

NICHQ Vanderbilt Assessment Scale Information

Today's Date _____ Name: _____

Directions: Each rating should be considered in the context of what is appropriate for your age. Is the evaluation based on a time when you were: on medication not on medication not sure

How often do you...	Never	Occasionally	Often	Very Often
1. Make careless mistakes when you have to work on a boring or difficult project?				
2. Have difficulty concentrating on what people say to you, even when they are speaking to you directly?				
3. Have difficulty keeping your attention when you're doing boring or repetitive work?				
4. Have trouble wrapping up the final details of a project/task, once the challenging parts have been done?				
5. Have difficulty getting things in order when you have to do a task that requires organization?				
6. Avoid or delay getting started on a task that requires a lot of thought?				
7. Misplace or have difficulty finding things at home or work?				
8. Get distracted by noise or activities around you?				
9. Have problems remembering appointments or obligations?				
How often do you...	Never	Occasionally	Often	Very Often
10. Fidget or squirm with your hands or feet when you have to sit for a long time?				
11. Leave your seat in meetings or other situations in which you are expected to remain seated?				
12. Have difficulty unwinding and relaxing when you have time to yourself?				
13. Feel restless or fidgety?				
14. Feel overly active and compelled to do things, like a motor drives you?				
15. Find yourself talking too much when you are in a social situation?				
16. Find yourself finishing sentences of people you are talking to, before they can finish themselves?				
17. Have difficulty waiting your turn in situations when turn taking is required?				
18. Interrupt others when they are busy?				
How often do you...	Never	Occasionally	Often	Very Often
19. Argue with others?				
20. Lose your temper?				
21. Defy or refuses to go along with protocols, rules or request?				
22. Deliberately annoy people?				
23. Blame others for your mistakes or inappropriate behavior?				
24. Feel sensitive or easily annoyed by others?				
25. Feel angry or resentful?				
26. Feel spiteful and want to get even?				

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How often do you...	Never	Occasionally	Often	Very Often
27. Dominate, threaten, or intimidate others?				
28. Instigate altercations or tense situations within a group of people?				
29. Lie or manipulate to avoid blame or obligations?				
30. Disregard obligations (unexcused absences from work)				
31. Exhibit cruelty to others?				
32. Stolen things of value (take or use possessions without permission?)				
33. Deliberately destroy or ruin other people's property or work?				
34. Use weapons in a harmful manner (ex: blunt objects, knives, guns)				
35. Exhibit physical cruelty to animals?				
36. Deliberately set fires to cause damage?				
37. Go out without telling anyone where or what time you will be back?				
38. Break into someone else's home, business or car?				
39. Run away from home or work for a period of time?				
40. Forced someone to participate in sexual activities?				
How often do you...	Never	Occasionally	Often	Very Often
41. Feel fearful, anxious, and/ or worried?				
42. Feel afraid to try new things for fear of making mistakes or falling?				
43. Feel worthless or inferior?				
44. Blame self for problems or feel guilty?				
45. Feel lonely unwanted, unloved, or complains, "no one loves you"?				
46. Feel sad, unhappy, or depressed?				
47. Feel self-conscious or easily embarrassed?				

Performance	Excellent	Above Average	Average	Somewhat of a problem	Problematic
48. Overall work performance					
49. Organization of planning					
50. Following through with plans					
51. Completing tasks and/or assignments					
52. Relationship with parents and/or siblings					
53. Relationship with co-workers and/or peers					
54. Relationship with companion/spouse					
55. Participation in organized activities (ex: attending events with peers or interactions within work groups)					

Side effects: Have you experienced any of these side effects or problems in the past week? Are these side effects currently a problem?	None	Mild	Moderate	Severe
Headache				
Stomach				
Change of appetite				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening-explain below				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/ feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking –explain below				
Picking at skin or finger nail biting, lip or cheek chewing –explain below				

COMMENTS: _____

