

Neurological Questionnaire- (Child)

Patient Name _____ SS# _____
Parent/Guardian Name (If a minor) _____ Relationship _____
Address _____ City/State/Zip _____
Home Phone _____ Cell Phone _____ Date of Birth _____
Sex M F Age _____ Email Address _____
How did you hear about our clinic? _____
Primary health challenge: _____ Severity 0-10 _____
Secondary challenge (if any) _____ Severity 0-10 _____
Medications: _____
Supplements: _____

Please rate the following 0-10 (0 = not at all 10 = worst you can imagine)

___ Anxiety	___ Learning Disorder	___ Poor Concentration	___ Insomnia (staying asleep)
___ Depression	___ Unable to Focus	___ Obsessive Behavior	___ Difficulty using body parts
___ ADD / ADHD	___ Memory Problems	___ Insomnia (getting to sleep)	
___ Fatigue	___ Headaches		
___ Mood Swings	___ Ringing in Ears		
___ Anger			

Do you have family members with any of the above difficulties? Yes ___ No ___ If so, who? _____

Have you had a seizure at any time? Yes ___ No ___ If so, when? _____

Are your eyes sensitive to light? Yes ___ No ___

Have you had any head injuries (diagnosed or undiagnosed?) Yes ___ No ___

If yes, please explain _____

How many Auto Accidents have you been in? (fender benders count) _____

Please list any other accidents or falls _____

Please list any surgeries _____

What specific behaviors do you hope to see improve or be eliminated? _____

1. Is there a family history of (if so, who)?

- a. Any psychiatric conditions? _____
- b. Any autism spectrum conditions? _____
- c. Any diagnosed autoimmune conditions? _____
- d. Any known genetic conditions? _____

2. How was Mom's pre pregnant health? _____

- a. Miscarriages? _____
- b. Fertility Treatments? _____
- c. Health of other children? _____
- d. Physical Abuse? _____
- e. Major Illnesses? _____
- f. Known Autoimmune Conditions (Rheumatoid Arthritis, Lupus, MS, Hashimoto's)? _____

g. Toxin Exposure to: _____

Molds	___ Yes	___ No
Pesticides	___ Yes	___ No
Dental Work	___ Yes	___ No

h. Known Infections ___ Yeast ___ Bacterial ___ Parasite

i. Did Mom (while pregnant)

Drink alcohol ___ Yes ___ No

Drink coffee ___ Yes ___ No

Smoke tobacco ___ Yes ___ No

Take Progesterone ___ Yes ___ No

Take prenatal vitamins ___ Yes ___ No

Take antibiotics ___ Yes ___ No

Take other drugs ___ Yes ___ No

Excessive vomiting, nausea (more than 3 weeks) ___ Yes ___ No

Have a viral infection ___ Yes ___ No

Have bleeding ___ Yes ___ No

Group B strep infection ___ Yes ___ No

3. Birth

a. During the child's delivery, were forceps or suction used? _____

b. Was birth by C-Section? _____

c. Was labor induced? _____

d. Did Mother have an epidural? _____

e. What was child's APGAR score? _____

4. Infancy

a. Was child exposed to mold? _____

b. Was house treated with pesticides? _____

c. Was the house painted, either inside or outside? _____

5. Motor Development

At what age did your child do the following?

Sit up _____ Crawl _____ Pull to Stand _____ Walk Alone _____

Potty-trained _____ Dry at Night _____ First Words ("mama", "dada" etc.) _____

Speak clearly _____ Lost language (if applicable) _____

Lost eye contact (if applicable) _____

Did your child display any "cute" behaviors when learning to crawl or walk? (for example, dragging on leg, or crawling on all fours with rear end up in air) _____

Was child breast-fed? _____ How long? _____

Bottle-fed? _____ Was formula Soy-based _____ Casein (Milk)-based? _____

Did baby have any reactions to the formula? If so, describe _____

At what age was cow's milk introduced? _____

At what age was rice introduced? _____ Wheat and other grains introduced at what age? _____

6. Early Childhood

a. Number of earaches in the first two years _____

b. Number of other infections in the first two years _____

c. Number of times you had antibiotics in the first two years of life _____

d. Number of courses of prophylactic antibiotics in the first two years of life _____

e. First antibiotic at? _____

f. First illness at? _____

g. Has your child been vaccinated? _____

If so, did they have any of the following after the vaccines? Diarrhea ___ Crying ___

Swelling at injection site? ___ Seizure ___ Fever ___ Irritable ___

7. Current Diet

a. Does your child refuse to eat particular textures, temperatures, or certain kinds of food? (If so, describe) _____

b. Does your child eat a lot of or crave any of the following? _____

Sweets (cookies, candy, sugar) _____

Dairy products (milk, cheese, ice cream) _____
 Breads, pasta, potatoes, chips _____
 Sweet drinks (Gatorade, Powerade, Capri Sun, Sunny-D, Soda, Fruit juices) _____
 Salty Foods _____

c. Does your child eat only 2-4 kinds of foods daily? _____

8. Gastrointestinal Issues

a. Does your child suffer from any of the following?

Constipation _____
 Diarrhea _____
 Bloating _____
 Dark circle under eyes _____

Do the child's symptoms/behaviors get worse in the following weather?

Damp _____ hot _____ misty _____ moldy _____ musty _____

Does the child wake at night laughing or giggling _____

Child puts pressure on stomach (with hands or by laying over couch arms etc) _____

Please check which of the following applies to your child

- | | | |
|---|--|---|
| <input type="checkbox"/> Miss the gist of a story or last to get a joke | <input type="checkbox"/> Able to speak without sounding monotone | <input type="checkbox"/> Likes flickering lights |
| <input type="checkbox"/> Tend to write very small | <input type="checkbox"/> Able to cry or be spontaneous | <input type="checkbox"/> Tend to write very large |
| <input type="checkbox"/> Very good at finding mistakes | <input type="checkbox"/> Irregular heartbeat (fast or slow) | <input type="checkbox"/> Difficulty seeing patterns |
| <input type="checkbox"/> Difficulty remaining seated when expected | <input type="checkbox"/> Difficulty changing set behavior | <input type="checkbox"/> Draws accurate pictures |
| <input type="checkbox"/> Difficulty remembering where things are | <input type="checkbox"/> Tend to lose focus on visual tasks | <input type="checkbox"/> Difficulty with geometry /algebra |
| <input type="checkbox"/> Good memory for directions | <input type="checkbox"/> Start things, but don't finish | <input type="checkbox"/> Unusually good memory |
| <input type="checkbox"/> Difficulty understanding body language | <input type="checkbox"/> Empathetic-sensitive to others feelings | <input type="checkbox"/> Upset if things change |
| <input type="checkbox"/> Act compulsively | <input type="checkbox"/> Lost in thought, unreachable, zoned-out | <input type="checkbox"/> Upset if things aren't "right" |
| <input type="checkbox"/> Difficulty with word problems | <input type="checkbox"/> Eye contact poor, not as expected | <input type="checkbox"/> Silly inappropriate laughing/giggling |
| <input type="checkbox"/> Difficulty following through or finishing things | <input type="checkbox"/> Reacts well to <u>new</u> circumstances | <input type="checkbox"/> Watches television for a long time |
| <input type="checkbox"/> Good reading comprehension | <input type="checkbox"/> Speech sounds monotone | <input type="checkbox"/> Plays computer for a long time |
| <input type="checkbox"/> Hyperactive-move excessively | <input type="checkbox"/> Appropriate social behavior | <input type="checkbox"/> Difficulty modeling someone's behavior, but if told how to do something, can do it |
| <input type="checkbox"/> Blurts out thoughts and answers to questions | <input type="checkbox"/> Adopts complicated rituals | <input type="checkbox"/> Difficulty reading |
| <input type="checkbox"/> Able to predict what others will do | <input type="checkbox"/> Collects particular things | <input type="checkbox"/> Fatigue while reading |
| <input type="checkbox"/> Fearful and anxious | <input type="checkbox"/> Corrects imperfections | <input type="checkbox"/> Appears to be depressed |
| <input type="checkbox"/> Trouble sustaining attention in routine situations | <input type="checkbox"/> Draws only certain things | <input type="checkbox"/> Stumbles over words (gets worse with fatigue) |
| <input type="checkbox"/> Understand the "big picture" of words/phrases | <input type="checkbox"/> Fixated on one topic | <input type="checkbox"/> Difficulty making decisions, judgments |
| <input type="checkbox"/> Appropriate social behavior and responses | <input type="checkbox"/> Lines up objects precisely | <input type="checkbox"/> Uses one word for another |
| <input type="checkbox"/> Able to focus | <input type="checkbox"/> Lines things in neat rows | <input type="checkbox"/> Irregular hear rhythm (skipped beats, fluttering) |
| <input type="checkbox"/> Easily distracted by ordinary insignificant things | <input type="checkbox"/> Repeats old phrases, sentences | <input type="checkbox"/> Penmanship gets worse as continues to write |
| | <input type="checkbox"/> Play is repetitive, very predictable | <input type="checkbox"/> Teeth grinding |
| | <input type="checkbox"/> Upset if things change | <input type="checkbox"/> Tics |
| | <input type="checkbox"/> Insists on what is wanted | <input type="checkbox"/> Complains of muscle cramps |
| | <input type="checkbox"/> Likes looking at fans | <input type="checkbox"/> Restless legs |

Tremors / Shakiness
 Bites of chews fingers
 Bites wrist or back of hands or arms
 Obsessive thoughts
 Gets stuck on a behavior
 Gets song stuck in head
 Panic attacks
 Poor handwriting
 Low motivation
 Excessive motivation
 Quick startle reflex
 Persistent phobias
 Easily embarrassed
 Easily sweats
 Hot or cold flashes/hot or cold hands
 Feelings of nervousness or anxiety
 Heart pounding, rapid heart rate, chest pain
 Trouble breathing or feelings of being smothered
 Avoidance of public places from fear of anxiety
 Periods of nausea and stomach upset
 Tendency to predict the worst
 Fear of being judged or scrutinized
 Excessive worrying about what others think
 Tendency to freeze in anxiety provoking situations
 Feelings of sadness
 Moodiness
 Negativity
 Low energy
 Irritability
 Suicidal Feelings
 Low self esteem
 Forgetfulness
 Face, lip movements or noises
 Feelings of hopelessness or powerlessness
 Feeling dissatisfied or bored
 Excessive guilt
 Crying easily
 Lowered interest in things considered fun
 Appetite changes

Very sensitive to smells and odors
 Poor sense of smell
 Mild paranoia
 Memory problems
 Periods of forgetfulness
 Spaciness or confusion
 Periods of panic
 Frequent misinterpretation of comments as negative, when they are not
 Auditory or visual hallucinations
 Sudden fear, anger or sexual feelings
 History of family violence or explosiveness
 Short fuse or periods of extreme irritability
 Periods of rage without provocation
 Dark thoughts, thoughts of homicide or suicide
 Preoccupation with moral or religious ideas
 Reading comprehension problems
 Irritability that tends to build and then explode
 Ringing in ears
 Letters seen backwards
 Difficulty counting, calculating
 Child has difficulty understanding how he/she feels
 Without looking, have difficulty knowing "where" in space foot or hand is
 Report odd sensations (bugs crawling, tingling, burning, etc)
 Get claustrophobic, tunnel vision, or feeling that the world is closing in
 Have difficulty understanding how others feel
 Get surprised by things coming from the left side (more than from opposite side)
 Difficulty with spatial skills
 Difficulty with word problems in math
 Difficulty getting dressed

Difficulty reading people's facial expressions
 Difficulty interpreting emotional content of a verbal conversation
 Confusion between left and right
 Speech is slurred
 Movement does not look coordinated
 Trips
 Falls or gets hurt when running or climbing
 Knocks things over when reaching
 Has trouble maintaining balance
 Drops things
 Fearful of harmless objects
 Fearful of unusual events
 Unaware of danger
 Unaware of self as a person
 Very sensitive to pain
 Climbs to high places
 Likes to be held upside down
 Likes to be swung in air
 Whirls self like a top
 Toe Walking
 Bothered by certain sounds
 Hearing loss
 Likes certain sounds
 Sensitive to loud noise
 Sounds seem painful
 Covers ears with sounds
 Likes to make loud noises with voice
 Bothered by bright lights
 Blinking
 Examines by smell sniffs things
 Licks things, puts things in mouth
 Examines things by sight
 Light is "calming"
 Fails to blink at bright light
 Daytime sleepiness
 Sleeps less than normally expected
 Sleeps more than normally expected

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

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.

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

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NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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

<i>Classroom Behavioral Performance</i>	Excellent	Above Average	Average	Somewhat of a Problem	
				Problematic	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: _____

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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: _____



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

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.

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NICHQ Vanderbilt Assessment Scale—TEACHER Informant

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 <i>Academic Performance</i>	Excellent	Average	Above 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

<i>Classroom Behavioral Performance</i>	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: _____

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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: _____



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

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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NICHQ Vanderbilt Assessment Scale—PARENT Informant

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:

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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: _____



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

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.

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American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality



NICHQ Vanderbilt Assessment Scale—PARENT Informant

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: _____

