

Date: _____

ADHD MONITORING

Dear Teacher:

Re: Name: _____ DOB: _____ NHS no._____

As part of ongoing ADHD medication treatment, please kindly complete the enclosed monitoring forms (one per week, on same day of week, by same person if possible).

Please return completed forms once the 4-week period is completed to:

Dr.... Community Paediatrician Dept of Paediatrics Level 3 Ormskirk Hospital Wigan Road Ormskirk L39 2AZ

Tel: 01695 65 6281 Fax: 01695 65 6282

Thank you very much,

Week 1 (7 days after treatment started)

D	6 NICHQ Vanderbilt Assessment Follow-u	p—TEACH	IER Informant		
Teac	her's Name: Class Time:		Class Name/	Period:	
Toda	y's Date: Child's Name:	Grade	Level:		
	ctions: Each rating should be considered in the context of what is and should reflect that child's behavior since the last asse number of weeks or months you have been able to evalua is evaluation based on a time when the child 🛛 🗌 was on medica	ssment scal ite the beha	e was filled out. wiors:	Please in 	dicate the
Sy	mptoms	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, or 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
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
	. Has difficulty playing or beginning quiet play activities	0	1	2	3

		Above		Somewhat of a	t
Performance	Excellent	Average	Average	Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

14. Is "on the go" or often acts as if "driven by a motor"

17. Has difficulty waiting his or her turn

16. Blurts out answers before questions have been completed

18. Interrupts or intrudes in on others' conversations and/or activities

15. Talks too much

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NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued

Teacher's Name: ____

Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Side Effects: Has the child experienced any of the following side	Are these	e side effect	ts currently a p	oroblem?
effects or problems in the past week?	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:

For Office Use Only	
Total Symptom Score for questions 1-18:	
Average Performance Score:	

Please return this form to:	
Mailing address:	
Fax number:	

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.





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Week 2

D6	NICHQ vanderbilt Assessment Foli	ow-up—TEACH	ER Informant		
Teacher's I	Name: Class Time:		Class Name/I	Period:	
Today's D	ate: Child's Name:	Grade	Level:		
	and should reflect that child's behavior since the last number of weeks or months you have been able to e	Class Time: Class Name/Period: Child's Name: Grade Level: could be considered in the context of what is appropriate for the age of the child flect that child's behavior since the last assessment scale was filled out. Please is the sets or months you have been able to evaluate the behaviors: n a time when the child was on medication n a time when the child was on medication n to details or makes careless mistakes with, 0 1 2 rk 0 1 2 attention to what needs to be done 0 1 2 n when spoken to directly 0 1 2 refusal or failure to understand) 1 2 2 ing tasks and activities 0 1 2 refusal or stimuli 0 1 2 <th>Please ind ·</th> <th colspan="2">indicate the</th>	Please ind ·	indicate the	
Sympto	oms	Never	Occasionally	Often	Very Often
1. Doe	es not pay attention to details or makes careless mistakes with example, homework	, 0	1	2	3
2. Has	s difficulty keeping attention to what needs to be done	0	1	2	3
3. Doe	es not seem to listen when spoken to directly	0	1	2	3
	es not follow through when given directions and fails to finish vities (not due to refusal or failure to understand)	n 0	1	2	3
5. Has	s difficulty organizing tasks and activities	0	1	2	3
	ids, dislikes, or does not want to start tasks that require ongointal effort	ing 0	1	2	3
	es things necessary for tasks or activities (toys, assignments, acils, or books)	0	1	2	3
8. Is ea	asily distracted by noises or other stimuli	0	1	2	3
9. Is fo	orgetful in daily activities	0	1	2	3
10. Fidg	gets with hands or feet or squirms in seat	0	1	2	3
11. Leav	ves seat when remaining seated is expected	0	1	2	3
12. Run	ns about or climbs too much when remaining seated is expect	ed 0	1	2	3
13. Has	s difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "c	on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talk	xs too much	0	1	2	3
16. Blu	rts out answers before questions have been completed	0	1	2	3
17. Has	s difficulty waiting his or her turn	0	1	2	3
18. Inte	errupts or intrudes in on others' conversations and/or activitie	es 0	1	2	3

		Above		Somewhat of a	t
Performance	Excellent	Average	Average	Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

18. Interrupts or intrudes in on others' conversations and/or activities

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NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued

Teacher's Name: ____

Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Side Effects: Has the child experienced any of the following side	Are these	e side effect	ts currently a p	oroblem?
effects or problems in the past week?	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:

For Office Use Only	
Total Symptom Score for questions 1-18:	
Average Performance Score:	

Please return this form to:	
Mailing address:	
Fax number:	

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.





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Week 3

D6	NICHQ vanderbilt Assessment	Follow-up—TEACH	ER Informant		
Teacher	e's Name: Class Tim	ie:	Class Name/I	Period:	
Today's	Date: Child's Name:	Grade	Level:		
	and should reflect that child's behavior since the number of weeks or months you have been able	NeverOccasionallyOfay attention to details or makes careless mistakes with, e, homework01lty keeping attention to what needs to be done01eem to listen when spoken to directly01oblow through when given directions and fails to finish not due to refusal or failure to understand)01lty organizing tasks and activities01likes, or does not want to start tasks that require ongoing ort01sp necessary for tasks or activities (toys, assignments, books)01in daily activities011in daily activities011to relimbs too much when remaining seated is expected01to relimbs too much when remaining seated is expected01typelying or beginning quiet play activities01uch011answers before questions have been completed01	Please in ·	dicate the	
Sym	ptoms	Never	Occasionally	Often	Very Often
1. E	Does not pay attention to details or makes careless mistakes or example, homework	with, 0	1	2	3
2. H	Has difficulty keeping attention to what needs to be done	0	1	2	3
3. E	Does not seem to listen when spoken to directly	0	1	2	3
	Does not follow through when given directions and fails to f ctivities (not due to refusal or failure to understand)	inish 0	1	2	3
5. H	Ias difficulty organizing tasks and activities	0	1	2	3
	woids, dislikes, or does not want to start tasks that require onental effort	ongoing 0	1	2	3
	oses things necessary for tasks or activities (toys, assignment pencils, or books)	uts, 0	1	2	3
8. Is	s easily distracted by noises or other stimuli	0	1	2	3
9. Is	s forgetful in daily activities	0	1	2	3
10. F	idgets with hands or feet or squirms in seat	0	1	2	3
11. L	eaves seat when remaining seated is expected	0	1	2	3
12. R	Runs about or climbs too much when remaining seated is ex	pected 0	1	2	3
13. H	Ias difficulty playing or beginning quiet play activities	0	1	2	3
14. Is	s "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. T	alks too much	0	1	2	3
16. B	Blurts out answers before questions have been completed	0	1	2	3
17. H	Ias difficulty waiting his or her turn	0	1	2	3
18. II	nterrupts or intrudes in on others' conversations and/or act	ivities 0	1	2	3

		Above		Somewhat of a	t
Performance	Excellent	Average	Average	Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

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NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued

Teacher's Name: ____

Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Side Effects: Has the child experienced any of the following side		Are these side effects currently a problem?			
effects or problems in the past week?	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:

For Office Use Only	
Total Symptom Score for questions 1-18:	
Average Performance Score:	

Please return this form to:	
Mailing address:	
Fax number:	

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Week 4

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		up-TEACH	EK Informant		
Teach	er's Name: Class Time:		Class Name/I	Period:	
Today	/'s Date: Child's Name:	Grade	Level:		
	tions: Each rating should be considered in the context of what and should reflect that child's behavior since the last as number of weeks or months you have been able to evalu	sessment scal uate the beha	e was filled out. viors:	Please ind	licate the
			as not on medica		
	nptoms Does not pay attention to details or makes careless mistakes with, for example, homework	Never 0	Occasionally 1	Often 2	Very Often 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, or 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
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
	Has difficulty waiting his or her turn	0	1	2	3

		Above		Somewhat of a	:
Performance	Excellent	Average	Average	Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

18. Interrupts or intrudes in on others' conversations and/or activities

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NICHQ Vanderbilt Assessment Follow-up—TEACHER Informant, continued

Teacher's Name: ____

Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Side Effects: Has the child experienced any of the following side		Are these side effects currently a problem?			
effects or problems in the past week?	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:

For Office Use Only	
Total Symptom Score for questions 1-18:	
Average Performance Score:	

Please return this form to:	
Mailing address:	
Fax number:	

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