

# Vanderbilt Parent Assessment Scale

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Each rating should be considered in the context of what is appropriate for the age of your child.

Is this evaluation based on a time when the child  was on medication  was not on medication

| 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 misunderstanding) | 0     | 1            | 2     | 3          |   |
| 5. Has difficulty organizing task and activities   | 0     | 1            | 2     | 3          |   |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental efforts                                 | 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          | <input type="checkbox"/> Count #<br>2s & 3s |
| 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/her turn  | 0     | 1            | 2     | 3          | <input type="checkbox"/> Count #<br>2s & 3s |
| 18. Interrupts or intrudes in others' conversations and/or activities  | 0     | 1            | 2     | 3          | <input type="checkbox"/> TSS<br>1-18        |
| 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' request 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          | <input type="checkbox"/> Count #<br>2s & 3s |

FAX OR MAIL COMPLETED FORM TO: (Check one office/location)

|   |   |
|---|---|
| <p style="color: red; text-align: center;">Enter practice name, address, phone number, fax number</p> | <p style="color: red; text-align: center;">Enter practice name, address, phone number, fax number</p> |
|---|---|

**-Please Turn Over-**

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

| SYMPTOMS, continued   | Never | Occasionally | Often | Very Often |   |
|---|-------|--------------|-------|------------|---|
| 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          |   |
| 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 activities                                 | 0     | 1            | 2     | 3          | <input type="checkbox"/> Count #<br>2s & 3s |
| 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/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          | <input type="checkbox"/> Count #<br>2s & 3s |

| IMPAIRMENT   | Excellent | Above Average | Average | Somewhat of a Problem | Problematic |   |
|--|-----------|---------------|---------|-----------------------|-------------|---|
| A. Overall School Performance                          | 1         | 2             | 3       | 4                     | 5           |   |
| B. Reading   | 1         | 2             | 3       | 4                     | 5           |   |
| C. Writing   | 1         | 2             | 3       | 4                     | 5           |   |
| D. Mathematics   | 1         | 2             | 3       | 4                     | 5           |   |
| E. Relationship with parents                           | 1         | 2             | 3       | 4                     | 5           |   |
| F. Relationship with siblings                          | 1         | 2             | 3       | 4                     | 5           |   |
| G. Relationship with peers                             | 1         | 2             | 3       | 4                     | 5           | <input type="checkbox"/> Count #<br>4s & 5s |
| H. Participation in organized activities (e.g., teams) | 1         | 2             | 3       | 4                     | 5           | <input type="checkbox"/> APS<br>48-55       |

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

**PRE-EXISTING PROBLEMS**

Use the following to assess severity:

None: The symptom is not present.

Mild: The symptom is present but is not significant enough to cause concern to the child, to his/her friends, or adults.

Moderate: The symptom causes some impairment of functioning or social embarrassment.

Severe: The symptom causes impairment of functioning or social embarrassment to such a degree that it requires specific treatment.

|  | None | Mild | Moderate | Severe |
|--|------|------|----------|--------|
| Motor Tics—repetitive movements: jerking or twitching (e.g., eye blinking—eye opening, facial or mouth twitching, shoulder or arm movements)—describe: |      |      |          |        |
| Buccal—lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting— describe:  |      |      |          |        |
| Picking at skin or fingers, nail biting, lip or cheek chewing – describe:  |      |      |          |        |
| Worried/Anxious  |      |      |          |        |
| Dull, tired, listless  |      |      |          |        |
| Headaches  |      |      |          |        |
| Stomachache  |      |      |          |        |
| Crabby, Irritable  |      |      |          |        |
| Tearful, Sad, Depressed  |      |      |          |        |
| Socially withdrawn – decreased interaction with others   |      |      |          |        |
| Hallucinations (see or hear things that aren't there)  |      |      |          |        |
| Loss of appetite   |      |      |          |        |
| Trouble sleeping (time went to sleep)  |      |      |          |        |

Adapted from Pittsburgh Side-Effects Rating Scale