



Vanderbilt Assessment Scale (Vanderbilt-Caregiver)

Patient Name: _____ DOB: _____ MR#: _____ Date of Service: _____

Name of Person Completing Form: _____ Relationship to Patient: _____

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.

Section 1 Instructions

For each statement, write the number that corresponds to the response that seems to describe your child for the **past 6 months**.

This evaluation is based on a time when the child was:

- On medication
- Not on medication
- Unsure

Rating Scale

- 0 = Never
- 1 = Occasionally
- 2 = Often
- 3 = Very Often

Statements	Rating
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="text"/>
2. Has difficulty keeping attention to what needs to be done	<input type="text"/>
3. Does not seem to listen when spoken to directly	<input type="text"/>
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="text"/>
5. Has difficulty organizing tasks and activities	<input type="text"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="text"/>
7. Loses things necessary for tasks or activities (e.g., toys, assignments, pencils, books)	<input type="text"/>
8. Is easily distracted by noises or other stimuli	<input type="text"/>
9. Is forgetful in daily activities	<input type="text"/>
10. Fidgets with hands or feet or squirms in seat	<input type="text"/>
11. Leaves seat when remaining seated is expected	<input type="text"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="text"/>
13. Has difficulty playing or beginning quiet play activities	<input type="text"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="text"/>
15. Talks too much	<input type="text"/>
16. Blurts out answers before questions have been completed	<input type="text"/>
17. Has difficulty waiting his/her turn	<input type="text"/>
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="text"/>

19. Argues with adults	<input type="checkbox"/>
20. Loses temper	<input type="checkbox"/>
21. Actively defies or refuses to go along with adults' requests or rules	<input type="checkbox"/>
22. Deliberately annoys people	<input type="checkbox"/>
23. Blames others for his/her mistakes or misbehaviors	<input type="checkbox"/>
24. Is touchy or easily annoyed by others	<input type="checkbox"/>
25. Is angry or resentful	<input type="checkbox"/>
26. Is spiteful and wants to get even	<input type="checkbox"/>
27. Bullies, threatens, or intimidates others	<input type="checkbox"/>
28. Starts physical fights	<input type="checkbox"/>
29. Lies to get out of trouble or to avoid obligations (i.e., "cons" others)	<input type="checkbox"/>
30. Is truant from school (skips school) without permission	<input type="checkbox"/>
31. Is physically cruel to people	<input type="checkbox"/>
32. Has stolen things that have value	<input type="checkbox"/>
33. Deliberately destroys others' property	<input type="checkbox"/>
34. Has used a weapon that can cause serious harm (e.g., bat, knife, brick, gun)	<input type="checkbox"/>
35. Is physically cruel to animals	<input type="checkbox"/>
36. Has deliberately set fires to cause damage	<input type="checkbox"/>
37. Has broken into someone else's home, business, or car	<input type="checkbox"/>
38. Has stayed out at night without permission	<input type="checkbox"/>
39. Has run away from home overnight	<input type="checkbox"/>
40. Has forced someone into sexual activity	<input type="checkbox"/>
41. Is fearful, anxious, or worried	<input type="checkbox"/>
42. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>
43. Feels worthless or inferior	<input type="checkbox"/>
44. Blames self for problems; feels guilty	<input type="checkbox"/>
45. Feels lonely, unwanted, or unloved; complains that no one loves him/her	<input type="checkbox"/>
46. Is sad, unhappy, or depressed	<input type="checkbox"/>
47. Is self-conscious or easily embarrassed	<input type="checkbox"/>

Section 2 Instructions

Please answer questions #48-55 using the rating scale at right.

For each performance area, write the number that corresponds to the response that seems to describe your child for the **past 6 months**.

Rating Scale

- 1 = Excellent
- 2 = Above Average
- 3 = Average
- 4 = Somewhat of a Problem
- 5 = Problematic

Performance	Rating
48. Overall school performance	<input type="text"/>
49. Reading	<input type="text"/>
50. Writing	<input type="text"/>
51. Mathematics	<input type="text"/>
52. Relationship with parents	<input type="text"/>
53. Relationship with siblings	<input type="text"/>
54. Relationship with peers	<input type="text"/>
55. Participation in organization activities (e.g., teams)	<input type="text"/>

Comments:

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# of questions 1-9 rated 2 or 3	
# of questions 10-18 rated 2 or 3	
Total Symptom Score for questions 1-18	
# of questions 19-26 rated 2 or 3	
# of questions 27-40 rated 2 or 3	
# of questions 41-47 rated 2 or 3	
# of questions 48-55 rated 4 or 5	
Average Performance Score	

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.