply with your initial requests/commands?

- Usually Fairly often Not often Rarely

21. Has your child even been evaluated by the school or the family doctor because of behavioral concerns?

- No Yes – If yes, please explain.

22. Has your child had any learning difficulties at school? No Yes – If yes, please explain.

23. Are any of the following behaviors often descriptive of your child?

- | | | |
|--|--|---|
| <input type="checkbox"/> Difficulty staying in seat | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Fidgets |
| <input type="checkbox"/> Blurts out answers to questions | <input type="checkbox"/> Loses things | <input type="checkbox"/> Interrupts |
| <input type="checkbox"/> Difficulty sustaining attention | <input type="checkbox"/> Talks incessantly | <input type="checkbox"/> Difficulty waiting turn |
| <input type="checkbox"/> Difficulty following instructions | <input type="checkbox"/> Does not listen | <input type="checkbox"/> Changes from one activity to another |
| <input type="checkbox"/> Difficulty playing quietly | | |

24. Are any of the following behaviors often descriptive of your child?

- | | | |
|---|---|--|
| <input type="checkbox"/> Loses temper | <input type="checkbox"/> Argues with adults | <input type="checkbox"/> Defies or refuses |
| <input type="checkbox"/> Angry or resentful | <input type="checkbox"/> Easily annoyed | <input type="checkbox"/> Swears or uses obscene language |
| <input type="checkbox"/> Blames others for own mistakes | <input type="checkbox"/> Deliberately annoys others | |

25. Are any of the following descriptive of your child?

- | | | |
|--|--|---|
| <input type="checkbox"/> Steals | <input type="checkbox"/> Runs away | <input type="checkbox"/> Lies |
| <input type="checkbox"/> Truancy | <input type="checkbox"/> Fire-setting | <input type="checkbox"/> Cruel to animals |
| <input type="checkbox"/> Destroys others' property | <input type="checkbox"/> Initiates physical fights | |

26. Are any of the following behaviors often descriptive of your child?

- | | | |
|--|---|--|
| <input type="checkbox"/> Depressed or irritable | <input type="checkbox"/> Little pleasure activities | <input type="checkbox"/> Little appetite |
| <input type="checkbox"/> Sleeping difficulties | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Fatigue or loss of energy |
| <input type="checkbox"/> Feels worthless or guilty | <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Suicidal thoughts or attempts |

27. Have any of the following been of concern regarding maternal relatives?

- | | | |
|--|--|--|
| <input type="checkbox"/> Learning problems | <input type="checkbox"/> Attention problems | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Mental/emotional problems | <input type="checkbox"/> Aggressive behavior |
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Arrests/legal problems | <input type="checkbox"/> Sexual/physical abuse |

If yes, please explain and state relationship:

28. Have any of the following been of concern regarding paternal relatives?

- | | | |
|--|--|--|
| <input type="checkbox"/> Learning problems | <input type="checkbox"/> Attention problems | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Mental/emotional problems | <input type="checkbox"/> Aggressive behavior |
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Arrests/legal problems | <input type="checkbox"/> Sexual/physical abuse |

If yes, please explain and state relationship: