



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 is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

This evaluation is based on a time when your child: Was on medication Was not on medication Not sure

Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)
1. Does not pay attention to details or makes mistakes that seem careless with, for example, homework				
2. Has difficulty keeping attention on what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and does not finish activities (not because of refusal or lack of comprehension)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
7. Loses things necessary for tasks or activities (eg, toys, assignments, pencils, books)				
8. Is easily distracted by noises or other stimuli				
9. Is forgetful in daily activities				

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2s & 3s ____/9

10. Fidgets with or taps hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
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 completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes into others' conversations or activities or both				

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2s & 3s ____/9

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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				
26. Is spiteful and wants to get even				

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27. Bullies, threatens, or intimidates others				
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				
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				
41. Is often truant from school (skips school)				

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42. Is fearful, anxious, or worried				
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				
48. Is self-conscious or easily embarrassed				

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2s & 3s ___/7

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Child's name: _____ Today's date: _____

Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)
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)					

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4s ____/8

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5s ____/8

How old was your child when you first noticed the behaviors?

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

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

No tics present.

Yes, they occur nearly every day but go unnoticed by most people.

Yes, noticeable tics occur nearly every day.
- 2. Phonic (vocal) tics:** Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, and 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 nearly every day.
- 3. If YES to 1 or 2, do these tics interfere with your child's activities (eg, reading, writing, walking, talking, eating)?**

No Yes

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Child's name: _____ Today's date: _____

Previous diagnosis and treatment: Please answer the following questions to the best of your knowledge:

1. 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: _____

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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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