



## Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS)

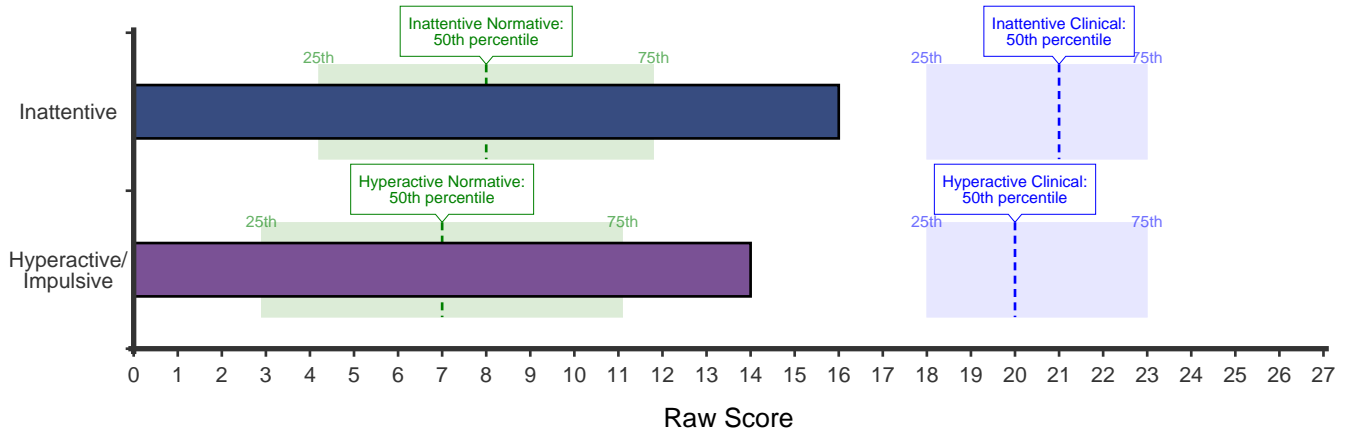
*Client Name* Generic Child  
*Date of birth (age)* 1 Jan 2015 (10)  
*Assessor* Dr David Hegarty

*Date administered* 1 Apr 2025  
*Time taken* 1 min 48s

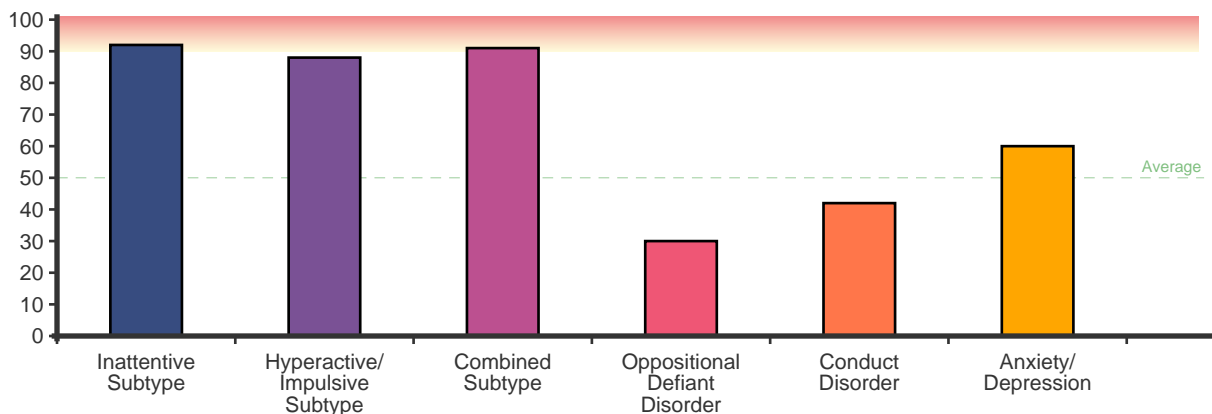
### Results

	Raw Score	Above clinical cutoff?	Normative Percentile
Inattentive Subtype	16	Yes	92
Hyperactive/Impulsive Subtype	14	No	88
Combined Subtype	30	No	91
Oppositional Defiant Disorder	3	No	30
Conduct Disorder	1	No	42
Anxiety/ Depression	4	No	60

### VADPRS ADHD Subscale Scores Compared to Normative and ADHD Samples



### VADPRS Subscale Normative Percentiles





<b>Client Name</b>	Generic Child
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## Interpretation

The percentiles reported below are based on normative data for children aged 9-10 years.

The results of the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS), as completed on 01 April 2025, indicate the client meets the screening criteria for ADHD Predominantly Inattentive presentation.

### Inattentive Symptoms

Raw Score: 16, Percentile: 92 (Above Clinical Cutoff)

The client's score on the Inattentive subscale is above the clinical cutoff, with 6 of 9 inattentive symptoms rated as occurring "Often" or "Very Often" (six or more are required to meet diagnostic criteria). Additionally, there is evidence of functional impairment in at least one of the academic or social domains. These results are consistent with the Predominantly Inattentive presentation of ADHD. In particular, the informant endorsed the following inattentive symptoms for the client:

- 2. *Has difficulty attending to what needs to be done (Very Often)*
- 6. *Avoids, dislikes, or does not want to start tasks that require ongoing mental effort (Very Often)*
- 1. *Does not pay attention to details or makes careless mistakes, for example homework (Often)*
- 3. *Does not seem to listen when spoken to directly (Often)*

### Hyperactive/Impulsive Symptoms

Raw Score: 14, Percentile: 88 (Below Clinical Cutoff)

The client's score does not suggest clinically significant hyperactive/impulsive symptoms. They display 4 of the 9 hyperactive/impulsive symptoms at clinically significant levels (fewer than the six required), despite showing functional impairment in at least one of the academic or social domains.

### Combined ADHD Presentation

Raw Score: 30, Percentile: 91 (Below Clinical Cutoff)

Although the client's Combined score is in the clinically elevated range (90th percentile or above), they do not meet the full criteria for the Combined presentation of ADHD. While they meet criteria for the Inattentive presentation, they do not meet criteria for the Hyperactive/Impulsive presentation. Both are required for a Combined diagnosis. Despite not meeting full criteria for the Combined presentation, the elevated overall score suggests significant ADHD-related symptoms that warrant clinical attention.

### Oppositional Defiant Symptoms

Raw Score: 3, Percentile: 30 (Below Clinical Cutoff)

The client's score does not suggest clinically significant oppositional defiant symptoms. They display 0 of the 8 oppositional symptoms at clinically significant levels (fewer than the four required), despite showing functional impairment in at least one of the academic or social domains.

### Conduct Disorder Symptoms

Raw Score: 1, Percentile: 42 (Below Clinical Cutoff)

The client's score does not suggest clinically significant conduct disorder symptoms. They display 0 of the 14 conduct disorder symptoms at clinically significant levels (fewer than the three required), despite showing functional impairment in at least one of the academic or social domains.



<b>Client Name</b>	Generic Child
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## Interpretation (cont.)

### Anxiety/Depression Symptoms

Raw Score: 4, Percentile: 60 (Below Clinical Cutoff)

The client's score does not suggest clinically significant anxiety or depression symptoms. They display 0 of the 7 anxiety/depression symptoms at clinically significant levels (fewer than the three required), despite showing functional impairment in at least one of the academic or social domains.

### Functional Impairment

The assessment indicates functional impairment in overall school performance, mathematics and relationship with parents. These functional impairments are significant as they indicate that the symptoms are causing problems in everyday life, which is an essential criterion for diagnosis.

## Scoring and Interpretation Information

For comprehensive information on the VADPRS, [see here](#).

The Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) scores consist of subscale scores across multiple clinical domains. Higher scores represent higher levels of symptoms within each of the domains measured. Scores are provided for the following subscales of the VADPRS:

1. Inattentive (Items 1-9) assesses core symptoms of inattention including difficulty sustaining attention, not listening when spoken to, failing to follow instructions, and being easily distracted.
2. Hyperactive/Impulsive (Items 10-18) measures hyperactivity and impulsivity symptoms including fidgeting, inappropriate movement, excessive talking, and interrupting others.
3. Combined presentation occurs when both Inattentive and Hyperactive/Impulsive criteria are met.
4. Oppositional Defiant Disorder (Items 19-26) screens for oppositional behaviours such as arguing with adults, defying requests, and being angry or resentful.
5. Conduct Disorder (Items 27-40) assesses severe behavioural problems including aggression, property destruction, and rule violations.
6. Anxiety/Depression (Items 41-47) screens for internalising symptoms including sadness, fearfulness, and sleep difficulties.

The VADPRS employs both symptom count and dimensional scoring approaches. The raw score uses the dimensional scoring technique where sum scores for each subscale provide continuous measures of symptom severity, where higher scores equate to higher symptom severity. The percentiles are based upon these dimensional raw scores and are derived from a sample of 1,570 caregivers of children aged 5-12 years of age (Anderson et al., 2022). Scores are presented as percentile ranks based on age-specific normative data for four groups: 5-6 years, 7-8 years, 9-10 years, and 11-12 years. Percentiles indicate the child's position relative to same-aged peers in the normative sample. For children outside the target age range, combined norms are used with appropriate caution in interpretation. A percentile of 50 indicates that the symptom level for the child is at average and expected levels for a child of that age group and a percentile of 90 indicates that the child has relatively high symptom levels compared to their peers (i.e., higher than 90 percent of their peers).



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## Scoring and Interpretation Information (cont.)

The clinical cutoffs use the symptom count approach where behaviours rated as "often" or "very often" are flagged as a significant symptom with clinical cutoffs based upon meeting both threshold numbers AND functional impairment (Items 48-55). ADHD presentations require six or more qualifying symptoms plus functional impairment in at least one domain. Oppositional Defiant Disorder requires four or more symptoms plus impairment, Conduct Disorder requires three or more symptoms plus impairment, and Anxiety/Depression requires three or more symptoms plus functional impairment. The functional impairment questions (Items 48-55) evaluate eight domains of academic performance and social relationships, where scores of 1 or 2 indicate significant impairment.

Note, there can sometimes be discrepancies where a child might not meet the clinical cutoff but their percentile could be high (at the 90th percentile or higher). This could happen for a number of reasons. Firstly, they might not meet the functional impairment criteria - their symptoms are high but it does not appear to be impacting daily functioning. This might require further investigation and interviewing the informant with regard to whether they have a good understanding of the impact on daily functioning for the child. The other reason this might happen is that the client scores high on a small number of symptom questions but then very low on others and even though they might have functional impairment, the actual threshold using the symptom count approach used for the clinical cutoff falls just short. This too is unusual and might require further investigation.

On first administration of the VADPRS, there are two plots shown. The first horizontal bar plot shows the ADHD subtype raw scores with the normative and clinical samples shaded in the background (with the samples shown as between the 25th and 75th percentiles). The normative percentile sample is the same as those used to derive the percentiles (i.e., the Anderson et al., 2022 sample) whereas the clinical percentiles are derived from a NovoPsych sample of over 3,000 children who met the clinical cutoff criteria. The second plot shows the normative percentiles for all subscales with a coloured background at the 90th percentile and above, indicating elevated scores. A line is presented on this plot at the 50th percentile which indicates an average symptom level for each of the subscales. Subsequent administrations of the VADPRS show two longitudinal plots showing (i) the ADHD subtype raw scores and (ii) the comorbid percentiles over time.

When VADPRS scores are available from multiple timepoints, changes in scores can provide valuable information about the effectiveness of interventions or developmental changes in symptoms. For comparative interpretation, changes of at least 0.5 standard deviations in raw scores are considered clinically meaningful (the minimally important difference) (Norman et al., 2003; Turner et al., 2010). These changes are categorised as 'significant' (either improvement (minimally important difference reduction in raw score) or deterioration (minimally important difference increase in raw score)), 'slight' (showing some change but not quite to the minimally important difference level), or 'none' (no change in raw score). If applicable, this interpretive text outlining change in scores is displayed first within the interpretive text section.

## Client Responses





<b>Client Name</b>	Generic Child
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		Never	Occasionally	Often	Very Often
1	Does not pay attention to details or makes careless mistakes, for example homework	0	1	2	3
2	Has difficulty attending 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 things	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 needed for tasks or activities (assignments, pencils, books)	0	1	2	3
8	Is easily distracted by noises or other things	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 they are supposed to stay in their seat	0	1	2	3
12	Runs about or climbs too much when they are supposed to stay seated	0	1	2	3
13	Has difficulty playing or starting quiet games	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 their turn	0	1	2	3
18	Interrupts or bothers others when they are talking or playing games	0	1	2	3
19	Argues with adults	0	1	2	3
20	Loses temper	0	1	2	3



**Client Name** | Generic Child

### Client Responses (cont.)

		Never	Occasionally	Often	Very Often
21	Actively disobeys or refuses to follow an adults' requests or rules	0	1	2	3
22	Bothers people on purpose	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 bitter	0	1	2	3
26	Is hateful and wants to get even	0	1	2	3
27	Bullies, threatens, or scares others	0	1	2	3
28	Starts physical fights	0	1	2	3
29	Lies to get out of trouble or to avoid jobs (i.e., "cons" others)	0	1	2	3
30	Skips school without permission	0	1	2	3
31	Is physically unkind to people	0	1	2	3
32	Has stolen things that have value	0	1	2	3
33	Destroys others' property on purpose	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 mean to animals	0	1	2	3
36	Has set fires on purpose 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



**Client Name** | Generic Child

### Client Responses (cont.)

		Never	Occasionally	Often	Very Often	
40	Has forced someone into sexual activity	0	1	2	3	
41	Is fearful, nervous, or worried	0	1	2	3	
42	Is afraid to try new things for fear of making mistakes	0	1	2	3	
43	Feels useless or inferior	0	1	2	3	
44	Blames self for problems, feels at fault	0	1	2	3	
45	Feels lonely, unwanted, or unloved; complains that “no one loves him/her”	0	1	2	3	
46	Is sad or unhappy	0	1	2	3	
47	Feels different and easily embarrassed	0	1	2	3	
48	Rate how your child is doing in school overall					
	1 Problematic					
	2 <b>Somewhat of a Problem</b>					
	3 Average					
	4 Above Average					
	5 Excellent					
		Problematic	Somewhat of a Problem	Average	Above Average	Excellent
49	How is your child doing in reading?	1	2	3	4	5
50	How is your child doing in writing?	1	2	3	4	5
51	How is your child doing in math?	1	2	3	4	5
52	How does your child get along with you?	1	2	3	4	5
53	How does your child get along with brothers and sisters?	1	2	3	4	5
54	How does your child get along with others their own age?	1	2	3	4	5
55	How does your child do in activities such as games or team play?	1	2	3	4	5