D3	NICHQ Vanderbilt Assessment Scale—P	ARENT	Informant				
Today	r's Date: Child's Name:		Date o	f Birth:			
Paren	Parent's Name: Paren		t's Phone Number:				
	tions: Each rating should be considered in the context of what is app When completing this form, please think about your child's be s evaluation based on a time when the child \( \text{\text{was on medicatio}}\)	ehaviors	in the past <u>6 mo</u>	onths.			
Syr	nptoms	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		

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.

30. Is truant from school (skips school) without permission

13. Has difficulty playing or beginning quiet play activities

16. Blurts out answers before questions have been completed

23. Blames others for his or her mistakes or misbehaviors

18. Interrupts or intrudes in on others' conversations and/or activities

21. Actively defies or refuses to go along with adults' requests or rules

29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)

14. Is "on the go" or often acts as if "driven by a motor"

17. Has difficulty waiting his or her turn

24. Is touchy or easily annoyed by others

27. Bullies, threatens, or intimidates others

26. Is spiteful and wants to get even

31. Is physically cruel to people

32. Has stolen things that have value

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

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15. Talks too much

19. Argues with adults

25. Is angry or resentful

28. Starts physical fights

22. Deliberately annoys people

20. Loses temper







2.

## Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

NICHQ Vanderbilt Assessment Scale—PARENT Informant, continued

Symptoms (continued)	lever	Occasionally	Often	Very Often
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 else'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 or 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

		Above	Somewhat			
Performance	Excellent	Above	Average	of a Problem	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:**

**D3** 

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 Symptom Score for questions 1–18:
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 or 5 in questions 48–55:
Average Performance Score:





