

Vanderbilt ADHD Parent Rating Scale (page 1 of 2)

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

Completed by: _____ Relationship to child: Parent Other: _____

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 staying focused on 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 vindictive (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 (i.e., "cons" others)	0	1	2	3
30. 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

Adapted from the Vanderbilt ADHD Diagnostic Parent Rating Scale
 Mark L. Wolraich, MD. Oklahoma University Health Sciences Center. Used with permission.
 IHCADD003 / 01-07

Vanderbilt ADHD Parent Rating Scale (page 2 of 2)

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

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/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	Problematic	Average	Above Average		
48. Overall academic performance	1	2	3	4	5
a. Reading	1	2	3	4	5
b. Mathematics	1	2	3	4	5
c. Written expression	1	2	3	4	5
49. Overall Classroom Behavior	1	2	3	4	5
a. Relationship with peers	1	2	3	4	5
b. Following directions/rules	1	2	3	4	5
c. Disrupting class	1	2	3	4	5
d. Assignment completion	1	2	3	4	5
e. Organizational skills	1	2	3	4	5

Comments:

For Office Use Only:

SYMPTOMS:

Number of questions scored 2 or 3 in questions 1-9: _____
 Number of questions scored 2 or 3 in questions 10-18: _____
 Total symptom score for questions 1-18: _____
 Number of questions scored 2 or 3 in questions 19-26: _____
 Number of questions scored 2 or 3 in questions 27-40: _____
 Number of questions scored 2 or 3 in questions 41-47: _____

PERFORMANCE:

Number of questions scored 1 or 2 in questions 48-49: _____
 Average performance score: _____

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Provider's Name _____ Date _____

Pediatric Symptom Checklist-17 (PSC-17) (Ages 4-16) Parent

Caregiver Completing this Form: _____

Date: _____

Name of Child: _____

DOB: _____

		Please mark under the heading that best fits your child			For office use		
		NEVER	SOME-TIMES	OFTEN	I	A	E
1.	Fidgety, unable to sit still						
2.	Feels sad, unhappy						
3.	Daydreams too much						
4.	Refuses to share						
5.	Does not understand other people's feelings						
6.	Feels hopeless						
7.	Has trouble concentrating						
8.	Fights with other children						
9.	Is down on him or herself						
10.	Blames others for his or her troubles						
11.	Seems to be having less fun						
12.	Does not listen to rules						
13.	Acts as if driven by a motor						
14.	Teases others						
15.	Worries a lot						
16.	Takes things that do not belong to him or her						
17.	Distracted easily						
(scoring totals)							
					5	7	7
					(15)		

Created by W Gardner and K Kelleher (1999), and based on PSC by M Jellinek et al. (1988)
Formatted by R Hilt, inspired by Columbus Children's Research Institute formatting of PSC-17

LISTA DE SÍNTOMAS PEDIÁTRICOS -17 (PSC-17) (Edades 4-16) Padres

Completado por: _____ Fecha: _____
 Nombre del Paciente: _____ Fecha de Nacimiento: _____

		Indique cual síntoma mejor describe a su hijo:			Para uso de oficina		
		NUNCA	A VECES	SEGUIDO	I	A	E
1.	Es inquieto (Fidgety, unable to sit still)						
2.	Se siente triste, infeliz (Feels sad, unhappy)						
3.	Es muy soñador(a) (Daydreams too much)						
4.	Se rehusa a compartir (Refuses to share)						
5.	No comprende los sentimientos de otros (Does not understand other people's feelings)						
6.	Se siente sin esperanzas (Feels hopeless)						
7.	Tiene problemas para concentrarse (Has trouble concentrating)						
8.	Pelea con otros niños(as) (Fights with other children)						
9.	Se critica a si mismo(a) (Is down on him or herself)						
10.	Culpa a otros por sus problemas (Blames others for his or her troubles)						
11.	Parece divertirse menos (Seems to be having less fun)						
12.	No obedece reglas (Does not listen to rules)						
13.	Es muy activo(a), tiene mucha energía (Acts as if driven by a motor)						
14.	Molesta a otros (Teases others)						
15.	Se preocupa mucho (Worries a lot)						
16.	Toma cosas que no le pertenecen (Takes things that do not belong to him or her)						
17.	Se distrae fácilmente (Distracted easily)						
(scoring totals)							

5 7 7
(15)

Fue registrado en 2006 por Michael Jellinek, MD & J. Michael Murphy, EdD.
 echappellTDMHSASResearchTeam 02/25/2013 Page | 440

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MT. VERNON, WA 98274
Phone: (360) 428-2622
Fax: (360) 428-3941

CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

Name

Date of birth

I hereby authorize the mutual exchange of information regarding the above named patient between:

Skagit Pediatrics, LLP
2101 Little Mountain Lane
Mt. Vernon, WA 98274

AND _____
Agency (Name of school)

Contact person

Address

Phone

The exchange of information is for the following purpose (s):

Evaluation & treatment of behavior,
and possible ADD/ADHD

Signature

Relationship to patient

Date

CONSENT OF MINOR (Age 14-17)

I understand that I am entitled to confidential treatment of information relating to treatment for contraception, pregnancy termination, sterilization, sexually transmitted diseases, mental health conditions, and alcoholism or drug abuse. I further understand that my signature below will authorize release of this information.

Authorization signature

Date

