

# NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's 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.**

**Is this evaluation based on a time when the child**

was on medication     was not on medication     not sure?

| Symptoms | Never | Occasionally | Often | Very Often |
|----------|-------|--------------|-------|------------|
|----------|-------|--------------|-------|------------|

|   |  |  |  |  |
|---|--|--|--|--|
| 1. Does not pay attention to details or makes careless mistakes with, for example, homework |  |  |  |  |
|---|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| 2. Has difficulty keeping attention to what needs to be done |  |  |  |  |
|--|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| 3. Does not seem to listen when spoken to directly |  |  |  |  |
|--|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 5. Has difficulty organizing tasks and activities |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 7. Loses things necessary for tasks or activities (toys, assignments, pencils, books) |  |  |  |  |
|---|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| 8. Is easily distracted by noises or other stimuli |  |  |  |  |
|--|--|--|--|--|

|                                     |  |  |  |  |
|-------------------------------------|--|--|--|--|
| 9. Is forgetful in daily activities |  |  |  |  |
|-------------------------------------|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 10. Fidgets with hands or feet or squirms in seat |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 11. Leaves seat when remaining seated is expected |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 12. Runs about or climbs too much when remaining seated is expected |  |  |  |  |
|---|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 13. Has difficulty playing or beginning quiet play activities |  |  |  |  |
|---|--|--|--|--|

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

|                    |  |  |  |  |
|--------------------|--|--|--|--|
| 15. Talks too much |  |  |  |  |
|--------------------|--|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| 16. Blurts out answers before questions have been completed |  |  |  |  |
|---|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| 17. Has difficulty waiting his or her turn |  |  |  |  |
|--|--|--|--|--|

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



Symptoms (continued) Never Occasionally Often Very Often

- 19. Argues with adults
20. Loses temper
21. Actively defies or refuses to go along with adults' requests or rules
22. Deliberately annoys people
23. Blames others for his or her mistakes or misbehaviors
24. Is touchy or easily annoyed by others
25. Is angry or resentful
26. Is spiteful and wants to get even

For Office Use Only /8

- 27. Bullies, threatens, or intimidates others
28. Starts physical fights
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)
30. Is truant from school (skips school) without permission
31. Is physically cruel to people
32. Has stolen things that have value
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

For Office Use Only /14

- 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

For Office Use Only /7

Performance Excellent Above Average Average Somewhat of a Problem Problematic

- 48. Reading
49. Writing
50. Mathematics
51. Relationship with parents
52. Relationship with siblings
53. Relationship with peers
54. Participation in organized activities (eg, teams)

For Office Use Only 4s: /3

For Office Use Only 5s: /3

For Office Use Only 4s: /4

For Office Use Only 5s: /4



## Other Conditions

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

- 
- 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:

- 
- |  |                             |                              |
|--|-----------------------------|------------------------------|
| 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 |
- 

**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: \_\_\_\_\_

To submit this form manually, save the form with your changes added, and email as an attachment to [hello@kidsfirstraleigh.com](mailto:hello@kidsfirstraleigh.com)

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.

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

