

NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Parent's Phone Number: _____

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 was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often
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1. Does not pay attention to details or makes careless mistakes with, for example, homework				
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2. Has difficulty keeping attention to what needs to be done				
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3. Does not seem to listen when spoken to directly				
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4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
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5. Has difficulty organizing tasks and activities				
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6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
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7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)				
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8. Is easily distracted by noises or other stimuli				
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9. Is forgetful in daily activities				
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10. Fidgets with hands or feet or squirms in seat				
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11. Leaves seat when remaining seated is expected				
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12. Runs about or climbs too much when remaining seated is expected				
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13. Has difficulty playing or beginning quiet play activities				
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14. Is "on the go" or often acts as if "driven by a motor"				
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15. Talks too much				
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16. Blurts out answers before questions have been completed				
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17. Has difficulty waiting his or her turn				
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18. Interrupts or intrudes in on others' conversations and/or activities				
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Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Argues with adults					
20. Loses temper					
21. Actively defies or refuses to go along with adults' 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					<small>For Office Use Only</small> _____/8
27. Bullies, threatens, or intimidates others					
28. Starts physical fights					
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)					
30. Is truant from school (skips school) without permission					
31. Is physically cruel to people					
32. Has stolen things that have value					
33. Deliberately destroys others' property					
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)					
35. Is 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					<small>For Office Use Only</small> _____/14
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					<small>For Office Use Only</small> _____/7

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48. Reading						
49. Writing						<small>For Office Use Only</small> 4s: ____/3
50. Mathematics						<small>For Office Use Only</small> 5s: ____/3
51. Relationship with parents						
52. Relationship with siblings						
53. Relationship with peers						<small>For Office Use Only</small> 4s: ____/4
54. Participation in organized activities (eg, teams)						<small>For Office Use Only</small> 5s: ____/4



Other Conditions

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, or 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, or 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: To the best of your knowledge, please answer the following questions:

1. Has your child been diagnosed with a tic disorder or Tourette syndrome? No Yes
2. Is your child on medication for a tic disorder or Tourette syndrome? No Yes
3. Has your child been diagnosed with depression? No Yes
4. Is your child on medication for depression? No Yes
5. Has your child been diagnosed with an anxiety disorder? No Yes
6. Is your child on medication for an anxiety disorder? No Yes
7. Has your child been diagnosed with a learning or language disorder? No Yes

Comments: