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Pediatrics West, P.C.
health care for the growing years

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Dear Parent/Legal guardian:

Now that your child has been diagnosed with ADHD, the work isn't done. It is important to continue to reassess how they are doing and, if they are taking medication, their overall response to that medication. In this packet you will find some follow up Vanderbilt screening tools. These are similar to the Vanderbilt screeners you completed for the initial assessment but are designed for follow up and reassessment. Please have at least one parent/guardian complete this, but more are helpful. Please have at least two teachers or coaches complete the "teacher" Vanderbilt screener. Please return these forms before your follow up visit and either bring them with you to the office or send them to us via mychart.

Your provider has asked you to complete these forms and follow up

in: _____.

Below are a list of resources that you might find helpful to better understand ADHD.

a. ADDitude Magazine: www.additudemag.com

b. Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD):
www.chadd.org

c. Parent to Parent Introduction to ADHD:
<https://chadd.thinkific.com/courses/p2pm1>

d. Taking Charge of ADHD: The Complete, Authoritative Guide for Parents, Russell
Barkley

e. Additional ADHD resources from Russell Barkley:

<http://www.russellbarkley.org/>

f. Smart But Scattered: The Revolutionary “Executive Skills” Approach to Helping Kids Reach Their Potential, P. Dawson and R. Guare

g. Late, Lost, and Unprepared: A Parent’s Guide to Helping Children with Executive Functioning, J. Cooper-Kahn and L. Dietzel.

h. ADHD resources :

- CHADD: <https://chadd.org/for-parents/adhd-information-for-teens/>
- Secrets of the ADHD Brain: https://www.additudemag.com/wpcontent/uploads/2017/01/10252_Understand-Conditions_secrets-of-theadhd-brain.pdf
- Thriving with ADHD Workbook for Teens: Improve Focus, Get Organized, and Succeed

Please feel free to reach out to us with any questions or concerns.

Sincerely,

Your Pediatrics West care team

YOUTH PEDIATRIC SYMPTOM CHECKLIST-17 (Y PSC-17)

Name: _____ Record #: _____

Date of Birth: _____ Today's Date: _____

Please mark under the heading that best fits you:		NEVER	SOMETIMES	OFTEN	
◆	Fidgety, unable to sit still	◆	0	1	2
*	Feel sad, unhappy	*	0	1	2
◆	Daydream too much	◆	0	1	2
□	Refuse to share	□	0	1	2
□	Do not understand other people's feelings	□	0	1	2
*	Feel hopeless	*	0	1	2
◆	Have trouble concentrating	◆	0	1	2
□	Fight with other children	□	0	1	2
*	Down on yourself	*	0	1	2
□	Blame others for your troubles	□	0	1	2
*	Seem to be having less fun	*	0	1	2
□	Do not listen to rules	□	0	1	2
◆	Act as if driven by a motor	◆	0	1	2
□	Tease others	□	0	1	2
*	Worry a lot	*	0	1	2
□	Take things that do not belong to you	□	0	1	2
◆	Distract easily	◆	0	1	2

OFFICE USE ONLY

Total ◆ _____ Total □ _____ Total * _____ Grand Total ◆+□+* _____

Form adapted with permission for *Feelings Need Check Ups Too*, 2004

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and Bright Futures in Practice: Mental Health, 2002



Child Study Center
Department of Pediatrics
University of Oklahoma Health Sciences Center
Phone: 271-5700 • Fax: 271-8835

Vanderbilt ADHD Follow-Up Parent Rating Scale

PARENT

Child's Name: _____ Parent's Name: _____

Today's Date: _____ Date of Birth: _____ Age: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your 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

Behavior:	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	
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 games.	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	
19. Argues with adults.	0	1	2	3	
20. Loses temper.	0	1	2	3	
21. Actively defies or refuses to go along with adults' 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	
Academic & Social Performance	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
27. Overall school performance	1	2	3	4	5
28. Reading	1	2	3	4	5
29. Writing	1	2	3	4	5
30. Mathematics	1	2	3	4	5
31. Relationship with parents	1	2	3	4	5
32. Relationship with siblings.	1	2	3	4	5
33. Relationship with peers.	1	2	3	4	5
34. Participation in organized activities (eq. teams)	1	2	3	4	5



Vanderbilt ADHD Follow-Up Parent Rating Scale, Continued

Pittsburgh Side Effects Rating Scale

Child's Name: _____

Parent's Name: _____

Today's Date: _____

Date of Birth: _____ Age: _____

Directions: Listed below are several possible negative effects (side effects) that medication may have on a child with ADHD. Please read each item carefully and use the boxes to rate the severity of your child's side effects since he/she has been on his/her current dose of medication. When requested, or wherever you feel it would be useful for us to know, please describe the side effects that you observed or any other unusual behavior in the "Comments" section below.

Use the following to assess severity:

None: The symptom is not present.

Mild: The symptom is present but is not significant enough to cause concern to your child, to you, or to his/her friends. Presence of the symptom at this level would NOT be a reason to stop taking the medicine.

Moderate: The symptom causes impairment of functioning or social embarrassment to such a degree that the negative impact on social and school performance should be weighed carefully to justify benefit of continuing medication.

Severe: The symptom causes impairment of functioning or social embarrassment to such a degree that the child should not continue to receive this medication or dose of medication as part of current treatment.

Side Effect:	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite-explain below				
Trouble of 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 – describe below				
Sees or hears things that aren't there				

Comments:



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Vanderbilt ADHD Follow-Up Parent Rating Scale

PARENT

Child's Name: _____ Parent's Name: _____

Today's Date: _____ Date of Birth: _____ Age: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your 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

Behavior:	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	
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 games.	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	
19. Argues with adults.	0	1	2	3	
20. Loses temper.	0	1	2	3	
21. Actively defies or refuses to go along with adults' 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	
Academic & Social Performance	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
27. Overall school performance	1	2	3	4	5
28. Reading	1	2	3	4	5
29. Writing	1	2	3	4	5
30. Mathematics	1	2	3	4	5
31. Relationship with parents	1	2	3	4	5
32. Relationship with siblings.	1	2	3	4	5
33. Relationship with peers.	1	2	3	4	5
34. Participation in organized activities (eq. teams)	1	2	3	4	5



Vanderbilt ADHD Follow-Up Parent Rating Scale, Continued

Pittsburgh Side Effects Rating Scale

Child's Name: _____

Parent's Name: _____

Today's Date: _____

Date of Birth: _____ Age: _____

Directions: Listed below are several possible negative effects (side effects) that medication may have on a child with ADHD. Please read each item carefully and use the boxes to rate the severity of your child's side effects since he/she has been on his/her current dose of medication. When requested, or wherever you feel it would be useful for us to know, please describe the side effects that you observed or any other unusual behavior in the "Comments" section below.

Use the following to assess severity:

None: The symptom is not present.

Mild: The symptom is present but is not significant enough to cause concern to your child, to you, or to his/her friends. Presence of the symptom at this level would NOT be a reason to stop taking the medicine.

Moderate: The symptom causes impairment of functioning or social embarrassment to such a degree that the negative impact on social and school performance should be weighed carefully to justify benefit of continuing medication.

Severe: The symptom causes impairment of functioning or social embarrassment to such a degree that the child should not continue to receive this medication or dose of medication as part of current treatment.

Side Effect:	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite-explain below				
Trouble of 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 – describe below				
Sees or hears things that aren't there				

Comments:



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Vanderbilt ADHD Follow-Up Teacher Rating Scale

Child's Name: _____ Teacher's Name: _____ Today's Date: _____
School: _____ Grade: _____ Time of Day you Work with Child: _____

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.

Number of weeks or months you have been able to evaluate the behaviors: _____ **Teacher's Fax Number:** _____

Is this evaluation based on a time when the child: ☐ was on medication ☐ was not on medication ☐ not sure

Behavior:	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
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 (e.g., butts into conversations or games).	0	1	2	3
19. Loses temper.	0	1	2	3
20. Actively 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 (i.e., "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

Academic & Social Performance	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
29. Reading	1	2	3	4	5
30. Writing	1	2	3	4	5
31. Mathematics	1	2	3	4	5
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



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Vanderbilt ADHD Follow-Up Teacher Rating Scale

Child's Name:	Teacher's Name:	Today's Date:
School:	Grade:	Time of Day you Work with Child:
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.		
Number of weeks or months you have been able to evaluate the behaviors:		Teacher's Fax Number:
Is this evaluation based on a time when the child: <input type="checkbox"/> was on medication <input type="checkbox"/> was not on medication <input type="checkbox"/> not sure		

Behavior:	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
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 (e.g., butts into conversations or games).	0	1	2	3
19. Loses temper.	0	1	2	3
20. Actively 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 (i.e., "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

Academic & Social Performance	Excellent	Above Average	Average	Somewhat of A Problem	Problematic
29. Reading	1	2	3	4	5
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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