

VANDERBILT PARENT INITIAL ASSESSMENT QUESTIONNAIRE

TODAY'S DATE: _____ CHILD'S NAME: _____ DOB: __/__/__

Person Completing Form _____

Each rating should be considered in the context of what is appropriate for the age of your child. This evaluation form should be based on the **last 6 months** in home.

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in 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. 15 Talks excessively	0	1	2	3
16. 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 (e.g. Butts into conversations/games)	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 comply with adult's requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehavior	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	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to obtain goods for favors or to avoid obligations (e.g. "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 items of nontrivial value	0	1	2	3
33. Deliberately destroys other's property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3

Symptoms	Never	Occasionally	Often	Very Often
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36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out all night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems: feels guilty	0	1	2	3
45. <i>Feels lonely, unwanted, or unloved, complains that "no one loves him or her"</i>	0	1	2	3
46. Is sad, unhappy, or depressed.	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Please rate (impairment) how these symptoms affect your child in the given areas of your child's life.

PERFORMANCE	SEVERE	MODERATE	MILD	NOT AT ALL
Academic Work	3	2	1	0
Study Habits	3	2	1	0
Attitude Towards Teacher	3	2	1	0
Peer Relationships	3	2	1	0

Caregiver's Comments: _____

When form is complete please return it along with your completed intake packet to Developmental and Behavioral Pediatrics in order to schedule your child's initial patient appointment for further evaluation. Thank you!

DevelopmentalPediatric@dchstx.org