To the state of th			Vander	bilt ADHD Diagnostic Parent Rating Scale
Child's Name:		Parent's	s Name:	
Today's Date:	Date of Birth:		Age:	
Directions: Each rating sh completing this form, ple				our child. When
In this evaluation based o	on a time when the child:	☐ was on medication	□ not on medication	□ not sure

	Behavior:		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 on instructions 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	Ö	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
	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

Academic & Social Performance		Excellent	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