

NICHQ Vanderbilt Assessment Scale for Parents

Parent's name:				
Parent's phone number:				
Child's name:				
Date of birth:				
Gender:				
Date of assessment:				
<p>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.</p>				
Is this evaluation based on a time when the child was:				
<p>On medication</p> <p>Was not on medication</p> <p>Not sure</p>				
Symptoms	Never 0	Occasionally 1	Often 2	Very often 3
1. Does not pay attention to details or makes careless mistakes with, for example, homework				
2. Has difficulty keeping attention to what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)				
8. Is easily distracted by noises or other stimuli				

Symptoms	Never 0	Occasionally 1	Often 2	Very often 3
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet play activities				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks too much				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes in on others' conversations and/or activities				
19. Argues with adults				
20. Loses temper				
21. Actively defies or refuses to go along with adults' requests or rules				
22. Deliberately annoys people				
23. Blames others for his or her mistakes or misbehaviors				
24. Is touchy or easily annoyed by others				
25. Is angry or resentful				
26. Is spiteful and wants to get even				
27. Bullies, threatens, or intimidates others				
28. Starts physical fights				
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)				
30. Is truant from school (skips school) without permission				

Symptoms	Never 0	Occasionally 1	Often 2	Very often 3
31. Is physically cruel to people				
32. Has stolen things that have value				
33. Deliberately destroys others' property				
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)				
35. Is physically cruel to animals				
36. Has deliberately set fires to cause damage				
37. Has broken into someone else's home, business, or car				
38. Has stayed out at night without permission				
39. Has run away from home overnight				
40. Has forced someone into sexual activity				
41. Is fearful, anxious, or worried				
42. Is afraid to try new things for fear of making mistakes				
43. Feels worthless or inferior				
44. Blames self for problems, feels guilty				
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"				
46. Is sad, unhappy, or depressed				
47. Is self-conscious or easily embarrassed				

Performance	Excellent 1	Above average 2	Average 3	Somewhat of a problem 4	Problematic 5
48. Overall school performance					
49. Reading					
50. Writing					
51. Mathematics					
52. Relationship with parents					
53. Relationship with siblings					
54. Relationship with peers					
55. Participation in organized activities (eg, teams)					

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 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:				
Gender:				
Date of follow-up assessment:				
<p>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.</p>				
Is this evaluation based on a time when the child was:				
<p style="padding-left: 40px;">On medication</p> <p style="padding-left: 40px;">Was not on medication</p> <p style="padding-left: 40px;">Not sure</p>				
Symptoms	Never 1	Occasionally 2	Often 3	Very often 4
1. Does not pay attention to details or makes careless mistakes with, for example, homework				
2. Has difficulty keeping attention to what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)				

Symptoms	Never 1	Occasionally 2	Often 3	Very often 4
8. Is easily distracted by noises or other stimuli				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet play activities				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks too much				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes in on others' conversations and/or activities				

Performance	Excellent 1	Above average 2	Average 3	Somewhat of a problem 4	Problematic 5
19. Overall school performance					
20. Reading					
21. Writing					
22. Mathematics					
23. Relationship with parents					
24. Relationship with siblings					
25. Relationship with peers					
26. Participation in organized activities (eg, teams)					

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				

Explain/comments:

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Total symptom score for questions 1–18:

Average performance score for questions 19–26:

Scoring instructions

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 the 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 the total symptom score for questions 1–18
- Calculate the average performance score for questions 19–26

National Institute for Children's Health Quality. (2002). *NICHQ Vanderbilt Assessment Scale-PARENT Informant*. <https://nichq.org/wp-content/uploads/2024/09/NICHQ-Vanderbilt-Assessment-Scales.pdf>