

Children's Health Services Behavioral Assessment Scale- Parent Form
 A combination of Vanderbilt forms from 2002 & 2001 from the AAP



Children's Health Services, P.A.
 Pediatric & Adolescent Care

Child's name: _____ DOB: _____
 Parent's name: _____ Date form completed: _____
 Form Completed by: _____ Relationship to pt: _____

Each rating should be considered in the context of what is appropriate for the age of your child.

Is this evaluation based on a time when the child was:
 ___ ON medication ___ NOT on medication ___ Not sure

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
Sub total				
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks to much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his/ her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
Sub total				
Total				
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	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
Total				
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble to avoid obligations (i.e. "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 things that have value	0	1	2	3
33. Deliberately destroys others' 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
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 at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
Total				

Symptoms	Never	Occasionally	Often	Very Often
40. Is fearful, anxious, or worried	0	1	2	3
41. Is afraid to try new things for fear of making mistakes	0	1	2	3
42. Feels worthless or inferior	0	1	2	3
43. Blames self for problems, feels guilty	0	1	2	3
44. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
45. Is sad, unhappy, or depressed	0	1	2	3
46. Is self-conscious or easily embarrassed	0	1	2	3

Total

Performance/ Organization	Excellent	Above Average	Average	A Problem	Problematic	TOTAL
47. Overall school performance	1	2	3	4	5	
48. Reading	1	2	3	4	5	
49. Writing	1	2	3	4	5	
50. Mathematics	1	2	3	4	5	
51. Relationship with parents	1	2	3	4	5	
52. Relationship with siblings	1	2	3	4	5	
53. Relationship with peers	1	2	3	4	5	
54. Organizations	1	2	3	4	5	
						Total
						Total

Severity of Impairment (To be completed by Parent)

Considering your total experience with this child, how severely impaired is he/she at this time? Compare this child to average normal children you are familiar with from your totality of experience. Please circle the number that best describes this child.

Normal, no impairment 1	Symptoms are not present any more than expected (of a typical child of the same age and gender in the same situations) and do not produce impairment of normal functioning at home or at school.
Slight impairment 2	Symptoms are present a little more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and only rarely produce impairment of normal functioning at home or school.
Mild impairment 3	Symptoms are present somewhat more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and only sometimes produce impairment of normal functioning at home or school.
Moderate impairment 4	Symptoms are present a lot more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and usually produce impairment of normal functioning at home or school.
Severe impairment 5	Symptoms are present a great deal more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and most of the time produces impairment of normal functioning at home or school.
Very severe impairment 6	Symptoms are present so much more frequently or intensely than expected (of a typical child of the same age and gender in the same situations) and almost always produce impairment of normal functioning at home or at school.
Maximal, profound impairment 7	Symptoms are present so frequently or intensely that they produce significant and pervasive impairment, which creates a crisis requiring immediate action to prevent serious deterioration, to avoid danger, or to prevent harm.

Side Effects: has your child experienced any of the following side effects or problems in the past week?	Are these side effects a problem?			
	None	Mild	Moderate	Severe
Headache				
Stomachache				
Change of appetite – EXPLAIN				
Trouble sleeping				
Irritability in the late morning, late afternoon, or evening(circle time that applies) – EXPLAIN				
Socially withdrawn – decreased interaction with others				
Extreme sadness or unusual crying				
Dull, tired, listless behavior				
Tremors/ feeling shaky				
Repetitive movements, tics, jerking, twitching, eye blinking – EXPLAIN				
Picking at skin or fingers, nail biting, lip or cheek chewing – EXPLAIN				
Sees or hears things that aren't there				