

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 behavior 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 |
|--|-------|--------------|-------|------------|
| Does not pay attention to details or makes careless mistakes with, for example, homework | | | | |
| Has difficulty keeping attention with to what needs to be done | | | | |
| Does not seem to listen when spoken to directly | | | | |
| Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | | | | |
| Has difficulty organizing tasks and activities | | | | |
| Avoids, dislikes, or does not want to start tasks that require ongoing mental effort | | | | |
| Loses things necessary for tasks or activities (toys, assignment, pencils, books) | | | | |
| Is easily distracted by noises or other stimuli | | | | |
| Is forgetful of daily activities | | | | |
| Fidgets with hands or feet or squirms in seat | | | | |
| Leaves seat when remaining seated is expected | | | | |
| Runs about or climbs too much when remaining seated is expected | | | | |
| Has difficulty playing or beginning quiet play activities | | | | |
| Is "on the go" or often acts as if "driven by a motor" | | | | |
| Talks too much | | | | |
| Blurts out answers before questions have been completed | | | | |
| Has difficulty waiting his or her turn | | | | |
| Interrupts or intrudes in on others' conversations and/or activities | | | | |
| Argues with adults | | | | |
| Loses temper | | | | |
| Actively defies or refuses to go along with adults' requests or rules | | | | |
| Deliberately annoys people | | | | |

Symptoms (continued)

| | Never | Occasionally | Often | Very Often |
|--|-------|--------------|-------|------------|
| Blames others for his or her mistakes or misbehaviors | | | | |
| Is touchy or easily annoyed by others | | | | |
| Is angry or resentful | | | | |
| Is spiteful and wants to get even | | | | |
| Bullies, threatens, or intimidates others | | | | |
| Starts physical fights | | | | |
| Lies to get out of trouble or to avoid obligations (ie, "cons" others) | | | | |
| Is truant from school (skips school) without permission | | | | |
| Is physically cruel to people | | | | |
| Has stolen things that have value | | | | |
| Deliberately destroys others' property | | | | |
| Has used a weapon that can cause serious harm (bat, knife, brick, gun) | | | | |
| Is physically cruel to animals | | | | |
| Has deliberately set fires to cause damage | | | | |
| Has broken into someone else's home, business, or car | | | | |
| Has stayed out at night without permission | | | | |
| Has run away from home overnight | | | | |
| Has forced someone into sexual activity | | | | |
| Is fearful anxious, or worried | | | | |
| Is afraid to try new things for fear of making mistakes | | | | |
| Feels worthless or inferior | | | | |
| Blames self for problems, feels guilty | | | | |
| Feels lonely, unwanted, or unloved, complains that "no one loves him or her" | | | | |
| Is sad unhappy or depressed | | | | |
| Is self-conscious or easily embarrassed | | | | |

Performance

| | Excellent | Above Average | Average | Somewhat of a Problem | Problematic |
|---|-----------|---------------|---------|-----------------------|-------------|
| Reading text | | | | | |
| Writing | | | | | |
| Mathematics | | | | | |
| Relationships with parents | | | | | |
| Relationships with siblings | | | | | |
| Relationships with peers | | | | | |
| Participation in organized activities (eg. teams) | | | | | |

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, arms jerks, body jerks, or rapid kicks

- No Tics Present
- Yes, they occur nearly every day but appear 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 appear unnoticed by most people
- Yes, noticeable tics occur nearly every day

If **YES** to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)

- Yes
- No

Previous Diagnosis and Treatment: To the best of your knowledge, please answer the following questions:

| | No | Yes |
|--|----|-----|
| Has your child been diagnosed with a tic disorder or or Tourette syndrome? | | |
| Is your child on medication for a tic disorder or Tourette syndrome? | | |
| Has your child been diagnosed with depression? | | |
| Is your child on medication for depression? | | |
| Has your child been diagnosed with an anxiety disorder? | | |
| Is your child on medication for anxiety disorder? | | |
| Has your child been diagnosed with a learning or language disorder? | | |

Comments: