

Vanderbilt ADHD Diagnostic Parent Rating Scale

Patient: _____ Date of birth: _____ Parent's name: _____ Today's date: _____

Age: _____ Directions: Please think about your child's behavior in the last six months in light of what is typical for a child the same age as yours.

Are your answers based on a time when the child: was on medication was not on medication not sure

BEHAVIOR & SYMPTOMS	Never	Occasionally	Often	Very often
1. Does not pay attention to details or makes careless mistakes; for example, homework.	0	1	2	3
2. Has difficulty attending 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 things.	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 needed for tasks or activities (assignments, pencils, or books).	0	1	2	3
8. Is easily distracted by noises and other things.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
TOTAL NUMBER OF QUESTIONS SCORED 2 OR 3 IN QUESTIONS 1-9: _____ / 9				
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat when he/she is supposed to stay in his/her seat.	0	1	2	3
12. Runs about or climbs too much when he/she is supposed to stay seated.	0	1	2	3
13. Has difficulty playing or starting quiet 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 for his/her turn.	0	1	2	3
18. Interrupts or bothers others when they are talking or playing games.	0	1	2	3
TOTAL NUMBER OF QUESTIONS SCORED 2 OR 3 IN QUESTIONS 10-18: _____ / 9				
19. Argues with adults.	0	1	2	3
20. Loses temper.	0	1	2	3
21. Actively disobeys or refuses to follow an adult's requests or rules.	0	1	2	3
22. Bothers people on purpose.	0	1	2	3
23. Blames others for his/her mistakes or misbehaviors.	0	1	2	3
24. Is touchy or easily annoyed by others.	0	1	2	3
25. Is angry or bitter.	0	1	2	3
26. Is hateful and wants to get even.	0	1	2	3
TOTAL NUMBER OF QUESTIONS SCORED 2 OR 3 IN QUESTIONS 19-26: _____ / 8				
27. Bullies, threatens, or scares others.	0	1	2	3
28. Starts physical fights.	0	1	2	3
29. Lies to get out of trouble or to avoid jobs, (i.e., "cons" others).	0	1	2	3
30. Skips school without permission.	0	1	2	3
31. Is physically unkind to people.	0	1	2	3
32. Has stolen things that have value.	0	1	2	3
33. Destroys others' property on purpose.	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 mean to animals.	0	1	2	3
36. Has set fires on purpose 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
TOTAL NUMBER OF QUESTIONS SCORED 2 OR 3 IN QUESTIONS 27-40: _____ / 14				
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 useless or inferior.	0	1	2	3
44. Blames self for problems, feels at fault.	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. Feels different and easily embarrassed.	0	1	2	3
TOTAL NUMBER OF QUESTIONS SCORED 2 OR 3 IN QUESTIONS 41-47: _____ / 7				

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Patient: _____

Today's date: _____

PERFORMANCE section (Impairment Scores)	Excellent	Above Average	Average	Somewhat of a problem	Problematic
How is your child doing?					
48. Rate how your child is doing in school overall.	1	2	3	4	5
49. How is your child doing in reading?	1	2	3	4	5
50. How is your child doing in writing?	1	2	3	4	5
51. How is your child doing in math?	1	2	3	4	5
52. How does your child get along with you?	1	2	3	4	5
53. How does your child get along with brothers and sisters?	1	2	3	4	5
54. How does your child get along with others his/her own age?	1	2	3	4	5
55. How does your child do in activities such as games or team play?	1	2	3	4	5
TOTAL NUMBER OF QUESTIONS SCORED 4 OR 5 IN QUESTIONS 48-55: _____ / 8					

If more than six items from questions 1-9 or 10-18 are rated 2 or 3, how old was your child when you first noticed these behaviors? ____
 Have the symptoms been present for more than six months? Yes No
 Were the symptoms present to some degree when your child was less than 7 years old? Yes No

Please fill in the following scoring summary, making sure that you did not skip any questions.

Scoring Summary:	Total:
Total number of questions scored 2 or 3 in questions 1-9.	_____ / 9
Total number of questions scored 2 or 3 in questions 10-18	_____ / 9
Total number of questions scored 2 or 3 in questions 1-18	_____ / 18
Total number of questions scored 2 or 3 in questions 19-26	_____ / 8
Total number of questions scored 2 or 3 in questions 27-40	_____ / 14
Total number of questions scored 2 or 3 in questions 41-47	_____ / 7
Total number of questions scored 4 or 5 in questions 48-55	_____ / 8

Please bring this form to your child's appointment. If possible, please also fax it to our office prior to your appointment. Thank you!
 Renfert Way office: Fax (888) 833-7248
 Cedar Park office: Fax (855) 727-1552
 Leander office: Fax (855) 862-9297