

# Vanderbilt ADHD Parent Diagnostic 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   ☐ was not on medication   ☐ not sure

Behaviors	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes in schoolwork or during other activities	0	1	2	3
2. Has difficulty keeping attention to tasks and activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork and chores (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	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or	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 or taps 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 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 his or her turn	0	1	2	3
18. Interrupts or intrudes in on others conversations and/or activities	0	1	2	3
19. Loses temper	0	1	2	3
20. Is touchy or easily annoyed	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Argues with authority figures or adults	0	1	2	3
23. Actively defies or refuses to comply with requests or rules	0	1	2	3
24. Deliberately annoys people	0	1	2	3
25. Blames others for his or her mistakes or misbehaviors	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. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
30. Has been physically cruel to people ) without permission	0	1	2	3
31. Has been physically cruel to animals	0	1	2	3
32. Has stolen while confronting the person	0	1	2	3
33. Has forced someone into sexual activity	0	1	2	3

Vanderbilt ADHD Diagnostic Parent Rating Scale Cont.					
Child's Name:		Parent's Name			
Today's Date:		Date of Birth:		Age:	
Behavior:	Never	Occasionally	Often	Very Often	
34. Has deliberately set fires to cause damage	0	1	2	3	
35. Deliberately destroys other's property	0	1	2	3	
36. Has broken into someone else's home, business, or car	0	1	2	3	
37. Lies to get out of trouble, obtain goods or favors, or to avoid obligations (ie,	0	1	2	3	
38. Has stolen items of value permission	0	1	2	3	
39. Has stayed out at night without permission beginning before age of 13	0	1	2	3	
40. Has run away from home twice or once for an extended period	0	1	2	3	
41. Is often truant from school (skips school	0	1	2	3	
42. Is fearful, anxious, or worried	0	1	2	3	
43. Is afraid to try new things for fear of making mistakes	0	1	2	3	
44. Feels worthless or inferior	0	1	2	3	
45. Blames self for problems, feels guilty	0	1	2	3	
46. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3	
47. Is sad, unhappy, or depressed	0	1	2	3	
48. Is self-conscious or easily embarrassed	0	1	2	3	
Academic & Social Performance:	Excelle	Above Average	Average	Somewhat of a Problem	Problematic
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 (eq. teams)	1	2	3	4	5
<b>How old was your child when you first noticed the behaviors?</b>					
<b>Tic Behaviors:</b> To the best of your knowledge, please indicate if this child displays the following behaviors:					
1. <b>Motor Tics:</b> Rapid, repetitive movements such as eye-blinking grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks. <input type="checkbox"/> No tics present. <input type="checkbox"/> Yes, they occur nearly every day, but go unnoticed by most people. <input type="checkbox"/> Yes, noticeable tics occur nearly every day.					
2. <b>Phonic (Vocal) Tics:</b> Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases. <input type="checkbox"/> No tics present. <input type="checkbox"/> Yes, they occur nearly every day, but go unnoticed by most people. <input type="checkbox"/> Yes, noticeable tics occur nearly every day					
3. If <b>YES</b> to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? <input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>Previous Diagnosis and Treatment:</b> 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