



Vanderbilt Assessment Scale – Parent Informant

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Circle the appropriate rating. 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

Today's Date: _____

<i>Symptoms</i>	<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
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, books)	0	1	2	3
8 Is easily distracted by noises and 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 in seat is expected	0	1	2	3
12 Runs about or climbs too much when remaining in seat 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

Child's Name: _____ Date of Birth: _____ Parent/Guardian: _____

<i>Symptoms continued</i>		<i>Never</i>	<i>Occasionally</i>	<i>Often</i>	<i>Very Often</i>
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 mistakes and 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
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/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

Child's Name: _____ Date of Birth: _____ Parent/Guardian: _____

Vanderbilt Assessment Scale – Parent Informant Continued

<i>Performance</i>	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Somewhat of a Problem</i>	<i>Problematic</i>
48 Reading	1	2	3	4	5
49 Writing	1	2	3	4	5
50 Mathematics	1	2	3	4	5
51 Relationship with parents	1	2	3	4	5
52 Relationship with siblings	1	2	3	4	5
53 Relationship with peers	1	2	3	4	5
54 Participation in organized activities (eg, teams)	1	2	3	4	5

OTHER CONDITIONS

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

- Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur every day.
- Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.

No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur every day.
- If YES to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: To the best of your knowledge, please answer the following questions:

- Has your child been diagnosed with a tic disorder or Tourette syndrome? Yes No
- Is your child on medication for a tic disorder or Tourette syndrome? Yes No
- Has your child been diagnosed with depression? Yes No
- Is your child on medication for depression? Yes No
- Has your child been diagnosed with an anxiety disorder? Yes No
- Is your child on medication for an anxiety disorder? Yes No
- Has your child ever been diagnosed with a learning or language disorder? Yes No

ADDITIONAL COMMENTS:

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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 symptom score - SUM of 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 48-54:	_____
Average function score - AVERAGE questions 48-54:	_____