

# Vanderbilt Assessment Scale - Parent

Child's Name

Date (mm/dd/yyyy)

Please enter the name of the person filling out this form:

What is your relationship to the patient (e.g. parent, guardian, teacher)?

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.

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

**In the past 6 months, has your child showed symptoms of...**

	Never	Occasionally	Often	Very Often
1. Not paying attention to details or making careless mistakes with, for example, homework				
2. Having difficulty keeping attention to what needs to be done				
3. Not seeming to listen when spoken to directly				
4. Not following through when given directions and fails to finish activities (not due to refusal or failure to understand)				
5. Having difficulty organizing tasks and activities				
6. Avoiding, disliking, or not wanting to start tasks that require ongoing mental effort				
7. Losing things necessary for tasks or activities (toys, assignments, pencils, or books)				
8. Becoming easily distracted by noises or other stimuli				
9. Becoming forgetful in daily activities				

**In the past 6 months, has your child showed symptoms of...**

	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
10. Fidgeting with hands or feet or squirms in seat				
11. Leaving their seat when remaining seated is expected				
12. Running about or climbing too much when remaining seated is expected				
13. Having difficulty playing or beginning quiet play activities				
14. Often acting as if "driven by a motor" or "on the go"				
15. Talking too much				
16. Blurting out answers before questions have been completed				
17. Having difficulty waiting his or her turn				
18. Interrupting or intruding in on others' conversations and/or activities				
19. Arguing with adults				
20. Losing their temper				
21. Actively defying or refusing to go along with adults' requests or rules,				
22. Deliberately annoying people				
23. Blaming others for his or her mistakes or misbehaviors				
24. Becoming touchy or easily annoyed by others				
25. Becoming angry or resentful				
26. Becoming spiteful and want to get even				
27. Bullying, threatening, or intimidating others				
28. Starting physical fights				
29. Lying to get out of trouble or to avoid obligations (ie, "cons" others)				

**In the past 6 months, has your child showed symptoms of...**

	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
30. Becoming truant from school (skips school) without permission				
31. Becoming physically cruel to people				
32. Stealing things that have value				
33. Deliberately destroying others' property				
34. Using a weapon that can cause serious harm (bat, knife, brick, gun)				
35. Becoming physically cruel to animals				
36. Deliberately setting fires to cause damage				
37. Breaking into someone else's home, business, or car				
38. Staying out at night without permission n others' conversations and/or activities				
39. Running away from home overnight				
40. Forcing someone into sexual activity				
41. Acting fearful, anxious, worried				
42. Acting afraid to try new things for fear of making mistakes				
43. Feeling worthless or inferior				
44. Blaming self for problems, feeling guilty 4. Becoming touchy or easily annoyed by others				
45. Feeling lonely, unwanted, or unloved; complaining that "no one loves him or her"				
46. Behaving sad, unhappy or depressed				
47. Acting self conscious or easily embarrassed				

In the last 6 months, reflect on your child's performance...

	Excellent`	Above Average	Average	Somewha t of problem	Problematic
48. Overall school performance					
49. Reading					
50. Writing					
51. Mathematics					
52. Relationship with parents					
53. Relationship with siblings					
54. Relationship with peers					
55. Participation in organized activities (eg, teams)					

***Please return this form to the office one day prior to your appointment or email it to [hwanderson@q.com](mailto:hwanderson@q.com). Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at [www.sendinc.com](http://www.sendinc.com) and mail it securely. You will need to set up an account, which is free. Thank you.***