

Mental Health Integration

Child/Adolescent

Vanderbilt ADHD Parent Rating Scale (page 1 of 2)

Today's Date: _____ Child's Name: _____ Date of Birth: _____ Grade: _____

Completed by: _____ Relationship to child: Parent Other: _____

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.

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

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 staying focused on 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, 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 <input type="checkbox"/>
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 or her turn.	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3 <input type="checkbox"/> <input type="checkbox"/>
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 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 vindictive (wants to get even)	0	1	2	3 <input type="checkbox"/>
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. 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 <input type="checkbox"/>

Vanderbilt ADHD Parent Rating Scale (page 2 of 2)

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Symptoms <i>(continued)</i>	Never	Occasionally	Often	Very Often
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 <input type="checkbox"/>
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 <input type="checkbox"/>

Performance	Above Average	Average	Problematic		
48. Overall academic performance.	1	2	3	4	5
a. Reading.	1	2	3	4	5
b. Mathematics.	1	2	3	4	5
c. Written expression	1	2	3	4	5 <input type="checkbox"/>
49. Overall Classroom Behavior	1	2	3	4	5
a. Relationship with peers.	1	2	3	4	5
b. Following directions/rules.	1	2	3	4	5
c. Disrupting class.	1	2	3	4	5
d. Assignment completion	1	2	3	4	5
e. Organizational skills.	1	2	3	4	5 <input type="checkbox"/>

Comments:

For Office Use Only:

SYMPTOMS:

- Number of questions scored 2 or 3 in questions 1-9: _____
- Number of questions scored 2 or 3 in questions 10-18: _____
- Total symptom score for questions 1-18 (add all scores): _____
- Number of questions scored 2 or 3 in questions 19-26: _____
- Number of questions scored 2 or 3 in questions 27-40: _____
- Number of questions scored 2 or 3 in questions 41-47: _____

PERFORMANCE:

- Number of items scored 4 or 5 in questions 48-49: _____
- Average performance score (total all scores, then divide by 10): _____