

# 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
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty keeping attention to what needs to be done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by noises or other stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 &amp; 3s: 0 /9</small>				
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or beginning quiet play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 &amp; 3s: 0 /9</small>				

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Argues with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Actively defies or refuses to go along with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Deliberately annoys people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Blames others for his or her mistakes or misbehaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Is touchy or easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is spiteful and wants to get even	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 / 8
27. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Starts physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Is truant from school (skips school) without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Has stolen things that have value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Is physically cruel to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
36. Has deliberately set fires to cause damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37. Has broken into someone else's home, business, or car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
38. Has stayed out at night without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
39. Has run away from home overnight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40. Has forced someone into sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2&3s: 0 /14
41. Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42. Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
43. Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
44. Blames self for problems, feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
46. Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
47. Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0 /7

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
49. Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /3
50. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /3
51. Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
52. Relationship with siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
53. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /4
54. Participation in organized activities (eg, teams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /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? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome?    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression?                          | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression?                             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder?                 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder?                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder?     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

**Comments:**