

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. Please think about your child's behaviors since the last assessment scale was filled out when rating his/her 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. 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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Overall school performance	1	2	3	4	5
20. Reading	1	2	3	4	5
21. Writing	1	2	3	4	5
22. Mathematics	1	2	3	4	5
23. Relationship with parents	1	2	3	4	5
24. Relationship with siblings	1	2	3	4	5
25. Relationship with peers	1	2	3	4	5
26. Participation in organized activities (eg, teams)	1	2	3	4	5

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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

Revised - 0303

American Academy
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National Initiative for Children's Healthcare Quality



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

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

Side Effects: Has your child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:

For Office Use Only

Total Symptom Score for questions 1–18: _____

Average Performance Score for questions 19–26: _____

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

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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 last assessment scale was filled out. 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. 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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
19. Reading	1	2	3	4	5
20. Mathematics	1	2	3	4	5
21. Written expression	1	2	3	4	5
22. Relationship with peers	1	2	3	4	5
23. Following direction	1	2	3	4	5
24. Disrupting class	1	2	3	4	5
25. Assignment completion	1	2	3	4	5
26. Organizational skills	1	2	3	4	5

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

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

Side Effects: Has the child experienced any of the following side effects or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite—explain below				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening—explain below				
Socially withdrawn—decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking—explain below				
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below				
Sees or hears things that aren't there				

Explain/Comments:**For Office Use Only**

Total Symptom Score for questions 1–18: _____

Average Performance Score: _____

Please return this form to: _____

Mailing address: _____

Fax number: _____

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD.

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Scoring Instructions for NICHQ Vanderbilt Assessment Scales

Baseline Assessment

The validation studies for the NICHQ Vanderbilt Assessment Scales were for the 6- to 12-year-old age group. However, to the extent that they collect information to establish *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* criteria, they are applicable to other groups, particularly preschoolers, where they have identified that *DSM-5* criteria are still appropriate.

These scales should *not* be used alone to make a diagnosis of ADHD without confirming and elaborating the information with interviews with at least the primary caregivers (usually parents) and patients. You must take into consideration information from multiple sources. Scores of 2 or 3 on a single symptom question reflect *often-occurring* behaviors. Scores of 4 or 5 on performance questions reflect problems in performance.

The initial assessment scales, parent and teacher, have 2 components: symptom assessment and impairment in performance. On both parent and teacher initial scales, the symptom assessment screens for symptoms that meet criteria for inattentive (items 1–9) and hyperactive (items 10–18) attention-deficit/hyperactivity disorder (ADHD).

Scoring for Diagnostic Purposes

To meet *DSM-5* criteria for the diagnosis, one must have at least 6 positive responses to the inattentive 9 or hyperactive 9 core symptoms, or both. A positive response is a 2 or 3 (often, very often) (you could draw a line straight down the page and count the positive answers in each subsegment). There is a place to record the number of positives in each subsegment.

The initial scales have symptom screens for 3 other comorbidities: oppositional-defiant disorder, conduct disorder, and anxiety/depression. (The initial teacher scale also screens for learning disabilities.) These are screened by the number of positive responses in each of the segments. The specific item sets and numbers of positives required for each comorbid symptom screen set are detailed below and on the next page.

The second section of the scale has a set of performance measures, scored 1 to 5, with 4 and 5 being somewhat of a problem/problematic. To meet criteria for ADHD there must be at least 2 items of the performance set in which the child scores a 4, or 1 item of the performance set in which the child scores a 5; ie, there must be impairment, not just symptoms, to meet diagnostic criteria. The sheet has a place to record the number of positives (4s, 5s).

Scoring to Monitor Symptom and Performance Improvement

For the purposes of tracking symptoms and symptom severity, calculate the mean response for each subsegment of the ADHD symptom assessment screen items (inattentive 9 and hyperactive 9). To calculate the mean responses, first total the responses (0s, 1s, 2s, and 3s) from each item within the inattentive subsegment (items 1–9) and divide by the number of items that received a response. For example, if a parent only provided responses to 7 of the first 9 items, the responses would be totaled and divided by 7. Follow the same calculation instructions for the hyperactive subsegment (items 10–18).

Parent Assessment Scale	Teacher Assessment Scale
Predominantly Inattentive subtype - Must score a 2 or 3 on 6 out of 9 items on questions 1–9. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.	Predominantly Inattentive subtype - Must score a 2 or 3 on 6 out of 9 items on questions 1–9. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.
Predominantly Hyperactive/Impulsive subtype - Must score a 2 or 3 on 6 out of 9 items on questions 10–18. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.	Predominantly Hyperactive/Impulsive subtype - Must score a 2 or 3 on 6 out of 9 items on questions 10–18. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.
ADHD Combined Inattention/Hyperactivity Requires the criteria on Inattentive <u>AND</u> Hyperactive/Impulsive subtypes	ADHD Combined Inattention/Hyperactivity Requires the criteria on Inattentive <u>AND</u> Hyperactive/Impulsive subtypes
Oppositional-Defiant Disorder - Must score a 2 or 3 on 4 out of 8 behaviors on questions 19–26. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.	Oppositional-Defiant/Conduct Disorder - Must score a 2 or 3 on 3 out of 10 items on questions 19–28. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.
Conduct Disorder - Must score a 2 or 3 on 3 out of 14 behaviors on questions 27–40. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.	

Parent Assessment Scale	Teacher Assessment Scale
Anxiety/Depression - Must score a 2 or 3 on 3 out of 7 behaviors on questions 41–47. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 48–54.	Anxiety/Depression - Must score a 2 or 3 on 3 out of 7 items on questions 29–35. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 36–43.
	Learning Disabilities Must score a 4 on both, or 5 on 1, of questions 36 and 38.

Follow-up Assessment

Scoring for Diagnostic Purposes

The parent and teacher follow-up scales have the first 18 core ADHD symptoms and the comorbid symptoms oppositional-defiant (parent) and oppositional-defiant/conduct (teacher) disorders. The Performance section has the same performance items and impairment assessment as the initial scales; it is followed by a side-effect reporting scale that can be used to assess and monitor the presence of adverse reactions to prescribed medications, if any.

Scoring the follow-up scales involves tracking inattentive (items 1–9) and hyperactive (items 10–18) ADHD, as well as the

aforementioned comorbidities, as measures of improvement over time with treatment.

Scoring to Monitor Symptom and Performance Improvement

To determine the score for follow-up, calculate the mean response for each of the ADHD subsegments. Compare the mean response from the follow-up inattentive subsegment (items 1–9) to the mean response from the inattentive subsegment that was calculated at baseline assessment. Conduct the same comparison for the mean responses for the hyperactive subsegment (items 10–18) taken at follow-up and baseline.

Parent Assessment Scale	Teacher Assessment Scale
Predominantly Inattentive subtype - Must score a 2 or 3 on 6 out of 9 items on questions 1–9. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 27–33.	Predominantly Inattentive subtype - Must score a 2 or 3 on 6 out of 9 items on questions 1–9. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 29–36.
Predominantly Hyperactive/Impulsive subtype - Must score a 2 or 3 on 6 out of 9 items on questions 10–18. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 27–33.	Predominantly Hyperactive/Impulsive subtype - Must score a 2 or 3 on 6 out of 9 items on questions 10–18. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 29–36.
ADHD Combined Inattention/Hyperactivity Requires the criteria on Inattentive <u>AND</u> Hyperactive/Impulsive subtypes	ADHD Combined Inattention/Hyperactivity Requires the criteria on Inattentive <u>AND</u> Hyperactive/Impulsive subtypes
Oppositional-Defiant Disorder - Must score a 2 or 3 on 4 out of 8 behaviors on questions 19–26. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 27–33.	Oppositional-Defiant/Conduct Disorder - Must score a 2 or 3 on 3 out of 10 items on questions 19–28. <u>AND</u> - Score a 4 on at least 2, or 5 on at least 1, of the performance questions 29–36.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics, Updated August 2014. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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