

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	☐ 1	☐ 2	☐ 3	☐ 4
2. Has difficulty keeping attention to what needs to be done	☐ 1	☐ 2	☐ 3	☐ 4
3. Does not seem to listen when spoken to directly	☐ 1	☐ 2	☐ 3	☐ 4
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	☐ 1	☐ 2	☐ 3	☐ 4
5. Has difficulty organizing tasks and activities	☐ 1	☐ 2	☐ 3	☐ 4
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	☐ 1	☐ 2	☐ 3	☐ 4
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	☐ 1	☐ 2	☐ 3	☐ 4
8. Is easily distracted by noises or other stimuli	☐ 1	☐ 2	☐ 3	☐ 4
9. Is forgetful in daily activities	☐ 1	☐ 2	☐ 3	☐ 4
10. Fidgets with hands or feet or squirms in seat	☐ 1	☐ 2	☐ 3	☐ 4
11. Leaves seat when remaining seated is expected	☐ 1	☐ 2	☐ 3	☐ 4
12. Runs about or climbs too much when remaining seated is expected	☐ 1	☐ 2	☐ 3	☐ 4
13. Has difficulty playing or beginning quiet play activities	☐ 1	☐ 2	☐ 3	☐ 4
14. Is "on the go" or often acts as if "driven by a motor"	☐ 1	☐ 2	☐ 3	☐ 4
15. Talks too much	☐ 1	☐ 2	☐ 3	☐ 4
16. Blurts out answers before questions have been completed	☐ 1	☐ 2	☐ 3	☐ 4
17. Has difficulty waiting his or her turn	☐ 1	☐ 2	☐ 3	☐ 4
18. Interrupts or intrudes in on others' conversations and/or activities	☐ 1	☐ 2	☐ 3	☐ 4
19. Argues with adults	☐ 1	☐ 2	☐ 3	☐ 4
20. Loses temper	☐ 1	☐ 2	☐ 3	☐ 4
21. Actively defies or refuses to go along with adults' requests or rules	☐ 1	☐ 2	☐ 3	☐ 4
22. Deliberately annoys people	☐ 1	☐ 2	☐ 3	☐ 4
23. Blames others for his or her mistakes or misbehaviors	☐ 1	☐ 2	☐ 3	☐ 4
24. Is touchy or easily annoyed by others	☐ 1	☐ 2	☐ 3	☐ 4
25. Is angry or resentful	☐ 1	☐ 2	☐ 3	☐ 4
26. Is spiteful and wants to get even	☐ 1	☐ 2	☐ 3	☐ 4
27. Bullies, threatens, or intimidates others	☐ 1	☐ 2	☐ 3	☐ 4
28. Starts physical fights	☐ 1	☐ 2	☐ 3	☐ 4
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	☐ 1	☐ 2	☐ 3	☐ 4
30. Is truant from school (skips school) without permission	☐ 1	☐ 2	☐ 3	☐ 4
31. Is physically cruel to people	☐ 1	☐ 2	☐ 3	☐ 4
32. Has stolen things that have value	☐ 1	☐ 2	☐ 3	☐ 4
33. Deliberately destroys others' property	☐ 1	☐ 2	☐ 3	☐ 4
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	☐ 1	☐ 2	☐ 3	☐ 4
35. Is physically cruel to animals	☐ 1	☐ 2	☐ 3	☐ 4
36. Has deliberately set fires to cause damage	☐ 1	☐ 2	☐ 3	☐ 4
37. Has broken into someone else's home, business, or car	☐ 1	☐ 2	☐ 3	☐ 4
38. Has stayed out at night without permission	☐ 1	☐ 2	☐ 3	☐ 4

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	☐ 1	☐ 2	☐ 3	☐ 4
40. Has forced someone into sexual activity	☐ 1	☐ 2	☐ 3	☐ 4
41. Is fearful, anxious, or worried	☐ 1	☐ 2	☐ 3	☐ 4
42. Is afraid to try new things for fear of making mistakes	☐ 1	☐ 2	☐ 3	☐ 4
43. Feels worthless or inferior	☐ 1	☐ 2	☐ 3	☐ 4
44. Blames self for problems, feels guilty	☐ 1	☐ 2	☐ 3	☐ 4
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	☐ 1	☐ 2	☐ 3	☐ 4
46. Is sad, unhappy, or depressed	☐ 1	☐ 2	☐ 3	☐ 4
47. Is self-conscious or easily embarrassed	☐ 1	☐ 2	☐ 3	☐ 4

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 (eg, teams)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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 19-26:

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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Overall school performance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
20. Reading	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
21. Writing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
22. Mathematics	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
23. Relationship with parents	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24. Relationship with siblings	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
25. Relationship with peers	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
26. Participation in organized activities (eg, teams)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 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	☐	☐	☐	☐
Stomachache	☐	☐	☐	☐
Change of appetite—explain below	☐	☐	☐	☐
Trouble sleeping	☐	☐	☐	☐

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

☐☐☐☐

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

☐☐☐☐

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 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

- 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

- 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

- Requires the above criteria on both inattention and hyperactivity/ impulsivity

Oppositional-Defiant Disorder Screen

- 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

- 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

- 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