## NICHQ Vanderbilt Assessment Scale – PARENT Informant\*

Today's Date:		Child's Name:	Date of Birth <u>:</u>							
Parent's Name:		Parent's Phone Number:								
Direc		ting should be considered in the context of what is appropriate ease think about your child's behaviors in the past <u>6 months</u> .	for the ag	ge of your child.	When co	mpleting this				
Is this	s evaluation ba	sed on a time when the child $\square$ was on medication $\square$ was r	not on med	lication 🗌 not	sure?					
	Symptoms		Never	Occasionally	Often	Very Often				
1.	Does not pay att homework	ention to details or makes careless mistakes with, for example,	0	1	2	3				
2.	Has difficulty kee	eping attention to what needs to be done	0	1	2	3				
3.	Does not seem t	o listen when spoken to directly	0	1	2	3				
4.		through when given directions and fails to finish activities (not due ure to understand)	0	1	2	3				
5.	Has difficulty org	panizing 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 nec	essary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3				
8.	Is easily distract	ed by noises or other stimuli	0	1	2	3				
9.	Is forgetful in da	ily activities	0	1	2	3				
10.	Fidgets with han	ds or feet or squirms in seat	0	1	2	3				
11.	Leaves seat whe	n remaining seated is expected	0	1	2	3				
12.	Runs about or cl	imbs too much when remaining seated is expected	0	1	2	3				
13.	Has difficulty pla	ying 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 answe	rs before questions have been completed	0	1	2	3				
17.	Has difficulty wa	iting his or her turn	0	1	2	3				
18.	Interrupts or intr	rudes in on others' conversations and/or activities	0	1	2	3				
19.	Argues with adu	ts	0	1	2	3				
20.	Loses temper		0	1	2	3				
21.	Actively defies or	r refuses to go along with adults' requests or rules	0	1	2	3				
22.	Deliberately anno	pys people	0	1	2	3				
23.	Blames others fo	r his or her mistakes or misbehaviors	0	1	2	3				
24.	Is touchy or easi	ly annoyed by others	0	1	2	3				
25.	Is angry or reser	ntful	0	1	2	3				
26.	Is spiteful and w	ants to get even	0	1	2	3				
27.	Bullies, threatens	s, or intimidates others	0	1	2	3				
28.	Starts physical fi	ghts	0	1	2	3				
29.	Lies to get out o	f trouble or to avoid obligations (i.e. "cons" others)	0	1	2	3				
30.	Is truant from so	hool (skips school) without permission	0	1	2	3				
31.	Is physically crue	el to people	0	1	2	3				
32.	Has stolen thing:	s that have value	0	1	2	3				
33.	Deliberately dest	roys others' property	0	1	2	3				
34.	Has used a wear	oon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3				
35.	Is physically crue	el to animals	0	1	2	3				
36	Has deliberately	set fires to cause damage	0	1	2	3				

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Parent's Name:			Parent's Pho	Parent's Phone Numbe <u>r:</u>				
-	Symptoms			Never	Occasionally	Often	Very Often	
37.	Has broken into someon	e 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 hom	e overnight		0	1	2	3	
40.	Has forced someone into	sexual activity		0	1	2	3	
41.	Is fearful, anxious, or we	orried		0	1	2	3	
42.	Is afraid to try new thing	gs for fear of making mistakes	<del></del>	0	1	2	3	
43.	Feels worthless or inferio	or		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"		s him or her"	0	1	2	3	
46.	Is sad, unhappy, or depr	essed		0	1	2	3	
47.	Is self-conscious or easil	y embarrassed		0	1	2	3	
	Performance		Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48.	Overall school performan	nce	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 parent	S	1	2	3	4	5	
53.	Relationship with sibling	5	1	2	3	4	5	
54.	Relationship with peers		1	2	3	4	5	

1

2

3

4

5

Comments:

55 Participation in organized activities (e.g. teams)

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 19-26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27-40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41-47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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