

NICHQ Vanderbilt Assessment Scale: Parent Informant

Parent's Name:

Parent's Phone Number:

Child's Name:

Date of Birth:

Today's Date:

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	<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
19. Argues with adults	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
20. Loses temper	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
21. Actively defies or refuses to go along with adults' requests or rules	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
22. Deliberately annoys people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
23. Blames others for his or her mistakes or misbehaviors	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
24. Is touchy or easily annoyed by others	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
25. Is angry or resentful	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
26. Is spiteful and wants to get even	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
27. Bullies, threatens, or intimidates others	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
28. Starts physical fights	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
30. Is truant from school (skips school) without permission	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
31. Is physically cruel to people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
32. Has stolen things that have value	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
33. Deliberately destroys others' property	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
35. Is physically cruel to animals	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
36. Has deliberately set fires to cause damage	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
37. Has broken into someone else's home, business, or car	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
38. Has stayed out at night without permission	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

*Publish Date: 2022; Source: NICHQ, American Academy of Pediatrics, McNeil

Parent's Name:

Parent's Phone Number:

Child's Name:

Date of Birth:

Today's Date:

Symptoms	Never	Occasionally	Often	Very Often
39. Has run away from home overnight	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
40. Has forced someone into sexual activity	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
41. Is fearful, anxious, or worried	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
42. 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
43. Feels worthless or inferior	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
44. Blames self for problems, feels guilty	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
45. 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
46. Is sad, unhappy, or depressed	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
47. Is self-conscious or easily embarrassed	<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
48. Overall school performance	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
49. Reading	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
50. Writing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
51. Mathematics	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
52. Relationship with parents	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
53. Relationship with siblings	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
54. Relationship with peers	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
55. Participation in organized activities (eg, teams)	<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:

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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 10-18:

Total Symptom Score for questions 1-18:

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 or 5 in questions 48-55:

Average Performance Score:

NICHQ Vanderbilt Assessment Follow-up: Parent Informant

Parent's Name:	Parent's Phone Number:		
Child's Name:	Date of Birth:	Today's Date:	

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her 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
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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. Overall school performance	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
20. Reading	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
21. Writing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
22. Mathematics	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
23. Relationship with parents	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
24. Relationship with siblings	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
25. Relationship with peers	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
26. Participation in organized activities (eg, teams)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Side Effects: 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
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomachache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change of appetite—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Parent's Name:

Parent's Phone Number:

Child's Name:

Date of Birth:

Today's Date:

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:

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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 parents' 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 48–55
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 48–55
ADHD Combined Inattention/Hyperactivity	<ul style="list-style-type: none">• Requires the above criteria on both inattention and hyperactivity/impulsivity
Oppositional-Defiant Disorder Screen	<ul style="list-style-type: none">• Must score a 2 or 3 on 4 out of 8 behaviors on questions 19–26 AND• Score a 4 or 5 on any of the Performance questions 48–55
Conduct Disorder Screen	<ul style="list-style-type: none">• Must score a 2 or 3 on 3 out of 14 behaviors on questions 27–40 AND• Score a 4 or 5 on any of the Performance questions 48–55
Anxiety/Depression Screen	<ul style="list-style-type: none">• Must score a 2 or 3 on 3 out of 7 behaviors on questions 41–47 AND• Score a 4 or 5 on any of the Performance questions 48–55

The parent 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 scales, 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.

Parent Assessment Follow-up Scoring:

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