

PARENT INITIAL

Vanderbilt ADHD Rating Scale

***Primary Care Provider**

Child's Name:

Parent's Name:

Today's Date:

Date of Birth:

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 or since the last visit:

Is this evaluation based on a time when the child: ☐ was on medication ☐ not on medication ☐ not sure

Behavior:	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 on instructions 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, 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
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 games	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
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to comply with adult's requests 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
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Often lies to get out of trouble, obtain goods or favors, or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is often 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 other's property	0	1	2	3

Vanderbilt ADHD Diagnostic Parent Rating Scale (DSM-5), Cont.

Child's Name:

Parent's Name

Today's Date:

Date of Birth:

Age:

Behavior:	Never	Occasionally	Often	Very Often
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Has been 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 or 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

Academic & Social Performance:	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eq. teams)	1	2	3	4	5

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

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, rapid kicks.
☐ No tics present. ☐ Yes, they occur nearly every day, but go unnoticed by most people. ☐ Yes, noticeable tics occur nearly every day.
- Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, 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
- 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: Please answer the following questions to the best of your knowledge.

1. Has the child been diagnosed with ADHD or ADD?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Is he/she on medication for ADHD or ADD?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Is he/she on medication for Tic Disorder or Tourette's Disorder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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Total number of questions scored 2 or 3 in questions 1-9: _____ (Inattentive-6+ 4 on 2 or 5 on 1 #48-55)
 Total number of questions scored 2 or 3 in questions 10-18: _____ (Hyperactive-6+ 4 on 2 or 5 on 1 #48-55)
 Total Symptom Score for questions 1-18: _____
 Total number of questions scored 2 or 3 in questions 19-26: _____ (ODD-4+ 4 on 2 or 5 on 1 #48-55)
 Total number of questions scored 2 or 3 in questions 27-40: _____ (Conduct Disorder- 3+ 4 on 2 or 5 on 1 #48-55)
 Total number of questions scored 2 or 3 in questions 41-47: _____ (Anxiety/Depression- 3+ 4 on 2 or 5 on 1 #48-55)
 Total number of questions scored 4 or 5 in questions 48-55: _____ (Performance)
 Average Performance Score: _____