



**South Carolina PLAY**  
Project to Learn about ADHD in Youth

ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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OMB No: ???	Exp Date: ???
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## Vanderbilt Rating Scale

**Each rating should be considered in the context of what is appropriate for the age of your child and should reflect your child's behavior in the last 6 months. Please, (1) fill in only one bubble (answer) per question, (2) use a black or blue pen to complete the forms, and (3) do not write or place any stray marks on the forms except where specified. Thank you.**

BEHAVIOR:	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes; for example, homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty attending to what needs to be done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through when given directions and fails to finish things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things needed for tasks or activities (assignments, pencils, or books).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by noises or other things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Fidgets with hands or feet or squirms in seat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat when he/she is supposed to stay in his/her seat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs too much when he/she is supposed to stay seated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or starting quiet games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting his/her turn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or bothers others when they are talking or playing games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Argues with adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Loses temper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please turn over and answer questions on back of page. →**

BEHAVIOR:	Never	Occasionally	Often	Very Often	
21. Actively disobeys or refuses to follow an adult's requests or rules.	0	0	0	0	
22. Bothers people on purpose.	0	0	0	0	
23. Blames others for his/her mistakes or misbehaviors.	0	0	0	0	
24. Is touchy or easily annoyed by others.	0	0	0	0	
25. Is angry or bitter.	0	0	0	0	
26. Is hateful and wants to get even.	0	0	0	0	
27. Bullies, threatens, or scares others.	0	0	0	0	
28. Starts physical fights.	0	0	0	0	
29. Lies to get out of trouble or to avoid jobs (i.e., "cons" others).	0	0	0	0	
30. Skips school without permission.	0	0	0	0	
31. Is physically unkind to people.	0	0	0	0	
32. Has stolen things that have value.	0	0	0	0	
33. Destroys others' property on purpose.	0	0	0	0	
34. Is physically mean to animals.	0	0	0	0	
35. Has set fires on purpose to cause damage.	0	0	0	0	
36. Has broken into someone else's home, business or car.	0	0	0	0	
37. Has stayed out at night without permission.	0	0	0	0	
38. Has run away from home overnight.	0	0	0	0	
39. Is fearful, anxious, or worried.	0	0	0	0	
40. Is afraid to try new things for fear of making mistakes.	0	0	0	0	
41. Feels useless or inferior.	0	0	0	0	
42. Blames self for problems, feels at fault.	0	0	0	0	
43. Feels lonely, unwanted, or unloved; complains that "no one loves him/her."	0	0	0	0	
44. Is sad, unhappy, or depressed.	0	0	0	0	
45. Feels different and easily embarrassed.	0	0	0	0	
PERFORMANCE:	<b>Problematic</b>		<b>Average</b>		<b>Above Average</b>
1a. Rate how your child is doing in school overall.	0	0	0	0	0

1b. How is your child doing in reading?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1c. How is your child doing in math?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1d. How is your child doing in writing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How does your child get along with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How does your child get along with brothers and sisters?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How does your child get along with others his/her own age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How does your child do in activities such as games or team play?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FOR STUDY USE ONLY

ID Number

Date Interviewed

Month

Day

Year

Interviewed  
by

The  
End

