

Vanderbilt Teacher Follow-Up Scale

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: _____

Today's Date: _____ Teacher: _____ Class Name/Time: _____ Grade: _____

<i>Symptoms</i>	<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
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 external 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 in classroom or in other situations in which remaining in seat is expected	0	1	2	3
12 Runs about or climbs excessively in situations in which remaining in seat 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

Child's Name: _____ Date of Birth: _____ Parent/Guardian: _____

<i>Symptoms continued</i>		<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
19	Loses temper	0	1	2	3
20	Actively defies or refuses to go along with adults' 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 things of nontrivial value	0	1	2	3
28	Deliberately destroys others' property	0	1	2	3

<i>Academic Performance</i>		<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Somewhat of a Problem</i>	<i>Problematic</i>
29	Reading	1	2	3	4	5
30	Mathematics	1	2	3	4	5
31	Written expression	1	2	3	4	5

<i>Classroom Behavioral Performance</i>		<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Somewhat of a Problem</i>	<i>Problematic</i>
32	Relationship with peers	1	2	3	4	5
33	Following directions	1	2	3	4	5
34	Disrupting class	1	2	3	4	5
35	Assignment completion	1	2	3	4	5
36	Organizational skills	1	2	3	4	5

Side Effects: Has your child experienced any of the following side effects or problems in the past week?

	Are these side effects currently a problem?			
	<i>None</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
Headache	0	1	2	3
Stomachache	0	1	2	3
Change of appetite - explain below	0	1	2	3
Trouble sleeping	0	1	2	3
Irritability in the late morning, late afternoon, or evening - explain below	0	1	2	3
Socially withdrawn - decreased interaction with others	0	1	2	3

Child's Name: _____ Date of Birth: _____ Parent/Guardian: _____



Side Effects Continued

	Are these side effects currently a problem?			
	<i>None</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
Extreme sadness or unusual crying	0	1	2	3
Dull, tired, listless behavior	0	1	2	3
Tremors/feeling shaky	0	1	2	3
Repetitive movements, tics, jerking, twitching, eye blinking - explain below	0	1	2	3
Picking at skin or fingers, nail biting, lip or cheek chewing - explain below	0	1	2	3
Sees or hears things that aren't there	0	1	2	3

ADDITIONAL COMMENTS

Please return these forms to: Holyoke Pediatric Associates, LLP
150 Lower Westfield Road Suite 1
Holyoke, MA 01040

or FAX: 413-536-1087

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Total number of questions scored 2 or 3 in questions 1-9:	_____
Total number of questions scored 2 or 3 in questions 10-18:	_____
Total symptom score - SUM of questions 1-18:	_____
Total number of questions scored 2 or 3 in questions 19-28:	_____
Total number of questions scored 4 or 5 in questions 29-36:	_____
Average performance score - AVERAGE questions 29-36:	_____

Child's Name: _____ Date of Birth: _____ Parent/Guardian: _____