

GROUP HEALTH FOLLOWUP BEHAVIOR ASSESSMENT – TEACHER FORM

Date: _____ Child's Name: _____ Teacher Name _____

School _____ Grade _____ Child currently on medicine? _____ Yes _____ No

| SYMPTOMS | Never | Occasionally | Often | Very Often |
|---|-------|--------------|-------|------------|
| 1 Makes careless mistakes, does not pay attention to details, such as with homework | 0 | 1 | 2 | 3 |
| 2 Has trouble paying attention to what needs to be done | 0 | 1 | 2 | 3 |
| 3 Is easily distracted by noises or other nearby activities | 0 | 1 | 2 | 3 |
| 4 Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 5 Has trouble organizing activities and tasks | 0 | 1 | 2 | 3 |
| 6 Does not seem to listen, even when spoken to directly | 0 | 1 | 2 | 3 |
| 7 Loses necessary items, like pencils, toys, books, coat | 0 | 1 | 2 | 3 |
| 8 Has trouble completing a task, or following directions | 0 | 1 | 2 | 3 |
| 9 Dislikes or avoids starting tasks that require sustained mental effort | 0 | 1 | 2 | 3 |
| Total # 2s & 3s | | | | |
| 10 Will not remain seated when staying seated is expected | 0 | 1 | 2 | 3 |
| 11 Squirms in seat or fidgets with hands or feet | 0 | 1 | 2 | 3 |
| 12 Talks too much | 0 | 1 | 2 | 3 |
| 13 Blurts out answers before listening to the entire question | 0 | 1 | 2 | 3 |
| 14 Has trouble waiting his/her turn | 0 | 1 | 2 | 3 |
| 15 Climbs or runs about when he/she ought to be sitting down | 0 | 1 | 2 | 3 |
| 16 Has trouble beginning or continuing quiet activities | 0 | 1 | 2 | 3 |
| 17 Intrudes into others' activities and/or interrupts others' conversations | 0 | 1 | 2 | 3 |
| 18 Is moving all the time, as if "driven by a motor" | 0 | 1 | 2 | 3 |

Total # 2s & 3s

| IMPAIRMENT | Cumulative value all points TSS | | | | |
|-------------------------------|---------------------------------|---------------|---------|-----------------------|-------------|
| | Excellent | Above Average | Average | Somewhat of a Problem | Problematic |
| Reading | 1 | 2 | 3 | 4 | 5 |
| Mathematics | 1 | 2 | 3 | 4 | 5 |
| Writing | 1 | 2 | 3 | 4 | 5 |
| Relationships with Classmates | 1 | 2 | 3 | 4 | 5 |
| Assignment completion | 1 | 2 | 3 | 4 | 5 |
| Following directions | 1 | 2 | 3 | 4 | 5 |
| Organizational skills | 1 | 2 | 3 | 4 | 5 |
| Disrupting class | 1 | 2 | 3 | 4 | 5 |

Total # 4s & 5s

FAX OR MAIL COMPLETED FORM TO: (Check one office location) **DOCTOR'S NAME** _____

| | | |
|--|---|---|
| <p>■ Group Health Anderson 7810 Five Mile Rd. Cincinnati, OH 45230 Fax: 513 246 2818</p> | <p>■ Group Health Clifton 379 Dixmyth Ave. Cincinnati, OH 45220 Fax: 513 246 7543</p> | <p>■ Group Health Finneytown 9070 Winton Rd. Cincinnati, OH 45231 Fax: 513 728 4344</p> |
| <p>■ Group Health Kenwood 8245 Northcreek Dr. Cincinnati, OH 45236 Fax: 513 246 5293</p> | <p>■ Group Health Mason 6010 Mason Montgomery Rd. Mason, OH 45040 Fax: 513 204 6351</p> | <p>■ Group Health West Chester 8040 Princeton-Glendale Rd. West Chester, OH 45069 Fax: 513 246 5484</p> |
| <p>■ Group Health Western Hills 2001 Anderson Ferry Rd. Cincinnati, OH 45238 Fax: 513 246 5650</p> | <p>One phone number for all locations: 513 246 7000 Please use fax number listed for your pediatrician's office</p> | |

PHYSICAL SYMPTOMS

Side Effects Rating Scale

Listed below are several possible negative effects (side effects) that medical may have on an ADHD child. Please read each item carefully and use the boxes to rate the severity of the child's side effects he/she has been on his/her current dose of medication. When requested, or whenever 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 the child, 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 must be considered.

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 mediation as part of current treatment.

| | None | Mild | Moderate | Severe |
|--|------|------|----------|--------|
| Repetitive physical movements (Tics) (eye blinking, lip smacking, facial twitches, arm movements, grunts, etc) | | | | |
| Nail biting, picking at skin, biting or chewing lips | | | | |
| Worried/anxious | | | | |
| Tired all the time | | | | |
| Headache | | | | |
| Stomach ache | | | | |
| Irritable or crabby | | | | |
| Sad, depressed, tearful | | | | |
| Withdrawn from people or activities he/she used to enjoy | | | | |
| Poor appetite | | | | |
| Trouble falling asleep | | | | |
| Sees or hears things that are not there | | | | |

COMMENTS: