

Vanderbilt ADHD Parent Rating Scale

Today's Date: _____ Child's Name: _____ Date of Birth: _____ Grade: _____

Completed by: _____ Relationship to child: Parent Other: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the children you are rating **in the past 6 months.**

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework.....	0	1	2	3
2. Has difficulty staying focused on 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 <input type="checkbox"/>
<hr/>				
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 too 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. Interrupts or intrudes in on others' conversations or activities	0	1	2	3 <input type="checkbox"/> <input type="checkbox"/>
<hr/>				
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' requests or rules.....	0	1	2	3
22. Deliberately annoys people.....	0	1	2	3
23. Blames others 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 vindictive (wants to get even).....	0	1	2	3 <input type="checkbox"/>
<hr/>				
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 (i.e., "cons" others)	0	1	2	3
30. Skips school without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3 <input type="checkbox"/>

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Symptoms (continued)

	Never	Occasionally	Often	Very Often
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, 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 <input type="checkbox"/>
<hr/>				
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 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. Is self-conscious or easily embarrassed	0	1	2	3 <input type="checkbox"/>

Performance

	Above Average	Average	Problematic		
48. Overall academic Performance	1	2	3	4	5
a. Reading.....	1	2	3	4	5
b. Mathematics.....	1	2	3	4	5
c. Written expression	1	2	3	4	5 <input type="checkbox"/>
<hr/>					
49. Overall Classroom Behavior	1	2	3	4	5
a. Relationship with peers.....	1	2	3	4	5
b. Following directions/rules.....	1	2	3	4	5
c. Disrupting class.....	1	2	3	4	5
d. Assignment completion.....	1	2	3	4	5
e. Organizational skills	1	2	3	4	5 <input type="checkbox"/>

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Comments:

For Office Use Only:	
SYMPTOMS:	
Number of questions scored 2 or 3 in questions 1-9:	_____
Number of questions scored 2 or 3 in questions 10-18:	_____
Total Symptom score for questions 1-18 (add all scores):	_____
Number of questions scored 2 or 3 in questions 27-40:	_____
Number of questions scored 2 or 3 in questions 41-47:	_____
PERFORMANCE:	
Number of items scored 4 or 5 in questions 48-49:	_____
Average performance score (total all scores, then divide by 10):	_____