CHILD STUDY CENTER
Department of Pediatrics
University of Oklahoma Health Sciences Center

Vanderbilt ADHD Diagnostic Parent Rating Scale

Nombre del Padre/Madre: _____ **Fecha:** _____ **Nombre del niño/a:** _____ **Edad:** ___

Instrucciones: Cada calificación debe ser considerada en el contexto de lo que es adecuado para la edad de su hijo/a. Por favor, cuando complete este formulario, piense sobre el comportamiento de su hijo/a en los últimos seis meses.
Esta evaluación está basada en un tiempo cuando el niño ☐ Tomaba medicamentos ☐ No tomaba medicamentos ☐ No estoy segura

Síntomas:	Nunca	A veces	A menudo	Muy a menudo
1. No presta atención a detalles, o comete errores descuidadamente con, por ejemplo, las tareas escolares	0	1	2	3
2. Tiene dificultad en prestar atención a las tareas o actividades que debe realizar	0	1	2	3
3. Cuando se le habla directamente aparenta no escuchar	0	1	2	3
4. No sigue las instrucciones que se le dan y no completa las tareas (no es porque se niegue a hacerlas o porque no comprende)	0	1	2	3
5. Tiene dificultad en organizar sus tareas o actividades	0	1	2	3
6. Evita, no le gustan, o no quiere comenzar tareas que requieran esfuerzo mental continuo	0	1	2	3
7. Pierde cosas que necesita para tareas o actividades	0	1	2	3
8. Se distrae con facilidad con ruidos u otros estímulos	0	1	2	3
9. Es olvidadizo en sus actividades diarias	0	1	2	3
10. Es inquieto con las manos o los pies, le es difícil permanece sentado	0	1	2	3
11. Se levanta de su asiento cuando se espera que permanezca sentado	0	1	2	3
12. Corre o trepa cuando se espera que permanezca sentado .	0	1	2	3
13. Tiene dificultad en jugar actividades tranquilas .	0	1	2	3
14. Está siempre activo "como si tuviera motor"	0	1	2	3
15. Habla demasiado .	0	1	2	3
16. Responde a las preguntas sin esperar que terminen de hacerlas .	0	1	2	3
17. Se le hace difícil esperar su turno .	0	1	2	3
18. Interrumpe o se incluye en las conversaciones o actividades de otros .	0	1	2	3
19. Discute con los adultos	0	1	2	3
20. Pierde la paciencia	0	1	2	3
21. Se niega enérgicamente a cumplir o satisfacer los pedidos o reglas de los adultos	0	1	2	3
22. Molesta intencionalmente a otras personas	0	1	2	3
23. Culpa a otros por sus errores o mal comportamiento	0	1	2	3
24. Es muy quisquilloso, se molesta fácilmente con otros	0	1	2	3
25. Se enfada con facilidad, es resentido	0	1	2	3
26. Es rencoroso o vengativo	0	1	2	3
27. Atemoriza, amenaza, o intimida a otros	0	1	2	3
28. Incita a pelear a puñetazos	0	1	2	3
29. Miente para obtener cosas o evitar obligaciones	0	1	2	3
30. Falta a la escuela sin permiso de sus padres o maestros	0	1	2	3
31. Es físicamente cruel hacia otras personas	0	1	2	3
32. Ha robado artículos de valor	0	1	2	3
33. Destruye intencionalmente la propiedad de otros	0	1	2	3
34. Ha usado un arma que puede herir seriamente a otras personas	0	1	2	3
35. Es físicamente cruel con animales	0	1	2	3
36. Ha encendido fuego intencionalmente para causar daño	0	1	2	3
37. Ha ingresado con violencia en otra casa, tienda, o carro	0	1	2	3
38. Ha pasado la noche fuera de su casa sin permiso	0	1	2	3
39. Se ha marchado de la casa sin aviso	0	1	2	3
40. Ha forzado a alguien a mantener actividad sexual	0	1	2	3
41. Es temeroso, ansioso, o preocupado	0	1	2	3
42. Teme hacer cosas nuevas por miedo a cometer errores	0	1	2	3
43. Se siente inferior o que no tiene valor	0	1	2	3
44. Se siente culpable cuando hay problemas	0	1	2	3
45. Se siente solo. Se queja que "nadie lo quiere"	0	1	2	3

Desempeño:	Excelente	Más que el promedio	Promedio	Casi un Problema	Es un Problema
1. Desempeño en la escuela (en general)	1	2	3	4	5
2. Lectura?	1	2	3	4	5
3. Escritura?	1	2	3	4	5
4. Matemáticas?	1	2	3	4	5
5. Relación con los padres?	1	2	3	4	5
6. Relación con sus hermanos/as?	1	2	3	4	5
7. Relación con sus compañeros?	1	2	3	4	5
8. Participación en actividades organizadas?	1	2	3	4	5

Si usted califico seis o mas de las preguntas numeradas 1 a 9 o 10 a 18, con 2 o 3; ¿Cuántos anos tenia su hijo, cuándo usted primero se dio cuenta de estos comportamientos? _____

Provider | Patient | Provider

103 NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ 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	0	1	2	3
2. Has difficulty keeping attention to 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
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 and/or activities	0	1	2	3
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 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. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (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

D3 NICHQ Vanderbilt Assessment Scale—PARENT Informant, continued

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

Parent's Name: _____ Parent's Phone Number: _____

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
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 or 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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality

McNeil

11-19/rev1102

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: **Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.**

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. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or 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 (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

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

Revised - 0303

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant, continued

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance *Academic Performance*	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality

McNeil

11-20/rev0303