



# DENVER HEALTH MEDICAL PLAN INC.™

## CLINICAL PRACTICE GUIDELINE

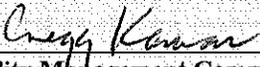
Guideline Number: DHMP\_DHMC\_CG1000

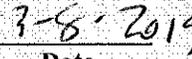
Effective Date: 1/2019

Guideline Subject: ADHD Clinical Practice Guideline for the  
Diagnosis, Evaluation and Treatment of Attention-  
Deficit/Hyperactivity Disorder in Children and Adolescents

Revision Date: 1/2020

Pages: 1 of 4

  
Quality Management Committee Chair

  
Date

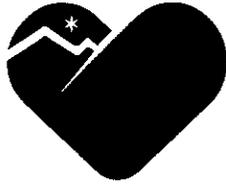
- I. **PURPOSE:** Attention-deficit hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood and can profoundly affect the academic achievement, well-being and social relationships of children. The purpose of this guideline is to provide guidance with diagnosis and treatment of ADHD.
- II. **POPULATION:** Members aged 4-18 years of age who present with academic or behavioral problems combined with symptoms of inattention, hyperactivity, or impulsivity.
- III. **GUIDELINE:**
  - A. Evaluation and Diagnosis (based on AAP guideline):
    - Evaluation is initiated by pediatrician/primary care physician for children aged 4-18 who present with academic or behavioral problems and symptoms of inattention, hyperactivity, or impulsivity
    - To make an ADHD diagnosis, the primary care clinician should determine that diagnostic criteria have been met based on the Diagnostic and Statistical Manual of Mental Disorders –Fifth Edition (DSM-5). Making a diagnosis includes documenting the child had difficulties in more than 1 major setting (in school and at home). Information is collected from parents, teachers, caregivers, and mental health professionals, etc. who are involved in the child's care
    - Alternative Causes should be considered and ruled out such as: emotional and behavioral conditions, developmental disorders, and physical conditions
    - ADHD is classified as a chronic (long-standing) condition. The clinician should therefore recognize children and adolescents with ADHD as children and youth with special health care needs. Care for these youth should follow the principles of the chronic care model and the medical home
  - B. Screening Tools: (Attached)
    - Vanderbilt Assessment Scale
    - Conners Teacher and Parent Scale- Revised
    - Child Behavior Checklist
  - C. Treatment:

Treatment Recommendations are based on age:

    1. Pre-School (4-5 years):
      - Evidence-based parent or teacher administered behavioral intervention should be the first line of treatment
      - Medication (methylphenidate) may be considered if first line treatments are not available or insufficient
      - Weigh the risk of starting medication at an early age against harm of delaying diagnosis and treatment
      - Rate of metabolizing stimulant medication is slower in children 4-5 years old, they should start with lowest dose possible and it can be increased in increments as indicated

**NOTE:**

*This guideline is designed to assist providers by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition.*



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### 2. Elementary School-aged (6-11 years):

- Combination of US FDA approved medication and evidence based behavioral interventions has been shown to have the best outcome. Preferably, both medication and behavior therapy should be used together
- Stimulant medications have been shown to be beneficial. In some instances, atomoxetine, extended-release guanfacine, and extended-release clonidine (in that order) may be used, but may not be as effective
- The school environment, program, or placement is part of any treatment plan. School modifications such as preferred seating, classroom adaptations, test modifications, behavior plans, or special education should be encouraged

### 3. Adolescents (12-18 years):

- FDA-approved medications for ADHD with the assent of the adolescent and may prescribe behavior therapy as treatment for ADHD. Preferably, both medication and behavior therapy should be used together
- Clinicians should assess adolescent patients for signs and symptoms of substance abuse, particularly in those with a new diagnosis of ADHD. If signs and symptoms of substance abuse are found, evaluation and treatment for addictions should precede treatment for ADHD, if possible
- If medication is prescribed, it should be titrated to ensure the child receives the maximum benefit with the least degree of adverse side effects
- Mood disorders such as depression have co-morbid influences general function and school performance. Objective screening is recommended

### D. Medication Evaluation/Re-evaluation:

- Initial exam should include history and physical exam
- Blood pressure, pulse, height and weight measures are completed before medication is initiated and monitored regularly, as ADHD medications may affect these measures
- The primary care clinician should monitor and alter, as needed, the dose of medication given to the child for ADHD in order to achieve the maximum benefit while minimizing any problems from taking the medication

### E. Follow-Up Care

Children who are newly prescribed ADHD medication should receive at least three follow-up care visits within a 10 month period. The visits should follow the following schedule:

- **Initiation Phase:**  
Upon initiation of prescription medication, members should be re-evaluated by the prescribing physician at least once within 30 days for re-evaluation of medication, response, and adjustment as necessary
- **Continuation and Maintenance Phase:**

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Two additional visits with the prescribing physician should occur within the following 9 months. HEDIS also requires the patient to remain on the medication for at least 210 days allowing for a 90 day medication gap. Pharmacy data is used to determine if the member was compliant with medication for 210 days

### F: Goals for Treatment:

The optimal goals for treatment of ADHD are to improve functioning and behavior of the child/adolescent. Behavioral interventions teach skill sets to help manage and control behavior and to improve social skills, peer interactions, and coping skills.

- To achieve optimal results with behavioral therapy, parents and teachers are recommended to be active participants, supporting the child/adolescent in learning and using behavioral interventions

The goals of medication treatment for individuals with ADHD are to reduce symptoms and help with maintaining a functional life style related to school, home, social interactions, and well-being.

### G. Educational Resources:

Educating patients and their families/caregivers about ADHD and resources can positively support treatment and stabilization.

Patient/family educational materials are found at:

- The National Initiative for Children's Healthcare Quality at [http://www.nichq.org/resources/resources\\_for\\_parents.html](http://www.nichq.org/resources/resources_for_parents.html)
- National Institute of Mental Health: What is Attention Deficit Hyperactivity Disorder (ADHD/ADD)? <http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>
- Attention-Deficit/Hyperactivity Disorder (ADHD) Homepage <http://www.cdc.gov/ncbddd/adhd/index.html>

### III. ATTACHMENTS:

Attachment A: DSM V Criteria

Attachment B: Behavior Rating Scales

-Vanderbilt    -Conners    -Child Behavior Rating

### V. REFERENCES:

Agency for Healthcare Research and Quality. (2011, Nov). Attention Deficit Hyperactivity Disorder: effectiveness of treatment in at-risk preschoolers; long-term effectiveness in all ages; and variability in prevalence, diagnosis, and treatment. Retrieved from <https://www.guideline.gov/summaries/summary/36881?search=adhd>

American Academy of Pediatrics. (2011, Nov). Clinical Practice Guideline ADHD: Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of Attention-Deficit Hyperactivity Disorder in Children & Adolescents. *PEDIATRICS*, 128(5), 1-16.

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- American Academy of Pediatrics. (n.d.). Implementing the Key Action Statements: An algorithm and Explanation for PProcess of Care for the Evaluation, Diagnosis, Treatment, and Monitoring of ADHD in Children and Adolescents . *PEDIATRICS*, S11-SI21.
- Center for Disease Control. (2016, October 5). *Centers for Disease Control and Prevention*. Retrieved October 20, 2016, from Attention-Deficit/Hyperactivity Disorder (ADHD) : <http://www.cdc.gov/ncbddd/adhd/guidelines.html>
- Center for Disease Control (2016, October) Attention-Deficit/Hyperactivity Disorder (ADHD) DSM-5 Criteria for Diagnosis. Retrieved October 2016, from Attention-Deficit/Hyperactivity Disorder (ADHD) : <http://www.cdc.gov/ncbddd/adhd/diagnosis.html>

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# Attention Deficit/Hyperactivity Disorder (ADHD)

## Is it ADHD?

### Symptom Checklist

Deciding if a child has ADHD is a several step process. There is no single test to diagnose ADHD, and many other problems, like anxiety, depression, and certain types of learning disabilities, can have similar symptoms.

The American Psychiatric Association's Diagnostic and Statistical Manual, Fifth edition (DSM-5) is used by mental health

professionals to help diagnose ADHD. It was released in May 2013 and replaces the previous version, the text revision of the fourth edition (DSM-IV-TR). This diagnostic standard helps ensure that people are appropriately diagnosed and treated for ADHD. Using the same standard across communities will help determine how many children have ADHD, and how public health is impacted by this condition.

There were some changes in the DSM-5 for the diagnosis of ADHD: symptoms can now occur by age 12 rather than by age 6; several symptoms now need to be present in more than one setting rather than just some impairment in more than one setting; new descriptions were added to show what symptoms might look like at older ages; and for adults and adolescents age 17 or older, only 5 symptoms are needed instead of the 6 needed for younger children.

The criteria are presented in shortened form. Please note that they are provided just for your information. Only trained health care providers can diagnose or treat ADHD.

If a parent or other adult is concerned about a child's behavior, it is important to discuss these concerns with the child's health care provider.



**Simply fill out the child's name, age and today's date and then check off the signs or symptoms the child has shown. Take the completed checklist to your child's health care provider.**

Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_ Today's date: \_\_\_\_\_

## **Inattention**

*Six or more of the following symptoms of inattention have been present for at least 6 months to a point that is inappropriate for developmental level*

- Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Often has trouble keeping attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (loses focus, gets sidetracked).
- Often has trouble organizing activities.
- Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
- Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
- Is often easily distracted.
- Is often forgetful in daily activities.

## **Hyperactivity / Impulsivity**

*Six or more of the following symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for developmental level*

- Often fidgets with hands or feet or squirms in seat when sitting still is expected.
- Often gets up from seat when remaining in seat is expected.
- Often excessively runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).
- Often has trouble playing or doing leisure activities quietly.
- Is often "on the go" or often acts as if "driven by a motor".
- Often talks excessively.
- Often blurts out answers before questions have been finished.
- Often has trouble waiting one's turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games).

### **What do you see?**

Ask a relative, friend, coach, teacher or child care provider to tell you what your child does. Print a blank checklist and forward them.

### **More information:**

<http://www.cdc.gov/adhd>

800-CDC-INFO, TTY: 888-232-6348; [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

# Conners' Parent Rating Scale - Revised (L)

by C. Keith Conners, Ph.D.

Child's Name: \_\_\_\_\_ Gender: **M** **F**  
(Circle One)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_  
Month Day Year

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Instructions:** Below are a number of common problems that children have. Please rate each item according to your child's behavior in the last month. For each item, ask yourself "How much of a problem has this been in the last month?", and circle the best answer for each one. If none, not at all, seldom, or very infrequently, you would circle 0. If very much true, or it occurs very often or frequently, you would circle 3. You would circle 1 or 2 for ratings in between. Please respond to all the items.

NOT TRUE AT ALL (Never, Seldom)	JUST A LITTLE TRUE (Occasionally)	PRETTY MUCH TRUE (Often, Quite a Bit)	VERY MUCH TRUE (Very Often, Very Frequent)
--	--	--	---

1. Angry and resentful .....	0	1	2	3
2. Difficulty doing or completing homework .....	0	1	2	3
3. Is always "on the go" or acts as if driven by a motor .....	0	1	2	3
4. Timid, easily frightened .....	0	1	2	3
5. Everything must be just so .....	0	1	2	3
6. Has no friends .....	0	1	2	3
7. Stomach aches .....	0	1	2	3
8. Fights .....	0	1	2	3
9. Avoids, expresses reluctance about, or has difficulties engaging in tasks that require sustained mental effort (such as schoolwork or homework) .....	0	1	2	3
10. Has difficulty sustaining attention in tasks or play activities .....	0	1	2	3
11. Argues with adults .....	0	1	2	3
12. Fails to complete assignments .....	0	1	2	3
13. Hard to control in malls or while grocery shopping .....	0	1	2	3
14. Afraid of people .....	0	1	2	3
15. Keeps checking things over again and again .....	0	1	2	3
16. Loses friends quickly .....	0	1	2	3
17. Aches and pains .....	0	1	2	3
18. Restless or overactive .....	0	1	2	3
19. Has trouble concentrating in class .....	0	1	2	3
20. Does not seem to listen to what is being said to him/her .....	0	1	2	3
21. Loses temper .....	0	1	2	3
22. Needs close supervision to get through assignments .....	0	1	2	3
23. Runs about or climbs excessively in situations where it is inappropriate .....	0	1	2	3
24. Afraid of new situations .....	0	1	2	3
25. Fussy about cleanliness .....	0	1	2	3
26. Does not know how to make friends .....	0	1	2	3
27. Gets aches and pains or stomachaches before school .....	0	1	2	3
28. Excitable, impulsive .....	0	1	2	3
29. Does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions) .....	0	1	2	3
30. Has difficulty organizing tasks and activities .....	0	1	2	3
31. Irritable .....	0	1	2	3
32. Restless in the "squirmy sense" .....	0	1	2	3
33. Afraid of being alone .....	0	1	2	3
34. Things must be done the same way every time .....	0	1	2	3
35. Does not get invited over to friends' houses .....	0	1	2	3
36. Headaches .....	0	1	2	3
37. Fails to finish things he/she starts .....	0	1	2	3

Items continued on back page...

# Conners' Parent Rating Scale - Revised (L)

by C. Keith Conners, Ph.D.

NOT TRUE AT ALL (Never, Seldom)	JUST A LITTLE TRUE (Occasionally)	PRETTY MUCH TRUE (Often, Quite a Bit)	VERY MUCH TRUE (Very Often, Very Frequent)
--	--	--	---

38. Inattentive, easily distracted .....	0	1	2	3
39. Talks excessively .....	0	1	2	3
40. Actively defies or refuses to comply with adults' requests .....	0	1	2	3
41. Fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities .....	0	1	2	3
42. Has difficulty waiting in lines or awaiting turn in games or group situations .....	0	1	2	3
43. Has a lot of fears .....	0	1	2	3
44. Has rituals that he/she must go through .....	0	1	2	3
45. Distractibility or attention span a problem .....	0	1	2	3
46. Complains about being sick even when nothing is wrong .....	0	1	2	3
47. Temper outbursts .....	0	1	2	3
48. Gets distracted when given instructions to do something .....	0	1	2	3
49. Interrupts or intrudes on others (e.g., butts into others' conversations or games) .....	0	1	2	3
50. Forgetful in daily activities .....	0	1	2	3
51. Cannot grasp arithmetic .....	0	1	2	3
52. Will run around between mouthfuls at meals .....	0	1	2	3
53. Afraid of the dark, animals, or bugs .....	0	1	2	3
54. Sets very high goals for self .....	0	1	2	3
55. Fidgets with hands or feet or squirms in seat .....	0	1	2	3
56. Short attention span .....	0	1	2	3
57. Touchy or easily annoyed by others .....	0	1	2	3
58. Has sloppy handwriting .....	0	1	2	3
59. Has difficulty playing or engaging in leisure activities quietly .....	0	1	2	3
60. Shy, withdrawn .....	0	1	2	3
61. Blames others for his/her mistakes or misbehavior .....	0	1	2	3
62. Fidgeting .....	0	1	2	3
63. Messy or disorganized at home or school .....	0	1	2	3
64. Gets upset if someone rearranges his/her things .....	0	1	2	3
65. Clings to parents or other adults .....	0	1	2	3
66. Disturbs other children .....	0	1	2	3
67. Deliberately does things that annoy other people .....	0	1	2	3
68. Demands must be met immediately — easily frustrated .....	0	1	2	3
69. Only attends if it is something he/she is very interested in .....	0	1	2	3
70. Spiteful or vindictive .....	0	1	2	3
71. Loses things necessary for tasks or activities (e.g., school assignments, pencils, books, tools or toys) .....	0	1	2	3
72. Feels inferior to others .....	0	1	2	3
73. Seems tired or slowed down all the time .....	0	1	2	3
74. Spelling is poor .....	0	1	2	3
75. Cries often and easily .....	0	1	2	3
76. Leaves seat in classroom or in other situations in which remaining seated is expected ...	0	1	2	3
77. Mood changes quickly and drastically .....	0	1	2	3
78. Easily frustrated in efforts .....	0	1	2	3
79. Easily distracted by extraneous stimuli .....	0	1	2	3
80. Blurts out answers to questions before the questions have been completed .....	0	1	2	3

# Conners' Teacher Rating Scale - Revised (S)

by C. Keith Conners, Ph.D.

Child's Name: \_\_\_\_\_ Gender: M F

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ School Grade: \_\_\_\_  
Month Day Year

Teacher's Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Instructions:** Below are a number of common problems that children have in school. Please rate each item according to how much of a problem it has been in the last month. For each item, ask yourself, "How much of a problem has this been in the last month?", and circle the best answer for each one. If none, not at all, seldom, or very infrequently, you would circle 0. If very much true, or it occurs very often or frequently, you would circle 3. You would circle 1 or 2 for ratings in between. Please respond to each item.

NOT TRUE AT ALL (Never, Seldom)	JUST A LITTLE TRUE (Occasionally)	PRETTY MUCH TRUE (Often, Quite a Bit)	VERY MUCH TRUE (Very Often, Very Frequent)
--	--	--	---

1. Inattentive, easily distracted .....	0	1	2	3
2. Defiant .....	0	1	2	3
3. Restless in the "squirmy" sense .....	0	1	2	3
4. Forgets things he/she has already learned .....	0	1	2	3
5. Disturbs other children .....	0	1	2	3
6. Actively defies or refuses to comply with adults' requests .....	0	1	2	3
7. Is always "on the go" or acts as if driven by a motor .....	0	1	2	3
8. Poor in spelling .....	0	1	2	3
9. Cannot remain still .....	0	1	2	3
10. Spiteful or vindictive .....	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected .....	0	1	2	3
12. Fidgets with hands or feet or squirms in seat .....	0	1	2	3
13. Not reading up to par .....	0	1	2	3
14. Short attention span .....	0	1	2	3
15. Argues with adults .....	0	1	2	3
16. Only pays attention to things he/she is really interested in .....	0	1	2	3
17. Has difficulty waiting his/her turn .....	0	1	2	3
18. Lacks interest in schoolwork .....	0	1	2	3
19. Distractibility or attention span a problem .....	0	1	2	3
20. Temper outbursts; explosive, unpredictable behavior .....	0	1	2	3
21. Runs about or climbs excessively in situations where it is inappropriate ..	0	1	2	3
22. Poor in arithmetic .....	0	1	2	3
23. Interrupts or intrudes on others (e.g., butts into others' conversations or games)	0	1	2	3
24. Has difficulty playing or engaging in leisure activities quietly .....	0	1	2	3
25. Fails to finish things he/she starts .....	0	1	2	3
26. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand instructions) ...	0	1	2	3
27. Excitable, impulsive .....	0	1	2	3
28. Restless, always up and on the go .....	0	1	2	3

## **DSM-5 Criteria for ADHD from <http://www.cdc.gov/ncbddd/adhd/diagnosis.html>**

**People with ADHD show a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development:**

- 1. Inattention: Six or more symptoms of inattention for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:**
  - Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
  - Often has trouble holding attention on tasks or play activities.
  - Often does not seem to listen when spoken to directly.
  - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
  - Often has trouble organizing tasks and activities.
  - Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
  - Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
  - Is often easily distracted
  - Is often forgetful in daily activities.
  
- 2. Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16, or five or more for adolescents 17 and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:**
  - Often fidgets with or taps hands or feet, or squirms in seat.
  - Often leaves seat in situations when remaining seated is expected.
  - Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
  - Often unable to play or take part in leisure activities quietly.
  - Is often "on the go" acting as if "driven by a motor".
  - Often talks excessively.
  - Often blurts out an answer before a question has been completed.
  - Often has trouble waiting his/her turn.
  - Often interrupts or intrudes on others (e.g., butts into conversations or games)

**In addition, the following conditions must be met:**

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

**Based on the types of symptoms, three kinds (presentations) of ADHD can occur:**

*Combined Presentation:* if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months

*Predominantly Inattentive Presentation:* if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months

*Predominantly Hyperactive-Impulsive Presentation:* if enough symptoms of hyperactivity-impulsivity but not inattention were present for the past six months.

Because symptoms can change over time, the presentation may change over time as well.

**ADHD in Adults**

ADHD often lasts into adulthood. For more information about diagnosis and treatment throughout the lifespan, please visit the websites of the [National Resource Center on ADHD](#) and the [National Institutes of Mental Health](#).

**Changes in the DSM-5**

The fifth edition of the DSM was released in May 2013 and replaces the previous version, the text revision of the fourth edition (DSM-IV-TR). There were some changes in the DSM-5 for the diagnosis of ADHD:

- Symptoms can now occur by age 12 rather than by age 6;
- Several symptoms now need to be present in more than one setting rather than just some impairment in more than one setting;
- New descriptions were added to show what symptoms might look like at older ages; and
- For adults and adolescents age 17 or older, only 5 symptoms are needed instead of the 6 needed for younger children.

**Reference**

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Arlington, VA., American Psychiatric Association, 2013.

# **NICHQ Vanderbilt Assessment Scales**

Used for diagnosing ADHD



## 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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## 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: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
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

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

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
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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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. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her 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. 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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Overall school performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26. Participation in organized activities (eg, teams)	1	2	3	4	5

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

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

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?			
	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 for questions 19–26: \_\_\_\_\_

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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 last assessment scale was filled out. 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. 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

Performance	Excellent	Above Average	Average	Somewhat of a 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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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 effects or problems in the past week?	Are these side effects currently a problem?			
	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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## Scoring Instructions for the NICHQ Vanderbilt Assessment Scales

These scales should **NOT** be used alone to make any diagnosis. You must take into consideration information from multiple sources. Scores of 2 or 3 on a single Symptom question reflect *often-occurring* behaviors. Scores of 4 or 5 on Performance questions reflect problems in performance.

The initial assessment scales, parent and teacher, have 2 components: symptom assessment and impairment in performance. On both the parent and teacher initial scales, the symptom assessment screens for symptoms that meet criteria for both inattentive (items 1–9) and hyperactive ADHD (items 10–18).

To meet *DSM-IV* criteria for the diagnosis, one must have at least 6 positive responses to either the inattentive 9 or hyperactive 9 core symptoms, or both. A positive response is a 2 or 3 (often, very often) (you could draw a line straight down the page and count the positive answers in each subsegment). There is a place to

record the number of positives in each subsegment, and a place for total score for the first 18 symptoms (just add them up).

The initial scales also have symptom screens for 3 other co-morbidities—oppositional-defiant, conduct, and anxiety/depression. These are screened by the number of positive responses in each of the segments separated by the “squares.” The specific item sets and numbers of positives required for each co-morbid symptom screen set are detailed below.

The second section of the scale has a set of performance measures, scored 1 to 5, with 4 and 5 being somewhat of a problem/problematic. To meet criteria for ADHD there must be at least one item of the Performance set in which the child scores a 4 or 5; ie, there must be impairment, not just symptoms to meet diagnostic criteria. The sheet has a place to record the number of positives (4s, 5s) and an Average Performance Score—add them up and divide by number of Performance criteria answered.

Parent Assessment Scale	Teacher Assessment Scale
<p><b>Predominantly Inattentive subtype</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 6 out of 9 items on questions 1–9 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 48–55</li> </ul> <p><b>Predominantly Hyperactive/Impulsive subtype</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 6 out of 9 items on questions 10–18 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 48–55</li> </ul> <p><b>ADHD Combined Inattention/Hyperactivity</b></p> <ul style="list-style-type: none"> <li>■ Requires the above criteria on both inattention and hyperactivity/impulsivity</li> </ul> <p><b>Oppositional-Defiant Disorder Screen</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 4 out of 8 behaviors on questions 19–26 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 48–55</li> </ul> <p><b>Conduct Disorder Screen</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 3 out of 14 behaviors on questions 27–40 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 48–55</li> </ul> <p><b>Anxiety/Depression Screen</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 3 out of 7 behaviors on questions 41–47 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 48–55</li> </ul>	<p><b>Predominantly Inattentive subtype</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 6 out of 9 items on questions 1–9 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 36–43</li> </ul> <p><b>Predominantly Hyperactive/Impulsive subtype</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 6 out of 9 items on questions 10–18 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 36–43</li> </ul> <p><b>ADHD Combined Inattention/Hyperactivity</b></p> <ul style="list-style-type: none"> <li>■ Requires the above criteria on both inattention and hyperactivity/impulsivity</li> </ul> <p><b>Oppositional-Defiant/Conduct Disorder Screen</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 3 out of 10 items on questions 19–28 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 36–43</li> </ul> <p><b>Anxiety/Depression Screen</b></p> <ul style="list-style-type: none"> <li>■ Must score a 2 or 3 on 3 out of 7 items on questions 29–35 <u>AND</u></li> <li>■ Score a 4 or 5 on any of the Performance questions 36–43</li> </ul>

The parent and teacher follow-up scales have the first 18 core ADHD symptoms, not the co-morbid symptoms. The section segment has the same Performance items and impairment assessment as the initial scales, and then has a side-effect reporting scale that can be used to both assess and monitor the presence of adverse reactions to medications prescribed, if any.

Scoring the follow-up scales involves only calculating a total symptom score for items 1–18 that can be tracked over time, and

the average of the Performance items answered as measures of improvement over time with treatment.

### Parent Assessment Follow-up

- Calculate Total Symptom Score for questions 1–18.
- Calculate Average Performance Score for questions 19–26.

### Teacher Assessment Follow-up

- Calculate Total Symptom Score for questions 1–18.
- Calculate Average Performance Score for questions 19–26.

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