

## NICHQ Vanderbilt Assessment\* -- Initial PARENT Informant

Today's Date: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Please Return this form to:  
 Provider: \_\_\_\_\_  
 Children's Medical Group  
 500 Greene Street Cumberland, MD 21502  
 Fax: (301) 724-4811

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 paying 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 requires 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 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					
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

\*Adapted from The Assessment Scales of the National Initiative for Children's Healthcare Quality

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PARENT Informant**

**Child's Name:** \_\_\_\_\_

<b>Symptoms</b>	<b>Never</b>	<b>Occaionally</b>	<b>Often</b>	<b>Very Often</b>
<b>33.</b> Deliberately destroys others' property	0	1	2	3
<b>34.</b> Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
<b>35.</b> Is physically cruel to animals	0	1	2	3
<b>36.</b> Has deliberately set fires to cause damage	0	1	2	3
<b>37.</b> Has broken into someone else's home, business, or car	0	1	2	3
<b>38.</b> Has stayed out at night without permission	0	1	2	3
<b>39.</b> Has run away from home overnight	0	1	2	3
<b>40.</b> Has forced someone into sexual activity	0	1	2	3
<b>41.</b> Is fearful, anxious, or worried	0	1	2	3
<b>42.</b> Is afraid to try new things for fear of making mistakes	0	1	2	3
<b>43.</b> Feels worthless or inferior	0	1	2	3
<b>44.</b> Blames self for problems, feels guilty	0	1	2	3
<b>45.</b> Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
<b>46.</b> Is sad, unhappy, or depressed	0	1	2	3
<b>47.</b> Is self-conscious or easily embarrassed	0	1	2	3

<b>Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a problem</b>	<b>Problematic</b>
<b>48.</b> Overall school performance	1	2	3	4	5
<b>49.</b> Reading	1	2	3	4	5
<b>50.</b> Writing	1	2	3	4	5
<b>51.</b> Mathematics	1	2	3	4	5
<b>52.</b> Relationship with parents	1	2	3	4	5
<b>53.</b> Relationship with siblings	1	2	3	4	5
<b>54.</b> Relationship with peers	1	2	3	4	5
<b>55.</b> Participation in organized activities (eg. Teams)	1	2	3	4	5

**Explain / 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: \_\_\_\_\_

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