CLINICIAN TOOLS

Vanderbilt Assessment Scale: ADHD Toolkit Parent-Informant Form

Child's name:		Parent's name:					
Date:	D	DOB:			Age:		
Directions: For	ch rating should be considered in the cor	atoxt of what is a	opropriato for the	a ago of you	ur child Whon	oomploting	
	e think about your child's behaviors in the			e age or you	ii Cillia. Wil c iii	completing	
•	is based on a time when your child: □			on modicat	ion 🗆 Notes	ıro	
TTIIS EVAIUATION	is based on a time when your child.	vvas on medicati	on - was not	onmedical		ii C	
	Behavior	Never (0)	Occasionally (1)	Often (2)	Very Often (3)		
	attention to details or makes mistakes that seem for example, homework						
2. Has difficulty l	keeping attention on what needs to be done						
3. Does not seen	n to listen when spoken to directly						
	w through on instructions and does not finish because of refusal or lack of comprehension)						
5. Has difficulty of	organizing tasks and activities						
6. Avoids, dislike ongoing menta	es, or does not want to start tasks that require al effort						
_	necessary for tasks or activities (eg, toys, pencils, books)						
8. Is easily distra	cted by noises or other stimuli					For Office Use Only	
9. Is forgetful in o	daily activities					2s & 3s /9	
10. Fidgets with o	r taps hands or feet or squirms in seat						
11. Leaves seat w	hen remaining seated is expected						
12. Runs about or expected	climbs too much when remaining seated is						
13. Has difficulty p	playing or beginning quiet play games						
14. Is on the go or	r often acts as if "driven by a motor"						
15. Talks too mucl	h						
16. Blurts out ans	wers before questions have been completed						
17. Has difficulty v	waiting his or her turn						
18. Interrupts or ir or activities or	ntrudes into others' conversations both					For Office Use Only 2s & 3s/9	
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Child's name: Today's date:					
					l
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 /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 /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/7

 \square No tics present.

□ No □ Yes

Child's name:

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Today's date:

				Somewhat of		
Academic and Social Performance	Excellent (1)	Above Average (2)	Average (3)	a Problem (4)	Problematic (5)	
49. Overall school performance						
50. Reading						
51. Writing						
52. Mathematics						
53. Relationship with parents						For Office
54. Relationship with siblings						Use Only
55. Relationship with peers						
56. Participation in organized activities (eg, teams)						For Office Use Only 5s
How old was your child when you first Tic behaviors: To the best of your know			ld displays th	e following be	haviors:	
		1.0.11				
 Motor tics: Rapid, repetitive movements arm jerks, body jerks, and rapid kicks 	-	ye blinking, grimad	cing, nose tw	itching, head j	erks, shoulder s	shrugs,
\square No tics present.						
$\hfill\Box$ Yes, they occur nearly every day be	ut go unnotice	d by most people.				
☐ Yes, noticeable tics occur nearly ev	very day.					

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2. Phonic (vocal) tics: Repetitive noises including, but not limited to, throat clearing, coughing, whistling, sniffing,

3. If YES to 1 or 2, do these tics interfere with your child's activities (eg, reading, writing, walking, talking, eating)?

snorting, screeching, barking, grunting, and repetition of words or short phrases.

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

 $\hfill \square$ Yes, noticeable tics occur nearly every day.

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Ch	nild's name:	Today's date:
Pr	revious diagnosis and treatment: Please answer the following questions to the best of your	r 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? $\hfill \Box$ No $\hfill \Box$ Yes	
Ad	dapted from the Vanderbilt rating scales developed by Mark L. Wolraich, MD.	

For Office Use Only					
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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