



Vanderbilt ADHD Diagnostic Parent Rating Scale

Child's Name: _____

Parent's Name: _____

Today's Date: _____

Date of Birth: _____

Age: _____

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:

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

Behavior:

Never

Occasionally

Often

Very Often

1. Does not pay attention to details or makes careless mistakes with, for example, homework
2. Has difficulty keeping attention to what needs to be done
3. Does not seem to listen when spoken to directly
4. Does not follow through on instructions and fails to finish activities (not due to refusal or failure to understand)
5. Has difficulty organizing tasks and activities
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)
8. Is easily distracted by noises or other stimuli
9. Is forgetful in daily activities
10. Fidgets with hands or feet or squirms in seat
11. Leaves seat when remaining seated is expected
12. Runs about or climbs too much when remaining seated is expected
13. Has difficulty playing or beginning quiet play games
14. Is "on the go" or often acts as if "driven by a motor"
15. Talks too much
16. Blurts out answers before questions have been completed
17. Has difficulty waiting his or her turn
18. Interrupts or intrudes in on others conversations and/or activities
19. Argues with adults
20. Loses temper
21. Actively defies or refuses to comply with adult's requests or rules
22. Deliberately annoys people
23. Blames others for his or her mistakes or misbehaviors
24. Is touchy or easily annoyed by others
25. Is angry or resentful
26. Is spiteful and wants to get even.
27. Bullies, threatens, or intimidates others
28. Starts physical fights
29. Often lies to get out of trouble, obtain goods or favors, or to avoid obligations (ie, "cons" others)
30. Is often truant from school (skips school) without permission
31. Is physically cruel to people
32. Has stolen things that have value
33. Deliberately destroys other's property

Vanderbilt ADHD Diagnostic Parent Rating Scale (DSM-5), Cont.

Child's Name: _____ **Parent's Name** _____

Today's Date: _____ **Date of Birth:** _____ **Age:** _____

| Behavior: | Never | Occasionally | Often | Very Often |
|--|-------|--------------|-------|------------|
| 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun) | | | | |
| 35. Has been physically cruel to animals | | | | |
| 36. Has deliberately set fires to cause damage | | | | |
| 37. Has broken into someone else's home, business, or car | | | | |
| 38. Has stayed out at night without permission | | | | |
| 39. Has run away from home overnight | | | | |
| 40. Has forced someone into sexual activity | | | | |
| 41. Is fearful, anxious, or worried | | | | |
| 42. Is afraid to try new things for fear of making mistakes | | | | |
| 43. Feels worthless or inferior | | | | |
| 44. Blames self for problems, feels guilty | | | | |
| 45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her" | | | | |
| 46. Is sad, unhappy, or depressed | | | | |
| 47. Is self-conscious or easily embarrassed | | | | |

| Academic & Social Performance: | Excellent | Above Average | Average | Somewhat of a Problem | Problematic |
|--|-----------|---------------|---------|-----------------------|-------------|
| 1. Overall school performance | | | | | |
| 2. Reading | | | | | |
| 3. Writing | | | | | |
| 4. Mathematics | | | | | |
| 5. Relationship with parents | | | | | |
| 6. Relationship with siblings | | | | | |
| 7. Relationship with peers | | | | | |
| 8. Participation in organized activities (eq. teams) | | | | | |

How old was your child when you first noticed the behaviors?

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye-blinking grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.
 No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day.
2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.
 No tics present. Yes, they occur nearly every day, but go unnoticed by most people. Yes, noticeable tics occur nearly every day
3. If **YES** to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: Please answer the following questions to the best of your knowledge.

| | | |
|---|-----------------------------|------------------------------|
| 1. Has the child been diagnosed with ADHD or ADD? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is he/she on medication for ADHD or ADD? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has the child been diagnosed with a Tic Disorder or Tourette's Disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is he/she on medication for Tic Disorder or Tourette's Disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |