



**Parent Interview Form for  
Possible Behavioral/ADD/ADHD Disorder**

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Parental concerns: \_\_\_\_\_

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***Please answer the following question to the best of your ability.***

**1. Perinatal History**

a. How was your health during pregnancy? Good Fair Poor UNK

b. How old were you when your child was born? \_\_\_\_\_

c. How many weeks gestation (full term = 40 weeks)? \_\_\_\_\_

d. What was your child's birth weight? \_\_\_\_\_

e. The delivery:

i. Were you given pain medication? Y / N

ii. Was there fetal distress? Y / N

iii. Vaginal Delivery? Y / N

iv. C-Section? Y / N

v. Breech? Y / N

vi. Induction? Y / N

f. Were there health complications following birth? Y / N

i. If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

g. Were any of the following substances used during the pregnancy?

i. Beer/Wine: Never <5 times 5-25 times Regularly

ii. Hard Alcohol: Never <5 times 5-25 times Regularly

iii. Caffeine: Never <5 times 5-25 times Regularly

iv. Cigarettes: Never <5 times 5-25 times Regularly

h. Were any of the following medications taken during the pregnancy?

i. Anxiolytics (Valium, Xanax, etc.) Y / N

ii. Anti-seizure meds (Depakote, Dilantin, etc.) Y / N

iii. Treatment for Diabetes Y / N

iv. Other (please specify): \_\_\_\_\_

## 2. Developmental History

a. Was your baby colicky? Y / N

b. Did your baby have sleep problems? Y / N

c. Were there health problems during infancy? Y / N

i. If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

d. How did your child interact with other people?

i. More Social    Average Socially    Less Social

e. MILESTONES. At what age did your child:

i. Sit up? \_\_\_\_\_

ii. Crawl? \_\_\_\_\_

iii. Walk? \_\_\_\_\_

iv. Use a single word? \_\_\_\_\_

v. Use two words together? \_\_\_\_\_

vi. Learn bladder control? \_\_\_\_\_

vii. Learn bowel control? \_\_\_\_\_

## 3. Past Medical History

a. How is your child's:

i. General health?                      Very Good    Good    Fair    Poor    Very Poor

ii. Hearing?                                  Very Good    Good    Fair    Poor    Very Poor

iii. Vision?                                  Very Good    Good    Fair    Poor    Very Poor

iv. Fine motor coordination?            Very Good    Good    Fair    Poor    Very Poor

v. Gross motor coordination?            Very Good    Good    Fair    Poor    Very Poor

vi. Speech Articulation?                Very Good    Good    Fair    Poor    Very Poor

b. Does your child have chronic health problems (diabetes, asthma, heart condition)? Y / N

i. Please explain: \_\_\_\_\_  
\_\_\_\_\_

c. Has your child had accidents resulting in a broken bone, head injury or laceration? Y / N

i. Please explain: \_\_\_\_\_  
\_\_\_\_\_

d. Has your child ever had any surgeries? Y / N

i. Please explain: \_\_\_\_\_  
\_\_\_\_\_

e. Does your child have trouble with sleep? Y / N

i. Difficulty falling asleep? Y / N

ii. Trouble staying asleep or early morning waking? Y / N

iii. Restless sleeping, snoring or sleep apnea? Y / N

iv. Bedwetting? Y / N

f. Is there any concern about alcohol or drug use? Y / N

g. Is there any concern for, or history of physical or sexual abuse? Y / N

h. How is your child's appetite?      Overeats      Average      Undereats

i. Does your child have a history of any of the following?

i. Headaches or Dizziness? Y / N

ii. Heart problems (Chest pain, passing out, Murmur, Abnormal Rhythm)? Y / N

iii. Seizures, Tics or other Neurological problems? Y / N

iv. Glaucoma or other Eye problems? Y / N

v. Anxiety, Depression or other Psychological problems? Y / N

j. Has your child ever been prescribed medicine for ADHD? Y / N

i. If so, what medicine(s)? \_\_\_\_\_

k. Has your child ever been in Individual, Group or Family Therapy? Y / N

#### **4. Social History**

a. How does your child get along with his siblings?    Good    Avg    Poor    No Sibs

b. How easily does your child make friends?            Easily    Avg    Poorly

c. How long does your child keep friendships?      Short   Avg   Long Term

d. What grade in school is your child? \_\_\_\_\_

e. Has your child ever been in special education?    Y / N

f. Has your child ever been diagnosed with learning disabilities?    Y / N

g. Has your child ever been suspended or retained in a grade level? Y / N

h. Describe your child's progress (academic and social) within the following grades:

i. Preschool:

ii. Kindergarten:

iii. First Grade:

5. **Family History** – For the following, please state all relative(s) (mom, dad, maternal aunt, paternal grandfather, etc.) that are affected by the disorder -

a. Attention and hyperactivity problems as a child? \_\_\_\_\_

b. Impulse control problems as a child? \_\_\_\_\_

c. Aggression, Defiance and Oppositional problems as a child? \_\_\_\_\_

d. Learning Disabilities? \_\_\_\_\_

e. Failed to graduate from High School? \_\_\_\_\_

f. Mental Retardation? \_\_\_\_\_

g. Bipolar or Schizophrenia? \_\_\_\_\_

h. Depression? \_\_\_\_\_

i. Anxiety? \_\_\_\_\_

j. Tics or Tourette's? \_\_\_\_\_

k. Alcohol / Substance abuse? \_\_\_\_\_

l. Antisocial Behavior (thefts, arrests)? \_\_\_\_\_

m. Physical abuse? \_\_\_\_\_

n. Sexual abuse? \_\_\_\_\_

o. High Blood Pressure? \_\_\_\_\_

p. Heart Attacks <50 years of age? \_\_\_\_\_

q. Abnormal Heart Rhythms/Pacemakers? \_\_\_\_\_

r. Migraine Headaches? \_\_\_\_\_

s. Seizures? \_\_\_\_\_

t. Thyroid Disease? \_\_\_\_\_

u. Other? \_\_\_\_\_

v. How is the relationship of the child's parents?

i. Never Married

ii. Separated / Divorced

iii. Widowed

iv. Married for \_\_\_\_\_ years

1. How stable is the current marriage? \_\_\_\_\_

w. Have any of the following stressful events occurred in the last year?

i. Family accident, illness or death? \_\_\_\_\_

ii. Parents divorced/separated? \_\_\_\_\_

iii. Change/Loss of job/Financial problems? \_\_\_\_\_

iv. Family move? \_\_\_\_\_

v. School change? \_\_\_\_\_

vi. Other? \_\_\_\_\_

**6. Behavior Concerns**

a. What are your primary behavior/academic concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Please circle any/all strategies you have previously tried for your child.

i. Verbal Reprimands

ii. Time Out

iii. Loss of Privileges

iv. Punishments

v. Giving in to Child

vi. Rewards

vii. Other

c. How consistent are you and your spouse with discipline strategies

- i. Most of the time      Some of the time      Rarely

d. How often does your child comply with INITIAL commands?

- i.            <25%            25-50%            50-75%            75-100% of the time

e. How often does your child EVENTUALLY comply with commands?

- i.            <25%            25-50%            50-75%            75-100% of the time

7. Please share any other thoughts or concerns:

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### 8. DSM-IV Criteria

a. Which of these are considered to be a ***significant*** problem at the present time? (6/9)

- i. Often fails to give close attention to details; makes careless mistakes      Y / N
- ii. Often has difficulty sustaining attention in tasks or play      Y / N
- iii. Often does not seem to listen when spoken to directly      Y / N
- iv. Often doesn't follow through on instructions; fails to finish homework      Y / N
- v. Often has difficulty organizing tasks and activities      Y / N
- vi. Often avoids/dislikes tasks that require sustained mental effort      Y / N
- vii. Often loses things necessary for tasks (toys, homework, books)      Y / N
- viii. Is often easily distracted by extraneous stimuli      Y / N
- ix. Is often forgetful in daily activities      Y / N

b. Which of these are considered to be a ***significant*** problem at the present time? (6/9)

- i. Often fidgets with hands or feet or squirms in seat.      Y / N
- ii. Often leaves seat in classroom      Y / N
- iii. Often runs/climbs about excessively (feels restless in adolescents)      Y / N
- iv. Often has difficulty playing/engaging in leisure activities quietly      Y / N
- v. Is often "on the go" or acts as if "driven by a motor"      Y / N
- vi. Often talks excessively      Y / N
- vii. Often blurts out answers out of turn or before questions completed      Y / N
- viii. Often has difficulty awaiting turn      Y / N
- ix. Often interrupts or intrudes on others      Y / N

c. Which of these are considered to be a significant problem at the present time? (4/8)

i. Often loses temper Y / N

ii. Often argues with adults Y / N

iii. Often actively defies or refuses to comply with adults requests/rules Y / N

iv. Often deliberately annoys people Y / N

v. Often blames others for his/her mistakes Y / N

vi. Is often touchy or easily annoyed Y / N

vii. If often angry or resentful Y / N

viii. Is often spiteful or vindictive Y / N

d. At what age did these problems begin? \_\_\_\_\_

## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ 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 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?

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, 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
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
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

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
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
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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

**Comments:**

**For Office Use Only**

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 for questions 1–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27–40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41–47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48–55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_



Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ 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: \_\_\_\_\_.

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. 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, or 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 on others (eg, butts into conversations/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 (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
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

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.

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HE0351

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

<b>Symptoms (continued)</b>	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
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

<b>Performance Academic Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

<b>Classroom Behavioral Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a Problem</b>	<b>Problematic</b>
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
43. Organizational skills	1	2	3	4	5

**Comments:**

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

**For Office Use Only**

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 for questions 1–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29–35: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 36–43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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