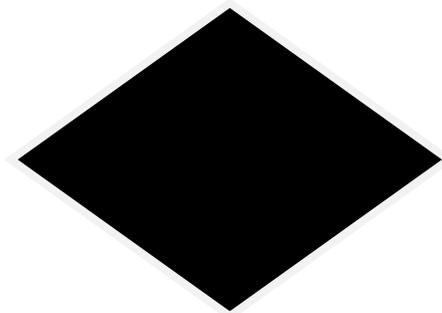


These are the  
forms that you are  
to have a  
**PARENT/GUARDIAN**  
complete

\*\*\*\*\* Please complete all forms in dark blue or black ink \*\*\*\*\*





\*\*\*\*\* Please complete all forms in dark blue or black ink \*\*\*\*\*

Your name \_\_\_\_\_

Today's Date \_\_\_\_\_

Your relationship to person? \_\_\_\_\_

If other than Parent, how long have you known them? \_\_\_\_\_

What was their birth weight? \_\_\_\_\_ Any time in the NICU after deliver? \_\_\_\_\_

Did you child have any of the following	Yes or No	Age and description of problem
Birth complications or major health concerns as an infant		
Lead exposure		
Chronic ear infections or failed hearing tests		
Developmental delays		
Special education/Individual Education Plan/ 504 Plan		
Seizures, traumatic brain injury		
Chronic or severe childhood illness, cancer, injury/accident		
Concussions		
Social Issues, Bullying, Conduct Concerns		
Trauma, abuse, other significant adverse events in childhood		

Developmental Milestones	Month/Year	Description of any delays or concerns
Walking		
Talking (simple words)		
Talking (short sentences)		
Reading (single words)		
Reading (short books)		
Other milestones that may have been delayed:		



# VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE

Directions: Circle the number by each item below, indicating the degree to which the behavior was characteristic of your child between the ages of 5 and 12. **If you did not have contact with this person between the ages of 5 and 12 please do not complete this form.**

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

1. Did not pay attention to details or makes careless mistakes, for example homework	0	1	2	3
2. Had difficulty sustaining attention to tasks or activities	0	1	2	3
3. Did not seem to listen when spoken to directly	0	1	2	3
4. Did not follow through on instructions and fails to finish work (not due to oppositional behavior or failure to understand), like chores, homework, etc.	0	1	2	3
5. Had difficulty organizing tasks and activities	0	1	2	3
6. Avoided, disliked, or reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Lost things necessary for tasks or activities (shoes, phone, pencils, charging cords)	0	1	2	3
8. Was easily distracted by extraneous stimuli	0	1	2	3
9. Was forgetful in daily activities	0	1	2	3
10. Fidgeted with hands or feet or squirms in seat	0	1	2	3
11. Left seat in in situations in which seating was expected (movies, dinner, etc.)	0	1	2	3
12. Ran about or climbed excessively in situations when remaining seated was expected	0	1	2	3
13. Had difficulty playing or engaging in leisure/play activities quietly	0	1	2	3
14. Was “on the go” or often acted as if “drive by a motor”	0	1	2	3
15. Talked too much	0	1	2	3
16. Blurted out answers before questions were completed	0	1	2	3
17. Had difficulty waiting their turn	0	1	2	3
18. Interrupted or intruded on others (e.g., butts into conversations or games)	0	1	2	3
19. Argued with adults	0	1	2	3
20. Lost temper	0	1	2	3
21. Actively defied or refused to comply with adults’ requests or rules	0	1	2	3
22. Deliberately annoyed people	0	1	2	3
23. Blamed others for his or her mistakes or misbehaviors	0	1	2	3



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

24. Was touchy, irritable, or easily annoyed by others	0	1	2	3
25. Was angry or resentful	0	1	2	3
26. Was spiteful and vindictive	0	1	2	3
27. Bullied, threatened, or intimidated others	0	1	2	3
28. Initiated physical fights	0	1	2	3
29. Lied to obtain goods for favors or to avoid obligations (i.e., “cons” others)	0	1	2	3
30. Was truant from school (skips school) without permission	0	1	2	3
31. Was physically cruel to people	0	1	2	3
32. Had stolen items of nontrivial value	0	1	2	3
33. Deliberately destroyed others’ property	0	1	2	3
34. Had used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Was physically cruel to animals	0	1	2	3
36. Had deliberately set fires to cause damage	0	1	2	3
37. Had broken into someone else’s home, business, or car	0	1	2	3
38. Had stayed out at night without permission	0	1	2	3
39. Had run away from home overnight	0	1	2	3
40. Had forced someone into sexual activity	0	1	2	3
41. Was fearful, anxious, or worried	0	1	2	3
42. Was afraid to try new things for fear of making mistakes	0	1	2	3
43. Felt worthless or inferior	0	1	2	3
44. Blamed self for problems, feels guilty	0	1	2	3
45. Felt lonely, unwanted, or unloved: complained that “no one loves him/her”	0	1	2	3
46. Was sad, unhappy, or depressed	0	1	2	3
47. Was self-conscious or easily embarrassed	0	1	2	3



## CURRENT ADHD Symptom Scale Parent-Report

Your Name				
Please circle the number next to each item that best describes your CHILD'S behavior DURING THE PAST 6 MONTHS (if you have not spent enough time with your child in the last 6 months to complete, check here). <input type="checkbox"/>				
	Never or Rarely	Sometimes	Often	Very Often
1. Failed to give close attention to details or make careless mistakes in their work	0	1	2	3
2. Fidgeted with hands or feet or squirm in seat	0	1	2	3
3. Difficulty sustaining their attention in tasks or fun activities	0	1	2	3
4. Left seat in in other situations in which seating was expected (movies, dinner, etc.)	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Appeared restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Appeared "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions had been completed	0	1	2	3
15. Easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3