



ADHD Parent Questionnaire

Child's Name _____

Parents' Names _____

Date: _____

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1 • Patient Information

Patient Information

Please send these completed forms along with copies of report cards from all grades completed, all psychological reports, and any counseling evaluations. Do **not** send original copies. Please complete all information. After reviewing this information, our office will contact you for an appointment.

Child's Name: _____

Date of Birth : _____ Age _____ Sex _____

Home Address _____

Home Phone _____ Parent or Guardian Work Phone _____

Child's School: _____

School Address: _____

Grade: _____

| Present placement of child (please check in appropriate box) | Adult with whom child is living | Non-residential adults involved with child |
|--|---------------------------------|--|
| Natural Mother | | |
| Natural Father | | |
| Stepmother | | |
| Stepfather | | |
| Adoptive Mother | | |
| Adoptive Father | | |
| Other (Specify) | | |

Source of referral _____

Address _____

Phone _____

Briefly state your concerns _____

2 • School History

School History

1. Please list schools attended in chronological order:

| School | Grades Attended | City |
|--------|-----------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. Please summarize the child's progress (e.g. academic, social) within each of these grade levels:

Preschool _____

Kindergarten _____

Grades 1 through 3 _____

Grades 4 through 6 _____

Grades 7 through 12 _____

3. To the best of your knowledge, at what grade level is your child functioning:

Reading _____ Spelling _____ Arithmetic _____

4. Has your child ever had to repeat a grade? If so, when? _____

5. Present class placement: Regular Class _____

Special Class (If so, specify) _____

6. Has the child ever been in any type of special education program, and if so, how long?

| Yes | No | Duration | |
|-----|----|----------|-----------------------------|
| | | | Learning disabilities class |
| | | | Behavioral disorders class |
| | | | Resource room |
| | | | Private tutoring |
| | | | Other (please specify) |

3 • School History

7. Have any additional instructional modifications been attempted?

| Yes | No | When | |
|-----|----|------|---------------------------------------|
| | | | Private tutoring |
| | | | Behavioral modification program |
| | | | Daily or weekly progress report cards |
| | | | Class note taker assistants |
| | | | Books on tape for school text |
| | | | Training and usage of computer |

8. Has your child ever been:

| Yes | No | When | |
|-----|----|------|-----------------------|
| | | | Suspended from school |
| | | | Expelled from school |
| | | | Repeated a grade |

9. Please list any academic testing, psychological evaluations and medical evaluations previously done for your child's learning problems. (MAT, WISC-R WRAT, etc.) _____

10. Does your child have difficulty verbally expressing him/herself? _____

11. Do you think that your child understands spoken directions as well as peers? _____

12. Does your child have any speech impediments? _____

If so, has the child had any speech therapy? _____

Duration of therapy _____

13. How do you rate your child's overall level of intelligence compared to peers? _____

4 • Current Behavioral Concerns

Current Behavioral Concerns

Primary Concerns _____ Other Related Concerns _____

1. Rate your child's *school experiences* related to *behavior*:

| | Good | Average | Poor |
|---------------|------|---------|------|
| Pre-school | | | |
| Kindergarten | | | |
| Current Grade | | | |

2. Does your child's teacher describe any of the following as significant problems *in the classroom*?

| Yes | No | |
|-----|----|---|
| | | Fidgeting or hyperactive |
| | | Difficulty remaining seated |
| | | Easily distracted |
| | | Difficulty awaiting turn |
| | | Often blurts out answers to questions before they have been completed |
| | | Difficulty following instructions |
| | | Difficulty sustaining attention (off task daydreaming) |
| | | Frequently shifts from one activity to another |
| | | Difficulty playing quietly |
| | | Often talks excessively |
| | | Often interrupts or intrudes on others |
| | | Often does not listen |
| | | Often loses things (belongings, schoolwork) |
| | | Often engages in physically dangerous activities |

Comment briefly on your positive notations _____

When did these problems begin? Specify age _____

5• Current Behavioral Concerns

3. Many ADHD children appear defiant. Which of the following are significant problems at the present time?_

| Yes | No | |
|-----|----|--|
| | | Often loses temper |
| | | Often argues with adults |
| | | Often actively defies or refuses adult requests or rules |
| | | Often does things that deliberately annoy other people |
| | | Often blames others for own mistakes |
| | | Is often touchy or easily annoyed by others |
| | | Is often angry or resentful |
| | | Is often spiteful or revengeful |
| | | Often swears or uses obscene language |

Comment briefly on your positive notations _____

When did these problems begin? Specify age _____

4. Many ADHD children have personal conduct difficulties. Which of the following are significant problems at the present time?

| Yes | No | |
|-----|----|---|
| | | Steals |
| | | Has run away from home overnight at least twice |
| | | Often lies |
| | | Deliberately sets fires |
| | | Often truant |
| | | Breaking and entering |
| | | Cruel to animals |
| | | Forces someone else into sexual activity |
| | | Often initiates physical fights |
| | | Physically cruel to people |

Comment briefly on your positive notations _____

When did these problems begin? Specify age _____

6• Current Behavioral Concerns

5. Many ADHD children have separation fears. Which of the following are significant problems at the present time?

| Yes | No | |
|-----|----|---|
| | | Unrealistic and persistent worry about possible harm to family members |
| | | Unrealistic and persistent worry that calamitous events will separate child from family members |
| | | Persistent school refusal |
| | | Persistent refusal to sleep alone |
| | | Persistent avoidance of being alone |
| | | Repeated nightmares regarding separation |
| | | Frequent complaints of body aches and pains |
| | | Excessive distress anticipating separation |
| | | Excessive distress separated from home |

Comment briefly on your positive notations regarding separation fears _____

When did these problems begin? Specify age _____

6. Many ADHD children appear overanxious. Which of the following are significant problems at the present time?

| Yes | No | |
|-----|----|--|
| | | Unrealistic worry about future events |
| | | Unrealistic concern about appropriateness of past behavior |
| | | Unrealistic concern about competence |
| | | Frequent complaints of body aches and pains |
| | | Marked self-consciousness |
| | | Excessive need for reassurance |
| | | Marked inability to relax |

Comment briefly on your positive notations _____

When did these problems begin? Specify age _____

7 • Current Behavioral Concerns

7. Many ADHD children appear depressed. Which of the following are significant problems at the present time?

| Yes | No | |
|-----|----|---|
| | | Depressed or irritable mood most of day, nearly every day |
| | | Diminished pleasure in activities |
| | | Decreased or increase in appetite associated with possible failure to achieve weight gain |
| | | Insomnia or excessive sleeping nearly everyday |
| | | Marked agitation |
| | | Fatigue or loss of energy |
| | | Feeling of worthlessness or excessive guilt |
| | | Diminished ability to concentrate |
| | | Suicidal thought or attempts |

Comment briefly on your positive notations _____

When did these problems begin? Specify age _____

8. Which of the following are considered to be significant problems at the present time?

| Yes | No | |
|-----|----|--|
| | | Compulsive mannerisms (hand washing, chewing clothes, picking, etc.) |
| | | Motor tics (blinking, squinting, facial jerks) |
| | | Vocal tic (sniffing, clearing throat, noises, humming) |
| | | Other nervous habits. |

Comment briefly on your positive notations _____

When did these problems begin? Specify age _____

Home Behavior

1. All children exhibit to some degree the behavior listed below. Check those that you believe your child exhibits *at home* to an excessive or exaggerated degree when compared to other children his/her own age.

| Yes | No | |
|-----|----|--|
| | | Hyperactivity (high activity level) |
| | | Poor attention span |
| | | Impulsivity (poor self control) |
| | | Temper outbursts |
| | | Low frustration threshold |
| | | Facial tics, blinking, humming or sniffing |
| | | Interrupts frequently |
| | | Doesn't listen |
| | | Sudden outbursts of physical abuse to other children |
| | | Child acts like they are driven by a motor |
| | | Wears out shoes more frequently than siblings |
| | | Heedless to danger |
| | | Excessive number of accidents |
| | | Doesn't learn from experience |
| | | Poor memory |
| | | More active than siblings |
| | | A "different child" |

Comment briefly on your positive notations _____

When did these problems begin? Specify age _____

9 • Home Behavior

2. Types of discipline you use with your child:

| Yes | No | |
|-----|----|-----------------------|
| | | Verbal reprimands |
| | | Time out (Isolation) |
| | | Removal of privileges |
| | | Rewards |
| | | Physical punishment |
| | | Give in to child |
| | | Avoidance of child |

3. On the average, what percentage of the time does your child comply with initial commands? _____

4. On the average, what percentage of the time does your child eventually comply with commands? _____

5. To what extent are you and your spouse consistent with respect to disciplinary strategies? _____

6. Have any of the following stress events occurred within the last 12 months?

| Yes | No | |
|-----|----|-------------------------------|
| | | Parents divorced or separated |
| | | Family accident or illness |
| | | Death in the family |
| | | Parent changed or lost job |
| | | Changed schools |
| | | Family moved |
| | | Family financial problems |
| | | Other (please specify) |

Interests and Accomplishments

1. What are your child's main hobbies and interests? _____

2. What are your child's areas of greatest accomplishments? _____

3. What does your child enjoy doing most? _____

4. What does your child dislike doing most? _____

Developmental Factors

Pregnancy

Your age when child was born _____

Excessive vomiting _____

Hospitalization required _____

Excessive spotting or blood loss _____

Threatened miscarriage _____

Infection(s) Specify _____

Toxemia _____

RH incompatibility _____

Operation(s) Specify _____

Other illnesses Specify _____

Smoking during pregnancy _____ Number of cigarettes per day _____

Alcohol consumption during pregnancy (describe) _____

Medications take during pregnancy _____

X-ray studies during pregnancy _____

Duration of pregnancy (weeks) _____

Delivery

Type of labor:

Spontaneous _____ Induced _____ Duration (hrs)

Type of delivery:

Normal _____ Breech _____ Cesarean

Birth weight:

Complications? _____ Cord around neck _____ Hemorrhage

Any indications of fetal distress during delivery? _____

Infant injured during delivery? _____

Other: _____

13 • Developmental Factors

Post Delivery Period

Jaundice _____ Cyanosis (turned blue) _____ Incubator care _____

Infections? (specify) _____

Number of days infant was in hospital after delivery _____

Any health complications following birth? _____

Infancy – Toddler Period

| Yes | No | |
|-----|----|--|
| | | Were there feeding problems during early infancy? |
| | | Was the baby difficult to cuddle? |
| | | Was the child colicky? |
| | | Were there sleep pattern difficulties during early infancy? |
| | | Were there problems with the infant's alertness? |
| | | Did the child have any congenital problems? |
| | | Was the child a difficult baby (did not calm easily or follow a schedule, excessive crying)? |
| | | Was the baby excessively restless? |
| | | Did the toddler behave poorly with others? |
| | | Was the toddler insistent and demanding? |
| | | Was the toddler extremely active (into everything)? |
| | | Was the child accident prone (clumsy)? |

Developmental Milestones

| | |
|--|---|
| | At what age did the child smile? |
| | At what age did the child sit up? |
| | At what age did the child crawl? |
| | At what age did the child walk? |
| | At what age did the child speak single words? (other than “mama or dada”) |
| | At what age did the child string two or more words together? |
| | At what age did the child speak in sentences? |
| | At what age did the child achieve bladder control? |
| | At what age did the child achieve bowel control? |
| | At what age did the child learn to ride a tricycle? |
| | At what age did the child ride a bicycle (without training wheels)? |
| | At what age did the child button clothing? |
| | At what age did the child tie shoelaces? |
| | At what age did the child name colors? |
| | At what age did the child name coins? |
| | At what age did the child say the alphabet? |
| | At what age did the child begin to read? |

Medical History

1. Rate your child on the following:

| Good | Average | Poor | |
|------|---------|------|------------------|
| | | | General health |
| | | | Hearing |
| | | | Vision |
| | | | Walking |
| | | | Running |
| | | | Throwing |
| | | | Catching |
| | | | Shoelace tying |
| | | | Buttoning |
| | | | Handwriting |
| | | | Athletic ability |

Medical History continued

2. Has your child had any chronic health problems (e.g. asthma, diabetes, heart condition)? If so please specify _____

3. When was the onset of any chronic illness? _____

4. Has your child had any of the following illnesses:

| Yes | No | |
|-----|----|--------------------------------|
| | | Mumps |
| | | Chicken pox |
| | | Measles |
| | | Whooping cough |
| | | Scarlet fever |
| | | Pneumonia |
| | | Encephalitis (Brain Infection) |
| | | Ear Infections |
| | | Lead Poisoning |
| | | Seizures (Convulsion) |

5. Has your child had any accidents resulting in the following:

| Yes | No | |
|-----|----|----------------------------|
| | | Broken bones |
| | | Severe lacerations |
| | | Head injury, coma, amnesia |
| | | Severe bruises |
| | | Stomach pumped (poisoning) |
| | | Eye injury |
| | | Lost teeth |
| | | Sutures |

Medical History continued

6. Has your child had surgery for any of the following:

| Yes | No | |
|-----|----|------------------------|
| | | Tonsillitis |
| | | Adenoids |
| | | Hernia |
| | | Appendicitis |
| | | Eye, ear, nose, throat |
| | | Digestive disorder |
| | | Urinary tract |
| | | Leg or arm |
| | | Burns |
| | | Other |

7. Is there any suspicion of alcohol or drug use? _____

8. Is there any history of physical or sexual abuse? _____

9. Does the child have any problems sleeping? _____

10. Does the child have bladder or bowel control problems? _____

11. Does the child have any eating disorder symptoms? _____

Treatment History

1. List names and addresses of all other professionals consulted:

- A. _____
- B. _____
- C. _____
- D. _____

Treatment History continued

2. Has your child ever received any of the following drugs for ADHD:

| Yes | No | Duration | |
|-----|----|----------|------------------------------------|
| | | | Ritalin |
| | | | Dexedrine |
| | | | Cylert |
| | | | Imipimine |
| | | | Desiprimine |
| | | | Anticonvulsants |
| | | | Tranquilizers |
| | | | Other prescription drugs (Specify) |

3. Has the child ever had any of the following forms of psychological treatment:

| Yes | No | Duration | |
|-----|----|----------|--|
| | | | Individual psychotherapy |
| | | | Group psychotherapy |
| | | | Family therapy with child |
| | | | Inpatient evaluation and treatment |
| | | | Residential treatment (including drug and alcohol) |

Family History

1. How long have you and the child's father (mother) been married? _____

2. Please note whether the child was the product of 1st, 2nd, etc., marriage. _____

3. How stable is your current marriage? _____

4. Siblings

| Name | Age |
|------|-----|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Parent's Questionnaire



Name of Child _____

Date _____

Please answer all questions. Beside each item, indicate the degree of the problem by a check mark

| | Not at all | Just a little | Pretty much | Very much |
|----|------------|---------------|-------------|-----------|
| 1 | | | | |
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Name of person completing questionnaire

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.

Revised - 1102

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

NICHQ

National Initiative for Children's Healthcare Quality

McNeil
Consumer & Specialty Pharmaceuticals

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:



Vanderbilt ADHD Diagnostic Teacher Rating Scale

Name: _____ Grade: _____

Date of Birth: _____ Teacher: _____ School: _____

Each rating should be considered in the context of what is appropriate for the age of the children you are rating.

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = 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 instruction 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 sustaining 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 (e.g., butts into conversations or games) | 0 | 1 | 2 | 3 |
| 19. Loses temper | 0 | 1 | 2 | 3 |

(continued on next page)

Vanderbilt ADHD Diagnostic Teacher Rating Scale (continued)

Frequency Code: 0 = Never; 1 = Occasionally; 2 = Often; 3 = Very Often

| | | | | |
|---|---|---|---|---|
| 20. Actively defies or refuses to comply with adults' 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 (i.e., "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 |
| 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/her" | 0 | 1 | 2 | 3 |
| 35. Is sad, unhappy, or depressed | 0 | 1 | 2 | 3 |

PERFORMANCE

| | Problematic | | Average | Above Average | |
|---|-------------|---|---------|---------------|---|
| Academic Performance | | | | | |
| 1. Reading | 1 | 2 | 3 | 4 | 5 |
| 2. Mathematics | 1 | 2 | 3 | 4 | 5 |
| 3. Written expression | 1 | 2 | 3 | 4 | 5 |
| Classroom Behavioral Performance | | | | | |
| 1. Relationships with peers | 1 | 2 | 3 | 4 | 5 |
| 2. Following directions/rules | 1 | 2 | 3 | 4 | 5 |
| 3. Disrupting class | 1 | 2 | 3 | 4 | 5 |
| 4. Assignment completion | 1 | 2 | 3 | 4 | 5 |
| 5. Organizational skills | 1 | 2 | 3 | 4 | 5 |

Teacher's Questionnaire



Name of Child _____ Grade _____ Date _____

Please answer all questions. Beside each item, indicate the degree of the problem by a check mark

| | | Not at all | Just a little | Pretty much | Very much |
|----|--|------------|---------------|-------------|-----------|
| 1 | Restless in the "squirmy" sense | | | | |
| 2 | Makes inappropriate noises when he shouldn't | | | | |
| 3 | Demands must be met immediately | | | | |
| 4 | Acts "smart (impudent or sassy) | | | | |
| 5 | Temper outbursts and unpredictable behavior | | | | |
| 6 | Overly sensitive to criticism | | | | |
| 7 | Distractibility or attention span a problem | | | | |
| 8 | Disturbs other children | | | | |
| 9 | Daydreams | | | | |
| 10 | Pouts and sulks | | | | |
| 11 | Mood changes quickly and drastically | | | | |
| 12 | Quarrelsome | | | | |
| 13 | Submissive attitude toward authority | | | | |
| 14 | Restless, always up and on the go | | | | |
| 15 | Excitable, impulsive | | | | |
| 16 | Excessive demands for teacher's attention | | | | |
| 17 | Appears to be unaccepted by group | | | | |
| 18 | Appears to be easily led by other children | | | | |
| 19 | No sense of fair play | | | | |
| 20 | Appears to lack leadership | | | | |
| 21 | Fails to finish things | | | | |
| 22 | Childish or immature (wants help he shouldn't need, clings, needs constant reassurance | | | | |
| 23 | Denies mistakes or blames others | | | | |
| 24 | Doesn't get along well with other children | | | | |
| 25 | Uncooperative with classmates | | | | |
| 26 | Easily frustrated in efforts | | | | |
| 27 | Uncooperative with teacher | | | | |
| 28 | Difficulty in learning | | | | |

Name of person completing questionnaire