HEALING MINDS

Vanderbilt ADHD Parent Rating Scale — Initial

Child's Name: _____ Date: _____

Parent/Guardian Name: _____

Age: _____ Gender: _____ Grade: _____ Phone: _____

For each item below, please rate your child's behavior over the past 6 months.

0 = Never 1 = Occasionally 2 = Often 3 = Very Often

Item 1: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 2: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 3: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 4: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 5: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 6: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 7: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 8: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 9: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 10: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 11: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 12: _____
○ 0 ○ 1 ○ 2 ○ 3

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Continued symptom ratings:

Item 19: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 20: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 21: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 22: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 23: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 24: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 25: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 26: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 27: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 28: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 29: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 30: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 31: _____
○ 0 ○ 1 ○ 2 ○ 3

Item 32: _____
○ 0 ○ 1 ○ 2 ○ 3

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Performance (past 6 months):

Rate school and home functioning. 1 = Problematic ... 5 = Excellent.

P1. School performance
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

P2. Relationship with parents
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

P3. Relationship with siblings
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

P4. Relationship with peers
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

P5. Participation in organized activities (sports, clubs, etc.)
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

P6. Homework completion
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

P7. Behavior at school
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

P8. Behavior at home
○ 1 ○ 2 ○ 3 ○ 4 ○ 5

Impairment / Overall:

I1. Do the behaviors above cause problems in more than one setting (home, school, with friends)?
○ Yes ○ No

I2. Overall, do these behaviors interfere with your child's functioning?
○ Yes ○ No

Additional comments:

Parent/Guardian Signature: _____ Date: _____