

## 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 style="width: 20px; height: 15px;" type="text"/>
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 style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
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 style="width: 20px; height: 15px;" type="text"/>
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 style="width: 20px; height: 15px;" type="text"/>

## Vanderbilt ADHD Parent Rating Scale (page 2 of 2)

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Symptoms <small>(continued)</small>	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
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

Performance	Above Average	Average	Problematic		
48. <b>Overall academic performance</b> .....	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a. Reading.....	1	2	3	4	5
b. Mathematics.....	1	2	3	4	5
c. Written expression.....	1	2	3	4	5
49. <b>Overall Classroom Behavior</b> .....	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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

**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): \_\_\_\_\_

