

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
 When completing this form, please think about your child's behaviors in the past **6 months**.

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. 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
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 too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	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 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
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 or to avoid obligations (ie, "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

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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NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
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
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. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	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

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

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 19-26: _____

Total number of questions scored 2 or 3 in questions 27-40: _____

Total number of questions scored 2 or 3 in questions 41-47: _____

Total number of questions scored 4 or 5 in questions 48-55: _____

Average Performance Score: _____

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Screen for Child Anxiety Related Disorders (SCARED)

Version—Page 1 of 2 (to be filled out by the)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D.,
Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

Name: _____ Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then, for each statement, fill in one circle that corresponds to the response that seems to describe your child *for the last 3 months*. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When my child feels frightened, it is hard for him/her to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. My child gets headaches when he/she am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. My child doesn't like to be with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. My child gets scared if he/she sleeps away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. My child worries about other people liking him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When my child gets frightened, he/she feels like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. My child is nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. My child follows me wherever I go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that my child looks nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. My child feels nervous with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. My child gets stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. My child worries about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. My child worries about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When my child gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. My child has nightmares about something bad happening to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. My child worries about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When my child gets frightened, his/her heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. He/she child gets shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. My child has nightmares about something bad happening to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

Screen for Child Anxiety Related Disorders (SCARED)
PARENT Version—Page 2 of 2 (to be filled out by the PARENT)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. My child worries about things working out for him/her.	○	○	○	GD
22. When my child gets frightened, he/she sweats a lot.	○	○	○	PN
23. My child is a worrier.	○	○	○	GD
24. My child gets really frightened for no reason at all.	○	○	○	PN
25. My child is afraid to be alone in the house.	○	○	○	SP
26. It is hard for my child to talk with people he/she doesn't know well.	○	○	○	SC
27. When my child gets frightened, he/she feels like he/she is choking.	○	○	○	PN
28. People tell me that my child worries too much.	○	○	○	GD
29. My child doesn't like to be away from his/her family.	○	○	○	SP
30. My child is afraid of having anxiety (or panic) attacks.	○	○	○	PN
31. My child worries that something bad might happen to his/her parents.	○	○	○	SP
32. My child feels shy with people he/she doesn't know well.	○	○	○	SC
33. My child worries about what is going to happen in the future.	○	○	○	GD
34. When my child gets frightened, he/she feels like throwing up.	○	○	○	PN
35. My child worries about how well he/she does things.	○	○	○	GD
36. My child is scared to go to school.	○	○	○	SH
37. My child worries about things that have already happened.	○	○	○	GD
38. When my child gets frightened, he/she feels dizzy.	○	○	○	PN
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).	○	○	○	SC
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.	○	○	○	SC
41. My child is shy.	○	○	○	SC

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. **PN =**

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. **GD =**

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**. **SP =**

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. **SC =**

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SH =**

The SCARED is available at no cost at www.wpic.pitt.edu/research under tools and assessments, or at www.pediatric.bipolar.pitt.edu under instruments.

Child's Name _____
 Today's Date _____
 Date of Birth _____

Record Number _____
 Filled out by _____

Pediatric Symptom Checklist

Emotional and physical health go together in children. Because **parents** are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

		Never (0)	Sometimes (1)	Often (2)
1. Complains of aches/pains	1	_____	_____	_____
2. Spends more time alone	2	_____	_____	_____
3. Tires easily, has little energy	3	_____	_____	_____
4. Fidgety, unable to sit still	4	_____	_____	_____
5. Has trouble with a teacher	5	_____	_____	_____
6. Less interested in school	6	_____	_____	_____
7. Acts as if driven by a motor	7	_____	_____	_____
8. Daydreams too much	8	_____	_____	_____
9. Distracted easily	9	_____	_____	_____
10. Is afraid of new situations	10	_____	_____	_____
11. Feels sad, unhappy	11	_____	_____	_____
12. Is irritable, angry	12	_____	_____	_____
13. Feels hopeless	13	_____	_____	_____
14. Has trouble concentrating	14	_____	_____	_____
15. Less interest in friends	15	_____	_____	_____
16. Fights with others	16	_____	_____	_____
17. Absent from school	17	_____	_____	_____
18. School grades dropping	18	_____	_____	_____
19. Is down on him or herself	19	_____	_____	_____
20. Visits doctor with doctor finding nothing wrong	20	_____	_____	_____
21. Has trouble sleeping	21	_____	_____	_____
22. Worries a lot	22	_____	_____	_____
23. Wants to be with you more than before	23	_____	_____	_____
24. Feels he or she is bad	24	_____	_____	_____
25. Takes unnecessary risks	25	_____	_____	_____
26. Gets hurt frequently	26	_____	_____	_____
27. Seems to be having less fun	27	_____	_____	_____
28. Acts younger than children his or her age	28	_____	_____	_____
29. Does not listen to rules	29	_____	_____	_____
30. Does not show feelings	30	_____	_____	_____
31. Does not understand other people's feelings	31	_____	_____	_____
32. Teases others	32	_____	_____	_____
33. Blames others for his or her troubles	33	_____	_____	_____
34. Takes things that do not belong to him or her	34	_____	_____	_____
35. Refuses to share	35	_____	_____	_____

Total score _____

Does your child have any emotional or behavioral problems for which she/he needs help? () N () Y
 Are there any services that you would like your child to receive for these problems? () N () Y

If yes, what services? _____



SMART TOOL

Child's Name: _____ DOB: _____

Today's Date: _____

Name of person filling out form: _____ Role: _____

Location: _____ Relationship to child: _____

Social Communication & Interaction	True	False
Impairments in the use of eye contact during social interactions. <i>Example: Looks to the side or at your mouth rather than your eyes when speaking to you.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Deficits in the use of facial expressions to communicate. <i>Example: Doesn't frown, pout, look surprised</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack or reduced use of gestures to communicate. <i>Example: Doesn't wave bye bye, nod yes or no, blows a kiss</i>	<input type="checkbox"/>	<input type="checkbox"/>
Impairments in back and forth conversation (appropriate to language level) <i>Example: Won't add something new or ask a question in response to a comment made to them.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, reduced, or impaired responses to social initiations of others <i>Example: Doesn't respond to his/her name or acknowledge others</i>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, or reduced interest in, peers (appropriate to developmental level)	<input type="checkbox"/>	<input type="checkbox"/>
Lack of, reduced, or impaired initiations of interactions with others	<input type="checkbox"/>	<input type="checkbox"/>
Reduced preference for some peers over others/impaired friendships	<input type="checkbox"/>	<input type="checkbox"/>
Delays in, or lack of, varied, age-appropriate play with peers	<input type="checkbox"/>	<input type="checkbox"/>

Restricted, repetitive patterns of behavior, interests & activities	True	False
Has atypical speech characteristics (e.g., echoing, jargon, unusual rhythm or volume)	<input type="checkbox"/>	<input type="checkbox"/>
Has repetitive body mannerisms	<input type="checkbox"/>	<input type="checkbox"/>
Reacts negatively to changes in schedule/insists on sameness	<input type="checkbox"/>	<input type="checkbox"/>
Has behavioral rituals	<input type="checkbox"/>	<input type="checkbox"/>
Has verbal rituals (e.g., must say things, or have others say things, in a particular way)	<input type="checkbox"/>	<input type="checkbox"/>
Has specific interests that are unusual in intensity (e.g., hobby of unusual intensity)	<input type="checkbox"/>	<input type="checkbox"/>
Engages in a limited range of activities/Has a limited behavioral repertoire	<input type="checkbox"/>	<input type="checkbox"/>
Shows hyper-reactivity to sensory input	<input type="checkbox"/>	<input type="checkbox"/>
Shows hypo-reactivity to sensory input	<input type="checkbox"/>	<input type="checkbox"/>
Shows unusual sensory interests and preferences	<input type="checkbox"/>	<input type="checkbox"/>

Disruptive behavior	True	False
Engages in aggressive and/or destructive behaviors toward self, others or objects (e.g., self-injury, elopement, property destruction)	<input type="checkbox"/>	<input type="checkbox"/>

Please leave comments on the backside of this page. Make copies if needed

Childhood Autism Spectrum Test (CAST)

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The Childhood Autism Spectrum Test or CAST (formerly the "Childhood Asperger's Syndrome Test") is a 39-item, yes or no evaluation aimed at parents. The questionnaire was developed by ARC (the Autism Research Centre) at the University of Cambridge, for assessing the severity of autism spectrum symptoms in children.

Please read each question *carefully* and select the most accurate response.

	Yes	No
1. Does s/he join in playing games with other children easily?	<input type="radio"/>	<input type="radio"/>
2. Does s/he come up to you spontaneously for a chat?	<input type="radio"/>	<input type="radio"/>
3. Was s/he speaking by 2 years old?	<input type="radio"/>	<input type="radio"/>
4. Does s/he enjoy sports?	<input type="radio"/>	<input type="radio"/>
5. Is it important to him/her to fit in with the peer group?	<input type="radio"/>	<input type="radio"/>
6. Does s/he appear to notice unusual details that others miss?	<input type="radio"/>	<input type="radio"/>
7. Does s/he tend to take things literally?	<input type="radio"/>	<input type="radio"/>
8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy's tea parties)?	<input type="radio"/>	<input type="radio"/>
9. Does s/he like to do things over and over again, in the same way all the time?	<input type="radio"/>	<input type="radio"/>
10. Does s/he find it easy to interact with other children?	<input type="radio"/>	<input type="radio"/>
11. Can s/he keep a two-way conversation going?	<input type="radio"/>	<input type="radio"/>
12. Can s/he read appropriately for his/her age?	<input type="radio"/>	<input type="radio"/>
13. Does s/he mostly have the same interests as his/her peers?	<input type="radio"/>	<input type="radio"/>
14. Does s/he have an interest which takes up so much time that s/he does little else?	<input type="radio"/>	<input type="radio"/>
15. Does s/he have friends, rather than just acquaintances?	<input type="radio"/>	<input type="radio"/>
16. Does s/he often bring you things s/he is interested in to show you?	<input type="radio"/>	<input type="radio"/>
17. Does s/he enjoy joking around?	<input type="radio"/>	<input type="radio"/>
18. Does s/he have difficulty understanding the rules for polite behavior?	<input type="radio"/>	<input type="radio"/>
19. Does s/he appear to have an unusual memory for details?	<input type="radio"/>	<input type="radio"/>
20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)?	<input type="radio"/>	<input type="radio"/>
21. Are people important to him/her?	<input type="radio"/>	<input type="radio"/>
22. Can s/he dress him/herself?	<input type="radio"/>	<input type="radio"/>
23. Is s/he good at turn-taking in conversation?	<input type="radio"/>	<input type="radio"/>

24. Does s/he play imaginatively with other children, and engage in role-play?	<input type="radio"/>	<input type="radio"/>
25. Does s/he often do or say things that are tactless or socially inappropriate?	<input type="radio"/>	<input type="radio"/>
26. Can s/he count to 50 without leaving out any numbers?	<input type="radio"/>	<input type="radio"/>
27. Does s/he make normal eye-contact?	<input type="radio"/>	<input type="radio"/>
28. Does s/he have any unusual and repetitive movements?	<input type="radio"/>	<input type="radio"/>
29. Is his/her social behavior very one-sided and always on his/her own terms?	<input type="radio"/>	<input type="radio"/>
30. Does s/he sometimes say "you" or "s/he" when s/he means "I"?	<input type="radio"/>	<input type="radio"/>
31. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts?	<input type="radio"/>	<input type="radio"/>
32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about?	<input type="radio"/>	<input type="radio"/>
33. Can s/he ride a bicycle (even if with stabilizers)?	<input type="radio"/>	<input type="radio"/>
34. Does s/he try to impose routines on him/herself, or on others, in such a way that it causes problems?	<input type="radio"/>	<input type="radio"/>
35. Does s/he care how s/he is perceived by the rest of the group?	<input type="radio"/>	<input type="radio"/>
36. Does s/he often turn conversations to his/her favorite subject rather than following what the other person wants to talk about?	<input type="radio"/>	<input type="radio"/>
37. Does s/he have odd or unusual phrases?	<input type="radio"/>	<input type="radio"/>
38. Have teachers/health visitors ever expressed any concerns about his/her development?	<input type="radio"/>	<input type="radio"/>
39. Has s/he ever been diagnosed with any of the following: Language delay, ADHD, hearing or visual difficulties, Autism Spectrum Condition (including Asperger's Syndrome, or a physical disability)?	<input type="radio"/>	<input type="radio"/>

Score my Answers

Sources

1. JG Williams, C Allison, FJ Scott, PF Bolton, S Baron-Cohen, FE Matthews, C Brayne. The Childhood Autism Spectrum Test (CAST): Sex Differences. 38(9): J Autism Dev Disord 1731-9. 2008.
2. JG Williams, C Allison, FJ Scott, PF Bolton, S Baron-Cohen, FE Matthews, C Brayne. The CAST (Childhood Asperger Syndrome Test): Test Accuracy. 9(1): Autism 45-68. 2004.
3. J Williams, C Allison, F Scott, C Stott, P Bolton, S Baron-Cohen, C Brayne. The Childhood Asperger Syndrome Test (CAST): Test-retest Reliability. 10(4): Autism 415-27. 2006.
4. FJ Scott, S Baron-Cohen, P Bolton, C Brayne. The CAST (Childhood Asperger Syndrome Test): Preliminary Development Of A UK Screen For Mainstream Primary-school-age Children. 6(1): Autism 9-31. 2002.

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