NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Phone Number:

Parent's Name:

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 on tsure?

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
 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.

American Academy of Pediatrics



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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD. Revised - 1102





NICHQ Vanderbilt Assessment Scale—PARENT Informant

Parent's Phone Number: _____

Parent's Name:

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Symptoms (continued) Never Occasionally Often Very Often 33. Deliberately destroys others' property 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun) 35. Is physically cruel to animals 36. Has deliberately set fires to cause damage 37. Has broken into someone else's home, business, or car 38. Has stayed out at night without permission 39. Has run away from home overnight 40. Has forced someone into sexual activity 41. Is fearful, anxious, or worried 42. Is afraid to try new things for fear of making mistakes 43. Feels worthless or inferior 44. Blames self for problems, feels guilty 45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her" 46. Is sad, unhappy, or depressed 47. Is self-conscious or easily embarrassed

		Above	Somewhat of a			
Performance	Excellent	Average	Average		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:

PLEASE RETURN COMPLETED FORM TO:



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