



Vanderbilt Assessment Scale (NICHQ) - Parent Informant

This form collects information that is part of the medical record. **Discard after electronic entry.**

Instructions: Each rating should be considered in the context of what is appropriate for the age of your child.
When completing this form, think about your child's behaviors in the past 6 months.

Mayo Clinic Number	Patient Name <i>(First, Middle, Last)</i>	Date Today <i>(Month DD, YYYY)</i>
Parent Name	Patient Phone Number	Form Completed by <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
Is this evaluation based on a time when the child <input type="checkbox"/> was on medication <input type="checkbox"/> was not on medication <input type="checkbox"/> not sure?		

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
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 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 (i.e., "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.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.
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Mayo Clinic Number	Patient Name <i>(First, Middle, Last)</i>	Date Today <i>(Month DD, YYYY)</i>
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Symptoms (continued)	Never	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

Performance	Excellent	Above Average	Average	Somewhat 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 (e.g., teams)	1	2	3	4	5
Comments					

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Total number of questions scored 2 or 3 in questions 1-9		Total number of questions scored 2 or 3 in questions 19-26	
Total number of questions scored 2 or 3 in questions 10-18		Total number of questions scored 2 or 3 in questions 27-40	
Total Symptom Score for questions 1-18		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	

Vanderbilt Assessment Follow Up - Parent Informant

Mayo Clinic Number	Patient Name <i>(First, Middle, Last)</i>	Date Today <i>(Month DD, YYYY)</i>
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Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
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				
Picking at skin or fingers, nail biting, lip or cheek chewing - explain below				
Sees or hears things that aren't there				

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

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