

NICHQ Vanderbilt Assessment Scale: Teacher Informant

Teacher's Name:	Class Time:	Today's Date:
Child's Name:	Class Name/Period:	Grade Level:

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year.

Please indicate the number of weeks or months you have been able to evaluate the behaviors:

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. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3. Does not seem to listen when spoken to directly	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5. Has difficulty organizing tasks and activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8. Is easily distracted by extraneous stimuli	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9. Is forgetful in daily activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
15. Talks excessively	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
16. Blurts out answers before questions have been completed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
17. Has difficulty waiting in line	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
18. Interrupts or intrudes on others (eg, butts into conversations/games)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
19. Loses temper	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
20. Actively defies or refuses to comply with adult's requests or rules	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
21. Is angry or resentful	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
22. Is spiteful and vindictive	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
23. Bullies, threatens, or intimidates others	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
24. Initiates physical fights	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
26. Is physically cruel to people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
27. Has stolen items of nontrivial value	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
28. Deliberately destroys others' property	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
29. Is fearful anxious or worried	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
30. Is self-conscious or easily embarrassed)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
31. Is afraid to try new things for fear of making mistakes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
32. Feels worthless or inferior	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
33. Blames self for problems; feels guilty	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
35. Is sad unhappy, or depressed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

Teacher's Name:

Class Time:

Today's Date:

Child's Name:

Class Name/Period:

Grade Level:

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
37. Mathematics	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
38. Written Expression	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
40. Following directions	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
41. Disrupting class	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
42. Assignment completion	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
43. Organizational skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Explain/Comments:

Please return this form to:

Fax Number:

Mailing Address:

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 19-28:

Total number of questions scored 2 or 3 in questions 29-35:

Total number of questions scored 4 or 5 in questions 36-43:

Average Performance Score (Academic Performance & Classroom Behavioral Performance):

NICHQ Vanderbilt Assessment Follow-up: Teacher Informant

Teacher's Name:	Class Time:	Today's Date:
Child's Name:	Class Name/Period:	Grade Level:

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year.

Please indicate the number of weeks or months you have been able to evaluate the behaviors:

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	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2. Has difficulty keeping attention to what needs to be done	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3. Does not seem to listen when spoken to directly	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5. Has difficulty organizing tasks and activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8. Is easily distracted by noises or other stimuli	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9. Is forgetful in daily activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
11. Leaves seat when remaining seated is expected	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
12. Runs about or climbs too much when remaining seated is expected	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
13. Has difficulty playing or beginning quiet play activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
15. Talks too much	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
16. Blurts out answers before questions have been completed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
17. Has difficulty waiting his or her turn	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
20. Mathematics	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
21. Written Expression	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
22. Relationship with Peers	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
23. Following Direction	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
24. Disrupting Class	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
25. Assignment Completion	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
26. Organizational Skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

<p>Side Effects: Has the child experienced any of the following side effects or problems in the past week?</p>	<p>Are these side effects currently a problem?</p>																				
	<table border="1" style="width: 100%; border-collapse: collapse; margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 25%;">None</th> <th style="width: 25%;">Mild</th> <th style="width: 25%;">Moderate</th> <th style="width: 25%;">Severe</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>	None	Mild	Moderate	Severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	Mild	Moderate	Severe																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Headache																					
Stomachache																					
Change of appetite—explain below																					
Trouble sleeping																					

Teacher's Name:

Class Time:

Today's Date:

Child's Name:

Class Name/Period:

Grade Level:

Side Effects (Continued): Has the 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
Irritability in the late morning, late afternoon, or evening—explain below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socially withdrawn—decreased interaction with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme sadness or unusual crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dull, tired, listless behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tremors/feeling shaky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive movements, tics, jerking, twitching, eye blinking—explain below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees or hears things that aren't there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain/Comments:

Please return this form to:

Fax Number:

Mailing Address:

For Office Use Only

Total Symptom Score for questions 1-18:

Average Performance Score:

Scoring Instructions for the NICHQ Vanderbilt Assessment Scales

These scales should NOT be used alone to make any diagnosis. You must take into consideration information from multiple sources. Scores of 2 or 3 on a single Symptom question reflect often-occurring behaviors. Scores of 4 or 5 on Performance questions reflect problems in performance.

The initial assessment scale has 2 components: symptom assessment and impairment in performance. On this version of the initial assessment (the teacher's version), the symptom assessment screens for symptoms that meet the criteria for both inattentive (items 1–9) and hyperactive ADHD (items 10–18).

To meet DSM-IV criteria for the diagnosis, one must have at least 6 positive responses to either the inattentive 9 or hyperactive 9 core symptoms, or both. A positive response is a 2 or 3 (often, very often) (you could draw a line straight down the page and count the positive answers in each subsegment). There is a place to record the number of positives in each subsegment, and a place for total score for the first 18 symptoms (just add them up).

The initial scales also have symptom screens for 3 other comorbidities—oppositional-defiant, conduct, and anxiety/ depression. These are screened by the number of positive responses in each of the segments separated by the “squares.” The specific item sets and numbers of positives required for each co-morbid symptom screen set are detailed below.

The second section of the scale has a set of performance measures, scored 1 to 5, with 4 and 5 being somewhat of a problem/problematic. To meet the criteria for ADHD there must be at least one item of the Performance set in which the child scores a 4 or 5; ie, there must be impairment, not just symptoms to meet diagnostic criteria. The sheet has a place to record the number of positives (4s, 5s) and an Average Performance Score—add them up and divide by number of Performance criteria answered.

Predominantly Inattentive subtype	<ul style="list-style-type: none">• Must score a 2 or 3 on 6 out of 9 items on questions 1–9 AND• Score a 4 or 5 on any of the Performance questions 36–43
Predominantly Hyperactive/Impulsive subtype	<ul style="list-style-type: none">• Must score a 2 or 3 on 6 out of 9 items on questions 10–18 AND• Score a 4 or 5 on any of the Performance questions 36–43
ADHD Combined Inattention/Hyperactivity	<ul style="list-style-type: none">• Requires the above criteria on both inattention and hyperactivity/impulsivity
Oppositional-Defiant/Conduct Disorder Screen	<ul style="list-style-type: none">• Must score a 2 or 3 on 3 out of 10 items on questions 19–28 AND• Score a 4 or 5 on any of the Performance questions 36–43
Anxiety/Depression Screen	<ul style="list-style-type: none">• Must score a 2 or 3 on 3 out of 7 items on questions 29–35 AND• Score a 4 or 5 on any of the Performance questions 36–43

The teacher follow-up scale has the first 18 core ADHD symptoms, not the co-morbid symptoms. The section segment has the same Performance items and impairment assessment as the initial scale, and then has a side-effect reporting scale that can be used to both assess and monitor the presence of adverse reactions to medications prescribed, if any. Scoring the follow-up scales involves only calculating a total symptom score for items 1–18 that can be tracked over time, and the average of the Performance items answered as measures of improvement over time with treatment.

Teacher Assessment Follow-up Scoring:

- Calculate Total Symptom Score for questions 1–18
- Calculate Average Performance Score for questions 19–26