NICHQ Vanderbilt Assessment Scale—PARENT Informant Today's Date: ____ Child's Name: ____ Date of Birth: ____ Parent's Name: ____ Parent's Phone Number: ____ 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.

☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
 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
 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
 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.

Is this evaluation based on a time when the child

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

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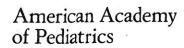




D5 NICHQ Vanderbilt Assessment Follow-up—PA	RENT Inforr	nant, cont	inued	
Today's Date: Child's Name:	2	Date	of Birth:	
Parent's Name: Parent	's Phone Num	ber:		
Side Effects: Has your child experienced any of the following side				
effects or problems in the past week?	None	Mild	Moderate	Severe
Headache			100	
Stomachache				2
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below		8		
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.





NICHQ National Institute for Children's Health Quality



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