

NICHQ Vanderbilt Assessment Scale – Parent Informant

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD, Oklahoma University Health Sciences Center.

Completed by: _____ Relationship to Child: Mother Father Other: _____

Is this evaluation based on a time when the child _____ was on this medication: _____
 _____ was not on medication _____ not sure

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 six months unless instructed below.

___ Please think about the child's behavior from _____ to _____.

Symptoms (Part 1):

0 – Never 1 – Occasionally 2 – Often 3 – Very Often

1. Fails to give attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty staying focused on 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 instructions 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 doesn't 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 on others' conversations and/or activities	0	1	2	3

1 – Above Average 3 - Average 5 - Problematic

Overall Academic Performance:					
a. Reading	1	2	3	4	5
b. Mathematics	1	2	3	4	5
c. Written expression	1	2	3	4	5

Overall Classroom Behavior:					
a. Relationship with peers	1	2	3	4	5
b. Following directions/rules	1	2	3	4	5
c. Disrupting class	1	2	3	4	5
d. Assignment completion	1	2	3	4	5
e. Organizational skills	1	2	3	4	5

Date: _____ Child: _____ Date of Birth: _____

Symptoms (Part 2):

0 – Never 1 – Occasionally 2 – Often 3 – Very Often

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 vindictive (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 (i.e., "cons" others)	0	1	2	3
30. 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
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'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/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

Comments:

Date: _____ Child: _____ Date of Birth: _____