



# 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.

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality. Used with permission.  
Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.  
Revised - 1102

Mayo Clinic Number	Patient Name (First, Middle, Last)	Date Today (Month DD, YYYY)
--------------------	------------------------------------	-----------------------------

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					

### 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 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>
--------------------	---	------------------------------------

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				

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.

Copyright ©2002 American Academy of Pediatrics and National Initiative for Children's Healthcare Quality. Used with permission.

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.