







## Other Conditions

**Tic Behaviors:** To the best of your knowledge, please indicate if this child displays the following behaviors:

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- Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.  
 No tics present.  Yes, they occur nearly every day but go unnoticed by most people.  Yes, noticeable tics occur nearly every day.
  - Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.  
 No tics present.  Yes, they occur nearly every day but go unnoticed by most people.  Yes, noticeable tics occur nearly every day.
  - If **YES** to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)?  No  Yes
- 

**Previous Diagnosis and Treatment:** To the best of your knowledge, please answer the following questions:

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- |                                                                            |                             |                              |
|----------------------------------------------------------------------------|-----------------------------|------------------------------|
| 1. Has your child been diagnosed with a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome?    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression?                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression?                             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder?                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder?                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder?     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
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**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 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 in questions 48–50: \_\_\_\_\_

Total number of questions scored 5 in questions 48–50: \_\_\_\_\_

Total number of questions scored 4 in questions 51–54: \_\_\_\_\_

Total number of questions scored 5 in questions 51–54: \_\_\_\_\_

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

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. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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