

# NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

**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                                   | 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 failure to understand) | 0     | 1            | 2     | 3          |
| 5. Has difficulty organizing tasks and activities   | 0     | 1            | 2     | 3          |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort                                       | 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          |
| 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 or her turn  | 0     | 1            | 2     | 3          |
| 18. Interrupts or intrudes in on others' conversations and/or activities  | 0     | 1            | 2     | 3          |
| 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' requests 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          |
| 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 (ie, "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          |

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

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Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

| Symptoms (continued)   | Never | Occasionally | Often | Very Often |
|--|-------|--------------|-------|------------|
| 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 activity                                      | 0     | 1            | 2     | 3          |
| 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 or 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          |

| 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           |

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: \_\_\_\_\_

