

Vanderbilt PARENT Assessment

Child's Name: _____ Parent's Name: _____
 Today's Date: _____

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 month.

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework				
2. Has difficulty keeping attention to what needs to be done				
3. Does not seem to listen when spoken to directly				
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort				
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)				
8. Is easily distracted by noises or other stimuli				
9. Is forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat when remaining seated is expected				
12. Runs about or climbs too much when remaining seated is expected				
13. Has difficulty playing or beginning quiet play activities				
14. Is "on the go" or often acts as if "driven by a motor"				
15. Talks too much				
16. Blurts out answers before questions have been completed				
17. Has difficulty waiting his or her turn				
18. Interrupts or intrudes in on others' conversations and/or activities				
19. Argues with adults				
20. Loses temper				
21. Actively defies or refuses to go along with adults' requests or rules				
22. Deliberately annoys people				
23. Blames others for his or her mistakes or misbehaviors				
24. Is touchy or easily annoyed by others				
25. Is angry or resentful				
26. Is spiteful and wants to get even				
27. Bullies, threatens, or intimidates others				
28. Starts physical fights				
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)				
30. Is truant from school (skips school) without permission				
31. Is physically cruel to people				
32. Has stolen things that have value				
33. Deliberately destroys others' property				
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)				
35. Is physically cruel to animals				
36. Has deliberately set fires to cause damage				
37. Has broken into someone else's home, business, or car				
38. Has stayed out at night without permission				
39. Has run away from home overnight				
40. Has forced someone into sexual activity				
41. Is fearful, anxious, or worried				
42. Is afraid to try new things for fear of making mistakes				
43. Feels worthless or inferior				
44. Blames self for problems, feels guilty				
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"				
46. Is sad, unhappy, or depressed				
47. Is self-conscious or easily embarrassed				

Performance	Excellent	Above average	Average	Somewhat of a problem	Problematic
Overall school performance					
Reading					
Writing					
Mathematics					
Relationship with parents					
Relationship with siblings					
Relationship with peers					
Participation in organized activities (e.g.: sports)					

Please return the completed form to Cheryl Dasler, MD by fax (303-694-0754) or you can upload and email to cdasler@blueskycpc.com.