

Vanderbilt Assessment Scale—PARENT

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent Name: _____

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?**

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

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent Name: _____

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 been missing/skipping school	0	1	2	3
41. Lies to get out of trouble, obtain favors, or to avoid obligations	0	1	2	3
42. Is fearful, anxious, or worried	0	1	2	3
43. Is afraid to try new things for fear of making mistakes	0	1	2	3
44. Feels worthless or inferior	0	1	2	3
45. Blames self for problems, feels guilty	0	1	2	3
46. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
47. Is sad, unhappy, or depressed	0	1	2	3
48. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Somewhat			
		Above Average	Average	of a Problem	Problematic
1. Overall school performance	1	2	3	4	5
2. Reading	1	2	3	4	5
3. Writing	1	2	3	4	5
4. Mathematics	1	2	3	4	5
5. Relationship with parents	1	2	3	4	5
6. Relationship with siblings	1	2	3	4	5
7. Relationship with peers	1	2	3	4	5
8. Participation in organized activities (eg, teams)	1	2	3	4	5

	WHILE ON MEDS, my child has:	Not True	A Little	Often True	Very True
1	Weight loss/appetite loss	0	1	2	3
2	Sleep problems/drowsy	0	1	2	3
3	Headache/stomachache	0	1	2	3
4	Quick, dramatic mood changes	0	1	2	3
5	Emotional episodes/ Grumpy	0	1	2	3
6	Restless, fidgets	0	1	2	3
7	Rapid movements grimace, jerks, tics	0	1	2	3
8	Social withdrawal	0	1	2	3
9	Completed homework on time	0	1	2	3
10	Turned in home work	0	1	2	3
11	Does your child have a 504 or IEP at school?		NO		YES
12	Does your child read on grade level?	ABOVE		On Grade level	BELOW
13	Does your child have a good friend?		YES		NO
14	What has improved while on medicine? _____				
15	Comments: _____				