

NICHQ VANDERBILT ASSESSMENT SCALE – PARENT FORMAT

Today’s Date:

Child’s Name:

DOB:

When completing this form, please think about your child’s behavior 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
Section I				
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 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
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 to 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. Interrupt’s or intrudes in on others’ conversation and/or activities	0	1	2	3
Sections IV				
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 other 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 (ie, “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. Hs 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, 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 worthless, unwanted, or unloved: complains "no one love 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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
--------------------	-----------	---------------	---------	-----------------------	-------------

Section II					
1. Overall school performance	1	2	3	4	5
2. Reading	1	2	3	4	5
3. Writing	1	2	3	4	5
4. Mathematics	1	2	3	4	5
5. Relationship with parents	1	2	3	4	5
6. Relationship with siblings	1	2	3	4	5
7. Relationship with peers	1	2	3	4	5
8. Participation in organized activities (eg. Teams)	1	2	3	4	5

Side Effects: Has your child experienced any of the following side effects or problems in the past week?

Section III	None	Mild	moderate	Severe
Headaches				
Stomachache				
Change of appetite-explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening, explain below				
Socially withdrawn-decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors, feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking –explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing, explain below				
Sees or hears things that aren't there				

FOR OFFICE USE ONLY:
 Total Symptom Score for questions 1-18: _____
 Average Performance Score for questions 19-26: _____