



VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

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.

Is this evaluation based on a time when this child: was on medication was 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 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, 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 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 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. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	0	1	2	3
30. Is 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 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



Behavior	Never	Occasionally	Often	Very Often
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 (e.g., teams)	1	2	3	4	5

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

For Office Use Only	<p>Total number of questions scored 2 or 3 in questions 1-9: _____</p> <p>Total number of questions scored 2 or 3 in questions 10-18: _____</p> <p style="padding-left: 40px;">Total symptom score for questions 1-18: _____</p> <p>Total number of questions scored 2 or 3 in questions 19-26: _____</p> <p>Total number of questions scored 2 or 3 in questions 27-40: _____</p> <p>Total number of questions scored 2 or 3 in questions 41-47: _____</p> <p>Total number of questions scored 2 or 3 in questions 48-55: _____</p> <p style="text-align: right;">Average Performance Score: _____</p>
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VANDERBILT ADHD DIAGNOSTIC TEACHER RATING SCALE

Child's Name: _____ Teacher's Name: _____

Today's Date: _____ School: _____ Age: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

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

Behavior	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	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 schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous 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 in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes in on others (e.g., butts into conversations or games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods or favors or to avoid obligations (e.g., "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3
32. Feels worthless or inferior	0	1	2	3



Behavior	Never	Occasionally	Often	Very Often
33. Blames self for problems, feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him/her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Academic & Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Writing	1	2	3	4	5
38. Mathematics	1	2	3	4	5
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

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 & Treatment	NO	YES
1. Has the child been diagnosed with ADHD or ADD?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is he/she on medication for ADHD or ADD?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder?	<input type="checkbox"/>	<input type="checkbox"/>
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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 symptom score for questions 1-18: _____
	Total number of questions scored 2 or 3 in questions 19-28: _____
	Total number of questions scored 2 or 3 in questions 29-35: _____
	Total number of questions scored 2 or 3 in questions 36-43: _____
Average Performance Score: _____	