

Seguimiento de la Evaluación NICHQ Vanderbilt. Cuestionario para PADRES
NICHQ Vanderbilt Assessment Follow-up—PARENT Informant

Fecha de hoy/Today's Date: _____
 Nombre del niño(a)/Child's Name: _____
 Fecha de nacimiento/Date of Birth: _____
 Nombre del padre o de la madre/Parent's Name: _____
 Teléfono/Parent's Phone Number: _____

Instrucciones: Conteste basándose en lo que considera apropiado para un niño de esa edad. Al completar este cuestionario, please por favor en la conducta de su niño(a) desde la última vez que llenó el primer cuestionario.

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.

Durante el período de evaluación su hijo(a)
 Is this evaluation based on a time when the child

- tomaba medicamentos no tomaba medicamentos no lo recuerda
 was on medication was not on medication not sure?

Síntomas/ Symptoms	Nunca/ Never	A veces/ Occasionally	Seguido/ Often	Muy seguido/ Very Often
1. No pone atención a los detalles o comete errores por descuido como por ejemplo, cuando hace la tarea <i>Does not pay attention to details or makes careless mistakes with, for example, homework</i>	0	1	2	3
2. Se le dificulta mantenerse atento al llevar a cabo sus actividades <i>Has difficulty keeping attention to what needs to be done</i>	0	1	2	3
3. Parece no estar escuchando cuando se le habla directamente <i>Does not seem to listen when spoken to directly</i>	0	1	2	3
4. No sigue las instrucciones hasta el final y no concluye sus actividades (no porque se rehúse a seguirlas o porque no las comprenda) <i>Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)</i>	0	1	2	3
5. Tiene dificultad al organizar sus tareas y actividades <i>Has difficulty organizing tasks and activities</i>	0	1	2	3
6. Evita, le disgusta o no quiere comenzar actividades que requieren un continuo esfuerzo mental <i>Avoids, dislikes, or does not want to start tasks that require ongoing mental effort</i>	0	1	2	3
7. Pierde cosas que son indispensables para cumplir con sus tareas o actividades (juguetes, tareas de la escuela, lápices o libros) <i>Loses things necessary for tasks or activities (toys, assignments, pencils, or books)</i>	0	1	2	3
8. Se distrae fácilmente con ruidos u otros estímulos externos <i>Is easily distracted by noises or other stimuli</i>	0	1	2	3
9. Es olvidadizo(a) en sus actividades cotidianas <i>Is forgetful in daily activities</i>	0	1	2	3
10. Mueve constantemente las manos o los pies, o no se está quieto(a) en su asiento <i>Fidgets with hands or feet or squirms in seat</i>	0	1	2	3
11. Se pone de pie cuando debiera permanecer sentado(a) <i>Leaves seat when remaining seated is expected</i>	0	1	2	3

La información contenida en esta publicación no debe usarse a manera de sustitución del cuidado médico y consejo de su pediatra. Este podría recomendar variaciones en el tratamiento, según hechos y circunstancias individuales.

Derechos de Autor © 2005 Academia Americana de Pediatría, Universidad de North Carolina en Chapel Hill para su Centro de Mejoramiento del Cuidado de Salud Infantil de North Carolina y la Iniciativa Nacional en Favor de la Calidad del Cuidado de Salud Infantil.

Adaptación de las Escalas de Clasificación Vanderbilt, diseñadas por Mark L. Wolraich, MD. Revisión - 0303

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



NICHQ

National Initiative for Children's Healthcare Quality



D5s2 Seguimiento de la Evaluación NICHQ Vanderbilt. Continuación cuestionario para PADRES
NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued

Fecha de hoy/Today's Date: _____

Nombre del niño(a)/Child's Name: _____

Fecha de nacimiento/Date of Birth: _____

Nombre del padre o de la madre/Parent's Name: _____

Teléfono/Parent's Phone Number: _____

Síntomas (continuación)/ Symptoms (continued)	Nunca/ Never	A veces/ Occasionally	Seguido/ Often	Muy seguido/ Very Often
12. Corre o camina por todos lados cuando debiera permanecer sentado <i>Runs about or climbs too much when remaining seated is expected</i>	0	1	2	3
13. Se le dificulta jugar o empezar actividades recreativas más tranquilas <i>Has difficulty playing or beginning quiet play activities</i>	0	1	2	3
14. Está en constante movimiento o actúa como si "tuviera un motor por dentro" <i>Is "on the go" or often acts as if "driven by a motor"</i>	0	1	2	3
15. Habla demasiado <i>Talks too much</i>	0	1	2	3
16. Responde precipitadamente, incluso antes de escuchar la pregunta completa <i>Blurts out answers before questions have been completed</i>	0	1	2	3
17. Tiene dificultad al esperar su turno <i>Has difficulty waiting his or her turn</i>	0	1	2	3
18. Interrumpe o se entromete en conversaciones o actividades ajenas <i>Interrupts or intrudes in on others' conversations and/or activities</i>	0	1	2	3

Comportamiento Performance	Excelente/ Excellent	Sobre lo normal/ Above Average	Normal/ Average	Cierta dificultad/ Somewhat of a Problem	Con dificultad/ Problematic
19. Comportamiento general en la escuela <i>Overall school performance</i>	1	2	3	4	5
20. Lectura <i>Reading</i>	1	2	3	4	5
21. Escritura <i>Writing</i>	1	2	3	4	5
22. Matemáticas <i>Mathematics</i>	1	2	3	4	5
23. Relación con sus padres <i>Relationship with parents</i>	1	2	3	4	5
24. Relación con sus hermanos <i>Relationship with siblings</i>	1	2	3	4	5
25. Relación con sus compañeros <i>Relationship with peers</i>	1	2	3	4	5
26. Participación en actividades organizadas (ejemplo: equipos deportivos) <i>Participation in organized activities (eg, teams)</i>	1	2	3	4	5



05s3 Seguimiento de la Evaluación NICHQ Vanderbilt. Continuación cuestionario para PADRES
NICHQ Vanderbilt Assessment Follow-up—PARENT Informant, continued

Fecha de hoy/Today's Date: _____
 Nombre del niño(a)/Child's Name: _____
 Fecha de nacimiento/Date of Birth: _____
 Nombre del padre o de la madre/Parent's Name: _____
 Teléfono/Parent's Phone Number: _____

Efectos colaterales: Durante la semana pasada, ¿ha padecido su hijo(a) alguno de los siguientes problemas de salud o posibles efectos colaterales del tratamiento? <i>Side Effects: Has your child experienced any of the following side effects or problems in the past week?</i>	¿Estos efectos colaterales son un problema actual? <i>Are these side effects currently a problem?</i>			
	No/ None	Level/ Mild	Moderado/ Moderate	Severo/ Severe
Dolor de cabeza <i>Headache</i>				
Dolor de estómago <i>Stomachache</i>				
Alteración del apetito (explique abajo) <i>Change of appetite—explain below</i>				
Problemas para dormir <i>Trouble sleeping</i>				
Irritabilidad al mediodía, al anochecer o por las tardes (explique abajo) <i>Irritability in the late morning, late afternoon, or evening—explain below</i>				
Conducta antisocial (su interacción con los otros se ha reducido) <i>Socially withdrawn—decreased interaction with others</i>				
Tristeza profunda o llanto sin motivo aparente <i>Extreme sadness or unusual crying</i>				
Aburrido(a), cansado(a), apático(a) <i>Dull, tired, listless behavior</i>				
Escalofríos/siente que le tiembla el cuerpo <i>Tremors/feeling shaky</i>				
Movimientos involuntarios, tic nerviosos, pestañeos continuos (explique abajo) <i>Repetitive movements, tics, jerking, twitching, eye blinking—explain below</i>				
Se come las uñas, se rasca la piel o se muerde los labios (explique abajo) <i>Picking at skin or fingers, nail biting, lip or cheek chewing—explain below</i>				
Ve o escucha cosas imaginarias <i>Sees or hears things that aren't there</i>				

Explique/Comentarios:
Explain/Comments:

<p>For Office Use Only</p> <p>Total Symptom Score for questions 1–18: _____</p> <p>Average Performance Score for questions 19–26: _____</p>
--

Este cuadro clínico se basa en el Índice de efectos colaterales de Pittsburgh, desarrollado por William E. Pelham, Jr, PhD.
 En el sitio <http://wings.buffalo.edu/adhd> encontrará información disponible para descargarlo en formato expandido a su computadora sin ningún costo.



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

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.

Copyright © 2005 American Academy of Pediatrics, University of North Carolina at Chapel Hill for its North Carolina Center for Children's Healthcare Improvement, and National Initiative for Children's Healthcare Quality

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.
Revised - 0303

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



NICHQ

National Initiative for Children's Healthcare Quality



D6 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 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: _____

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

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



NICHQ

National Initiative for Children's Healthcare Quality

