

Patient Name:

DOB:

MR #:

UW Health  
(University of Wisconsin Hospitals and Clinics Authority)  
**NICHQ VANDERBILT ASSESSMENT SCALE –  
TEACHER INFORMANT**

Index to Questionnaire – Health\Encounter

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_**

**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. Fails to give attention to details or makes careless mistakes with, for example, 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 instructions 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 sustained 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 (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to go along 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

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<b>Symptoms (continued)</b>	<b>Never</b>	<b>Occasionally</b>	<b>Often</b>	<b>Very Often</b>
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, “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 or her”	0	1	2	3
35. Is sad, unhappy, or depressed	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>Academic Performance</b>					
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

<b>Classroom Behavioral Performance</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Somewhat of a problem</b>	<b>Problematic</b>
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

**Comments:**

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Please return this form to: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Patient/Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

If signed by person other than the patient, print name and state relationship and authority to do so.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

- Patient is:            Minor                                            Incompetent/Incapacitated
- Legal Authority:    Legal Guardian                                            Parent of Minor
- Health Care Agent                                            Other: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

**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 19-28: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29-35: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 36-43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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.

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American Academy  
of Pediatrics



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NICHQ

National Initiative for Children's Healthcare Quality

