

# 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
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1. Does not pay attention to details or makes careless mistakes with, for example, homework				
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2. Has difficulty keeping attention to what needs to be done				
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3. Does not seem to listen when spoken to directly				
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4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
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5. Has difficulty organizing tasks and activities				
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6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
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7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)				
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8. Is easily distracted by noises or other stimuli				
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9. Is forgetful in daily activities				
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\_\_\_\_\_/9

10. Fidgets with hands or feet or squirms in seat				
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11. Leaves seat when remaining seated is expected				
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12. Runs about or climbs too much when remaining seated is expected				
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13. Has difficulty playing or beginning quiet play activities				
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14. Is "on the go" or often acts as if "driven by a motor"				
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15. Talks too much				
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16. Blurts out answers before questions have been completed				
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17. Has difficulty waiting his or her turn				
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18. Interrupts or intrudes in on others' conversations and/or activities				
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Symptoms (continued)	Never	Occasionally	Often	Very Often
19. Argues with adults				
20. Loses temper				
21. Actively defies or refuses to go along with adults' requests or rules				
22. Deliberately annoys people				
23. Blames others for his or her mistakes or misbehaviors				
24. Is touchy or easily annoyed by others				
25. Is angry or resentful				
26. Is spiteful and wants to get even				
				For Office Use Only _____/8
27. Bullies, threatens, or intimidates others				
28. Starts physical fights				
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)				
30. Is truant from school (skips school) without permission				
31. Is physically cruel to people				
32. Has stolen things that have value				
33. Deliberately destroys others' property				
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)				
35. Is physically cruel to animals				
36. Has deliberately set fires to cause damage				
37. Has broken into someone else's home, business, or car				
38. Has stayed out at night without permission				
39. Has run away from home overnight				
40. Has forced someone into sexual activity				
				For Office Use Only _____/14
41. Is fearful, anxious, or worried				
42. Is afraid to try new things for fear of making mistakes				
43. Feels worthless or inferior				
44. Blames self for problems, feels guilty				
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"				
46. Is sad, unhappy, or depressed				
47. Is self-conscious or easily embarrassed				
				For Office Use Only _____/7

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Reading					
49. Writing					
					For Office Use Only 4s: ____/3
50. Mathematics					
					For Office Use Only 5s: ____/3
51. Relationship with parents					
52. Relationship with siblings					
53. Relationship with peers					
					For Office Use Only 4s: ____/4
54. Participation in organized activities (eg, teams)					
					For Office Use Only 5s: ____/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.  
 Notics present.     Yes, they occur nearly every day but go unnoticed by most people.     Yes, noticeable tics occur nearly every day.

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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.  
 Notics present.     Yes, they occur nearly every day but go unnoticed by most people.     Yes, noticeable tics occur nearly every day.

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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?                             | No                          | 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:**