

Vanderbilt Parent Assessment Scale

Today's Date: _____ Child's Name: _____ DOB: _____ Parent's Name: _____

Each rating should be considered in the context of what is appropriate for the age of your child.

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

| 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 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 misunderstanding) | 0 | 1 | 2 | 3 | |
| 5. Has difficulty organizing task and activities | 0 | 1 | 2 | 3 | |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental efforts | 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"/> Count # 2s & 3s |
| 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/her turn | 0 | 1 | 2 | 3 | <input type="checkbox"/> Count # 2s & 3s |
| 18. Interrupts or intrudes in others' conversations and/or activities | 0 | 1 | 2 | 3 | <input type="checkbox"/> TSS 1-18 |
| 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' request 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 | <input type="checkbox"/> Count # 2s & 3s |

FAX OR MAIL COMPLETED FORM TO: (Check one office/location)

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Liberty – Sharonville Pediatrics Sharonville Office 11258 Lebanon Road, Cincinnati, OH 45241 Email: Office@LSPediatrics.com Phone: 513-563-0044 Fax: 513-563-0061</p> | <p>Liberty – Sharonville Pediatrics Liberty office 7097 Liberty Centre Drive, West Chester, OH 45069 Email: Office@LSPediatrics.com Phone: 513-563-0044 Fax: 513-563-0061</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

-Please Turn Over-

Today's Date: _____ Child's Name: _____ DOB: _____ Parent's Name: _____

| SYMPTOMS, continued | Never | Occasionally | Often | Very Often | |
|-------------------------------------------------------------------------------|-------|--------------|-------|------------|---------------------------------------------|
| 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 | |
| 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 activities | 0 | 1 | 2 | 3 | <input type="checkbox"/> Count # 2s & 3s |
| 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"/> Count # 2s & 3s |

| IMPAIRMENT | Excellent | Above Average | Average | Somewhat of a Problem | Problematic | |
|--------------------------------------------------------|-----------|---------------|---------|-----------------------|-------------|---------------------------------------------|
| A. Overall School Performance | 1 | 2 | 3 | 4 | 5 | |
| B. Reading | 1 | 2 | 3 | 4 | 5 | |
| C. Writing | 1 | 2 | 3 | 4 | 5 | |
| D. Mathematics | 1 | 2 | 3 | 4 | 5 | |
| E. Relationship with parents | 1 | 2 | 3 | 4 | 5 | |
| F. Relationship with siblings | 1 | 2 | 3 | 4 | 5 | |
| G. Relationship with peers | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> Count # 4s & 5s |
| H. Participation in organized activities (e.g., teams) | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> APS 48-55 |

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD

PRE-EXISTING PROBLEMS

Use the following to assess severity:

None: The symptom is not present.

Mild: The symptom is present but is not significant enough to cause concern to the child, to his/her friends, or adults.

Moderate: The symptom causes some impairment of functioning or social embarrassment.

Severe: The symptom causes impairment of functioning or social embarrassment to such a degree that it requires specific treatment.

| | None | Mild | Moderate | Severe |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|----------|--------|
| Motor Tics—repetitive movements: jerking or twitching (e.g., eye blinking—eye opening, facial or mouth twitching, shoulder or arm movements)—describe: | | | | |
| Buccal—lingual movements: Tongue thrusts, jaw clenching, chewing movement besides lip/cheek biting— describe: | | | | |
| Picking at skin or fingers, nail biting, lip or cheek chewing – describe: | | | | |
| Worried/Anxious | | | | |
| Dull, tired, listless | | | | |
| Headaches | | | | |
| Stomachache | | | | |
| Crabby, Irritable | | | | |
| Tearful, Sad, Depressed | | | | |
| Socially withdrawn – decreased interaction with others | | | | |
| Hallucinations (see or hear things that aren't there) | | | | |
| Loss of appetite | | | | |
| Trouble sleeping (time went to sleep) | | | | |

Adapted from Pittsburgh Side-Effects Rating Scale