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	Count # 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	Count # 2s & 3s
18. Interrupts or intrudes in others' conversations and/or activities	0	1	2	3	TSS 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	Count # 2s & 3s

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

	Enter practice name, address, phone number, fax number		Enter practice name, address, phone number, fax number

-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	Count # 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	Count # 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	Count # 4s & 5s
H. Participation in organized activities (e.g., teams)	1	2	3	4	5	APS 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