CLINICIAN TOOLS

Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form



Child's name:	Parent	's name:			
Date:	DOB:	•		Age:	
Directions: Each rating should be considered in	the context of what	s appropriate for the	ne age of you	ur child. When	completing
this form, please think about your child's behavi	ors in the past 6 mon	ths.			
This evaluation is based on a time when your ch	nild: □ Was on medi	cation Was no	t on medicat	ion □ Not su	ire
Behavior	Never (0) Occasionally (1)	Often (2)	Very Often (3)	
Does not pay attention to details or makes mistakes careless with, for example, homework	that seem				
2. Has difficulty keeping attention on what needs to be	done				
3. Does not seem to listen when spoken to directly					
Does not follow through on instructions and does no activities (not because of refusal or lack of comprehe					
5. Has difficulty organizing tasks and activities					
Avoids, dislikes, or does not want to start tasks that ongoing mental effort	require				
Loses things necessary for tasks or activities (eg, toy assignments, pencils, books)	'S,				
8. Is easily distracted by noises or other stimuli					For Office Use Only
9. Is forgetful in daily activities	HATELONG AND				2s & 3s/9
10. Fidgets with or taps hands or feet or squirms in seat					
11. Leaves seat when remaining seated is expected					
Runs about or climbs too much when remaining seat expected	ed is				
13. Has difficulty playing or beginning quiet play games					
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 com	pleted				
17. Has difficulty waiting his or her turn					Fan 065
Interrupts or intrudes into others' conversations or activities or both					For Office Use Only 2s & 3s /9

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2s & 3s ___

Child's name:	Today's date:				
Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)	
19. Loses temper					
20. Is touchy or easily annoyed					
21. Is angry or resentful					
22. Argues with authority figures or adults					
23. Actively defies or refuses to adhere to requests or rules					
24. Deliberately annoys people					
25. Blames others for his or her mistakes or misbehaviors					For Office
26. Is spiteful and wants to get even					Use Only 2s & 3s /8
27. Bullies, threatens, or intimidates others					1
28. Starts physical fights					
29. Has used a weapon that can cause serious harm (eg, bat, knife, brick, gun)					
30. Has been physically cruel to people					
31. Has been physically cruel to animals					
32. Has stolen while confronting the person					
33. Has forced someone into sexual activity					
34. Has deliberately set fires to cause damage					1
35. Deliberately destroys others' property					
36. Has broken into someone else's home, business, or car					
37. Lies to get out of trouble, to obtain goods or favors, or to avoid obligations (ie, cons others)					
38. Has stolen items of value					
39. Has stayed out at night without permission beginning before age 13					
40. Has run away from home twice or once for an extended period					For Office Use Only
41. Is often truant from school (skips school)					2s & 3s /15
42. Is fearful, anxious, or worried					1
43. Is afraid to try new things for fear of making mistakes					
44. Feels worthless or inferior					
45. Blames self for problems or feels guilty					
46. Feels lonely, unwanted, or unloved; often says that no one loves him or her			•••••		
47. Is sad, unhappy, or depressed		2			For Office

48. Is self-conscious or easily embarrassed

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Academic and Social Performance 49. Overall school performance 50. Reading 51. Writing 52. Mathematics 53. Relationship with parents 54. Relationship with peers 56. Participation in organized activities (eg, teams) How old was your child when you first noticed the bearing in the pers arm jerks, body jerks, and rapid kicks. No tics present. Yes, they occur nearly every day but go unnoticed in your knowledge, please in the performance including, but it is norting, screeching, barking, grunting, and repetition in the performance including in the performance in the performance including in the performance in	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)	For Office Use Only 4s/ For Office Use Only 5s/
49. Overall school performance 50. Reading 51. Writing 52. Mathematics 53. Relationship with parents 54. Relationship with siblings 55. Relationship with peers 56. Participation in organized activities (eg, teams) How old was your child when you first noticed the bear of your knowledge, please in arm jerks, body jerks, and rapid kicks. No tics present. Yes, they occur nearly every day but go unnoticed Yes, noticeable tics occur nearly every day. Phonic (vocal) tics: Repetitive noises including, but resporting, screeching, barking, grunting, and repetition No tics present.		Average (3)		Problematic (5)	Use Only 4s/ For Office Use Only
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 ☐ Yes, noticeable tics occur nearly every day. Phonic (vocal) tics: Repetitive noises including, but r snorting, screeching, barking, grunting, and repetition ☐ No tics present. 	e blinking, grimac	ing, nose twit			nrugs,
Phonic (vocal) tics: Repetitive noises including, but r snorting, screeching, barking, grunting, and repetition ☐ No tics present.	ay meet people.				
	ant limited to the	oat clearing, c rt phrases.	coughing, whist	lling, sniffing,	
☐ Yes, they occur nearly every day but go unnoticed	of words or sho				
, , , ,	of words or sho				
$\hfill \square$ Yes, noticeable tics occur nearly every day.	of words or sho				
If YES to 1 or 2, do these tics interfere with your child \Box No \Box Yes	of words or sho				

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Child's name:	Today's date:
Previous diagnosis and treatment: Please answer the following questions to the best of you	ır knowledge:
 Has your child been diagnosed as having ADHD or ADD? □ No □ Yes 	
2. Is he or she on medication for ADHD or ADD?□ No □ Yes	
3. Has your child been diagnosed as having a tic disorder or Tourette syndrome?□ No □ Yes	
4. Is he or she on medication for a tic disorder or Tourette disorder?□ No □ Yes	
Adapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.	

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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 number of questions scored 2 or 3 in questions 19–26:
Total number of questions scored 2 or 3 in questions 27–41:
Total number of questions scored 2 or 3 in questions 42–48:
Total number of questions scored 4 in questions 49–56:
Total number of questions scored 5 in questions 49–56:

The recommendations in this resource do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original resource included as part of Caring for Children With ADHD: A Practical Resource Toolkit for Clinicians, 3rd Edition.

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