# Vanderbilt Assessment Scales Scoring Instructions 

## BASELINE ASSESSMENT

The validation studies for the Vanderbilt assessment scales were for the 6- to 12-year-old age-group. However, to the extent that they collect information to establish Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria and are not based on normative data, they are applicable to other age-groups, preschoolers, and adolescents.

These scales should not be used alone to diagnose ADHD without confirming and elaborating on the information with interviews with at least the primary caregivers (usually parents) and teachers because it is important to consider information from multiple sources. A score of 2 or 3 on a single symptom question reflects an often-occurring behavior. Scores of 4 or 5 on performance questions reflect problems in performance.

The initial assessment scales, parent and teacher, have 2 components: symptom assessment and assessment of impairments in performance. On parent and teacher initial scales, the symptom assessment screens for symptoms that meet criteria for inattentive (items 1-9) and hyperactive (items 10-18) ADHD.

## SCORING FOR DIAGNOSTICPURPQSES

To meet DSM-5 criteria for the diagnosis, one mus AayA at least 6 ppsity responselt the inattentive 9 core symptoms or the hyperactive 9 core symptoms or both. A positive response is a 2 or 3 (often or very often) (you could draw a line straight down the page and count the positive answers in each subsegment).

The initial scales have symptom screenings for 3 other comorbidities: oppositional defiant disorder, conduct disorder, and anxiety and depression. (The initial scale for teachers also screens for learning disabilities.) These are screened by the number of positive responses in each of the subsegments. The specific item set and number of positives required for each comorbid symptom screening set are detailed on the next page.

The Academic and Social Performance section of the scale has a set of performance measures, scored 1 to 5 , with 4 and 5 being somewhat of a problem and problematic. To meet criteria for ADHD, there must be at least 2 items of the performance set in which the child scores a 4 or 1 item of the performance set in which the child scores a 5 ; that is, there must be impairments, not just symptoms, to meet diagnostic criteria. The digital version of this form will automatically score each section.

## SCORING TO MONITOR SYMPTOM AND PERFORMANCE IMPROVEMENT

For the purposes of tracking symptoms and symptom severity, calculate the mean response for each subsegment of the ADHD symptom assessment screening items (inattentive 9 and hyperactive 9). To calculate the mean responses, first total the responses ( $0 \mathrm{~s}, 1 \mathrm{~s}, 2 \mathrm{~s}$, and 3 s ) from each item within the inattentive subsegment (items 1-9) and divide by the number of items that received a response. For example, if a parent provided responses to only 7 of the first 9 items, the responses would be totaled and divided by 7 . Follow the same calculation instructions for the hyperactive subsegment (items 10-18).


## FOLLOW-UP ASSESSMENT

## Scoring for Diagnostic Purposes

The parent and teacher follow-up scales have the first 18 core symptoms of ADHD and the comorbid symptoms of oppositional defiant disorder (parent) and oppositional defiant and conduct disorders (teacher).

The Academic and Social Performance section has the same performance items and impairment assessment as those of the initial scales; it is followed by a side effect reporting scale that can be used to assess and monitor the presence of adverse reactions to prescribed medications, if any. Scoring the follow-up scales involves tracking inattentive (items 1-9) and hyperactive (items 10-18) ADHD, as well as the aforementioned comorbidities, as measures of improvement over time with treatment.

## FOLLOW-UP ASSESSMENT (continued)

## Scoring to Monitor Symptom and Performance Improvement

To determine the score for follow-up, calculate the mean response for each of the ADHD subsegments. Compare the mean response from the follow-up assessment inattentive subsegment (items 1-9) with the mean response from the inattentive subsegment that was calculated at baseline assessment. Conduct the same comparison for the mean responses for the hyperactive subsegment (items 10-18) taken at follow-up and baseline.

| Parent Assessment Scale | Teacher Assessment Scale |
| :---: | :---: |
| Predominantly Inattentive Subtype |  |
| Must score a 2 or 3 on 6 out of 9 items for questions 1-9 AND <br> Score a 4 on at least 2 or a 5 on at least 1 of the performance questions 27-34 | Must score a 2 or 3 on 6 out of 9 items for questions 1-9 AND <br> Score a 4 on at least 2 or a 5 on at least 1 of the performance questions 29-36 |
| Predominantly Hyperactive-Impulsive Subtype |  |
| Must score a 2 or 3 on 6 out of 9 items for questions 10-18 AND <br> Score a 4 on at least 2 or a 5 on at least 1 of the performance questions 27-34 | Must score a 2 or 3 on 6 out of 9 items for questions 10-18 AND <br> Score a 4 on at least 2 or a 5 on at least 1 of the performance questions 29-36 |
| A ADHP Combined Inattention and Hyperactivity |  |
| Requires the criteria on inattentive subtype AND hyperactive-impulsive subtype | Requires the criteria an inattentive subtype AND hyperactive-impulsive suōtype |
| Oppositional Dafiant Disorder | Oppositionat Defiant and Conduct Disorders |
| Must score a 2 or 3 on 4 out of 8 behaviors for questions 19-26 AND <br> Score a 4 on at least 2 or a 5 on at least 1 of the performance questions 27-34 | Must score a 2 or 3 on 3 out of 10 items for questions 19-28 AND <br> Score a 4 on at least 2 or a 5 on at least 1 of the performance questions 29-36 |

