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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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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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 Use Only
26. Is spiteful and wants to get even	○	○	○	○	2s & 3s 0 /8
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	○	○	○	○	For Office Use Only
41. Is often truant from school (skips school)	○	○	○	○	2s & 3s 0 /15
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	○	○	○	○	For Office Use Only
48. Is self-conscious or easily embarrassed	○	○	○	○	2s & 3s 0 /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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5s 0 /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: 0

Total number of questions scored 2 or 3 in questions 10–18: 0

Total number of questions scored 2 or 3 in questions 19–26: 0

Total number of questions scored 2 or 3 in questions 27–41: 0

Total number of questions scored 2 or 3 in questions 42–48: 0

Total number of questions scored 4 in questions 49–56: 0

Total number of questions scored 5 in questions 49–56: 0

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Please return the completed screener by:
- **Upload to secure portal**
  www.cardinalpediatrics.com/securesend
- **Email forms@cardinalpediatrics.com**
- **Text a picture to 304-599-8000**
- **Fax to 304-599-8003**
- **Mail to 1247 Suncrest Towne Centre**
  Morgantown, WV 26505

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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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