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A Review of the Clinical Utility and Psychometric Properties of the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS): Cutoffs and Percentile Rankings

The Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS), developed by Wolraich et al. (2003), is a 55-item parent-report measure designed to assess symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and common comorbid conditions in children aged 5-12 years. This technical review synthesises current literature on the VADPRS's psychometric properties and provides clinicians with comprehensive scoring frameworks, percentile rankings, and detailed interpretive guidelines. The document outlines the dimensional structure of ADHD symptom presentations and comorbid conditions, their relationship with functional impairment criteria, while addressing important considerations for differential diagnosis and treatment planning. This framework enables clinicians to effectively incorporate VADPRS findings into comprehensive case conceptualisation and evidence-based intervention planning for children presenting with attention, behavioural, and emotional concerns.

[View the VADPRS on NovoPsych.com.au](https://www.novopsych.com.au)

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Developer & Author

The Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) scale was developed by Wolraich and colleagues (2003):

Wolraich, M. L., Lambert, W., Doffing, M. A., Bickman, L., Simmons, T., & Worley, K. (2003). Psychometric properties of the Vanderbilt ADHD diagnostic parent rating scale in a referred population. *Journal of Pediatric Psychology*, 28(8), 559-567. <https://doi.org/10.1093/jpepsy/jsg046>

This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) is a 55-item parent-report measure designed to assess symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) and common comorbid conditions in children aged 5-12 years of age (Wolraich et al., 2003). Developed within a clinical framework, the VADPRS evaluates six distinct clinical dimensions (plus functional impairment):

1. Inattention - assesses symptoms related to difficulty sustaining attention, following through on instructions, organization, and distractibility.
2. Hyperactivity/Impulsivity - measures behaviors such as fidgeting, excessive talking, difficulty waiting turns, and interrupting others.
3. Combined ADHD - evaluates the presence of both inattentive and hyperactive/impulsive symptoms.
4. Oppositional Defiant Disorder - screens for argumentative behavior, defiance, and anger.
5. Conduct Disorder - screens for more serious rule-breaking behaviors and aggression.
6. Anxiety/Depression - assesses symptoms of emotional distress including worry, fearfulness, and sadness.

Additionally, the scale assesses functional impairment in academic and social domains, evaluating the child's performance across eight areas, including reading, mathematics, and peer relationships. This functional impairment scale is used to determine whether or not a child meets the clinical cutoff criteria for each of the dimensions assessed.

For clinicians, the VADPRS offers several distinct advantages, particularly in comprehensive ADHD assessment. The scale has been endorsed by the American Academy of Pediatrics as part of their recommended evaluation protocol for ADHD, making it a standard component in clinical practice guidelines (Wolraich et al., 2011). The VADPRS aids in assessment, treatment planning, and intervention evaluation. As an assessment tool, it helps identify patterns of symptoms that correspond directly to DSM diagnostic criteria for ADHD and common comorbidities. This is particularly valuable for distinguishing between ADHD subtypes and identifying additional concerns that may complicate treatment.

There is also a complementary Teacher-rated version, the [Vanderbilt ADHD Diagnostic Teacher Rating Scale \(VADTRS\)](#). This can be used in coordination with the VADPRS to ensure that symptoms are observed across multiple settings, which is a key diagnostic requirement for ADHD according to DSM criteria. The combined use of VADPRS and VADTRS helps clinicians identify whether functional impairment is present across settings, distinguish between situational versus pervasive difficulties, and develop more targeted intervention strategies that address setting-specific needs.

The VADPRS has demonstrated value across diverse populations, with studies supporting its use in both referred clinical samples and community populations. In treatment planning, specific dimensional scores on the VADPRS may indicate the need for targeted interventions addressing particular aspects of functioning. For example, high scores on the Oppositional Defiant subscale might suggest the need for parent management training, while elevated Anxiety/Depression scores could indicate the need for additional emotional support.

Psychometric Properties

The VADPRS was initially validated in a clinical population of 243 children, where it demonstrated high internal consistency with Cronbach's alpha coefficients exceeding .90 for each of the ADHD presentations, as well as the externalizing and internalizing subscales (Wolraich et al., 2003). Factor analysis identified a strong four-factor structure comprising inattention, hyperactivity/impulsivity, oppositional defiant/conduct problems, and anxiety/depression dimensions. The internal consistency of the VADPRS has been consistently demonstrated across multiple studies and populations. In the original validation study, whole scale internal consistency reliabilities showed Cronbach's alpha values of .90 or higher across all samples and measurement approaches (Wolraich et al., 2003). Subsequent validation in a community sample of 215 children aged 7-11 years confirmed excellent reliability, with alpha coefficients of .94 for the ODD subscale, .79 for CD, and .93 for anxiety/depression (Becker et al., 2012). A

large-scale normative study involving 1,570 caregivers found internal consistency ranging from 0.90 to 0.96 across all subscales, demonstrating that reliability remains excellent across diverse populations (Anderson et al., 2022).

Confirmatory factor analysis has provided strong support for the theoretical structure underlying the VADPRS. Using EQS software, the scale demonstrated satisfactory fit with the two-factor model of ADHD, with comparative fit indices exceeding .90 in multiple parent samples (Wolraich et al., 2003). The correlation between inattention and hyperactivity/impulsivity factors ranged from .75 to .79, indicating substantial but appropriate overlap between these dimensions. When examining the complete four-factor structure including comorbidity scales, the model achieved a CFI of .93, supporting the multidimensional nature of the assessment. International validation has confirmed this factor structure, with the Arabic version demonstrating excellent fit indices including CFI = 0.956, TLI = 0.942, and RMSEA = 0.049 (Alqahtani et al., 2024).

Construct validity of the VADPRS is supported through its theoretically consistent relationships with established measures. The scale demonstrated high concurrent validity with the Computerized Diagnostic Interview Schedule for Children-IV, achieving a correlation of $r = .79$ for the total ADHD score (Wolraich et al., 2003). This strong relationship with a structured diagnostic interview provides evidence that the VADPRS measures the same underlying constructs assessed through comprehensive diagnostic procedures. The scale's ability to differentiate between different clinical presentations while maintaining appropriate intercorrelations between related domains supports both convergent and discriminant validity.

Normative data for the VADPRS has been established through a comprehensive national study representative of the United States population. Based on the combined sample of 1,570 caregivers of children aged 5-12 years, the following means and standard deviations provide reference points for interpretation (Anderson et al., 2022):

- Inattentive subtype (M = 8.1, SD = 5.70)
- Hyperactive/Impulsive subtype (M = 7.5, SD = 6.04)
- Combined subtype (M = 15.6, SD = 10.96)
- Oppositional Defiant Disorder (M = 5.9, SD = 4.92)
- Conduct Disorder (M = 2.2, SD = 5.53)
- Anxiety/Depression (M = 2.9, SD = 3.68)

These normative values enable the calculation of percentile ranks for clinical interpretation, with age-specific norms available for four developmental groups spanning ages 5-12 years (age brackets of 5-6, 7-8, 9-10, and 11-12 years of age).

Scoring & Interpretation

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).

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.

Supporting Information

Percentile Calculations

The percentile rankings for the Vanderbilt ADHD Parent Rating Scale (VADPRS) are derived from the means and standard deviations from a representative sample in the US (Anderson et al., 2022). The percentile rankings represent the position of a given raw score relative to the distribution of scores in the normative sample.

The distribution of average scores in the normative sample was used to establish percentile rankings. For each subscale and the total score, the mean (μ) and standard deviation (σ) from the normative sample were:

Ages 5-6 years:

- Inattentive: $\mu = 8.2, \sigma = 5.51$
- Hyperactive/Impulsive: $\mu = 8.8, \sigma = 5.91$
- Total ADHD: $\mu = 17.1, \sigma = 10.68$
- Oppositional Defiant Disorder: $\mu = 6.2, \sigma = 4.72$
- Conduct Disorder: $\mu = 2.4, \sigma = 5.87$
- Anxiety/Depression: $\mu = 2.5, \sigma = 3.55$

Ages 7-8 years:

- Inattentive: $\mu = 7.9, \sigma = 5.53$
- Hyperactive/Impulsive: $\mu = 8.1, \sigma = 5.75$
- Total ADHD: $\mu = 16.0, \sigma = 10.58$
- Oppositional Defiant Disorder: $\mu = 6.0, \sigma = 4.96$
- Conduct Disorder: $\mu = 2.1, \sigma = 5.57$
- Anxiety/Depression: $\mu = 2.6, \sigma = 3.44$

Ages 9-10 years:

- Inattentive: $\mu = 8.0, \sigma = 5.66$
- Hyperactive/Impulsive: $\mu = 7.0, \sigma = 6.02$
- Total ADHD: $\mu = 15.0, \sigma = 10.95$
- Oppositional Defiant Disorder: $\mu = 5.5, \sigma = 4.69$
- Conduct Disorder: $\mu = 2.1, \sigma = 5.39$
- Anxiety/Depression: $\mu = 3.1, \sigma = 3.72$

Ages 11-12 years:

- Inattentive: $\mu = 8.1, \sigma = 6.05$
- Hyperactive/Impulsive: $\mu = 6.5, \sigma = 6.14$
- Total ADHD: $\mu = 14.6, \sigma = 11.39$
- Oppositional Defiant Disorder: $\mu = 5.8, \sigma = 5.26$
- Conduct Disorder: $\mu = 2.0, \sigma = 5.32$
- Anxiety/Depression: $\mu = 3.2, \sigma = 3.89$

If the client is outside of these age ranges then a combined (8-12 years) sample is used for determining the percentile. If this is the case, then obviously these percentiles should be used with caution.

Outside:

- Inattentive: $\mu = 8.1, \sigma = 5.7$
- Hyperactive/Impulsive: $\mu = 7.5, \sigma = 6.04$
- Total ADHD: $\mu = 15.6, \sigma = 10.96$
- Oppositional Defiant Disorder: $\mu = 5.9, \sigma = 4.92$
- Conduct Disorder: $\mu = 2.2, \sigma = 5.53$

- Anxiety/Depression: $\mu = 2.9$, $\sigma = 3.68$

To derive the percentile lookup tables for each subscale and the total score, the following approach was taken. For each possible raw score value, the corresponding z-score was calculated:

$$z = (X - \mu) / \sigma$$

where X is the average score, μ is the mean for that subscale from the normative sample, and σ is the standard deviation. These z-scores were then converted to percentiles using the cumulative normal distribution function:

$$\text{percentile} = \Phi(z) \times 100$$

where Φ is the standard normal cumulative distribution function.

The lookup tables provide a direct mapping from raw scores to percentile ranks for each subscale within each age group. For subscales, all possible raw scores have corresponding percentile ranks based on the maximum possible score for each domain.

Percentile Tables

Inattention					
Age	5-6	7-8	9-10	11-12	Outside
	8.2	7.9	8	8.1	8.1
Score	5.51	5.53	5.66	6.05	5.7
0	7	8	8	9	8
1	10	11	11	12	11
2	13	14	14	16	14
3	17	19	19	20	19
4	22	24	24	25	24
5	28	30	30	30	29
6	34	37	36	36	36
7	41	44	43	43	42
8	49	51	50	49	49
9	56	58	57	56	56
10	63	65	64	62	63
11	69	71	70	68	69
12	75	77	76	74	75
13	81	82	81	79	81
14	85	87	86	84	85
15	89	90	89	87	89
16	92	93	92	90	92
17	94	95	94	93	94
18	96	97	96	95	96
19	98	98	97	96	97
20	98.4	99	98	98	98
21	99.0	99.1	99	98.4	99
22	99.4	99.5	99.3	99	99.3
23	99.6	99.7	99.6	99.3	99.6
24	99.8	99.8	99.8	99.6	99.7
25	99.9	99.9	99.9	99.7	99.8
26	99.94	99.95	99.93	99.8	99.9
27	99.97	99.97	99.96	99.91	99.95

Hyperactive					
Age	5-6	7-8	9-10	11-12	Outside
	8.8	8	7	6.5	7.5
Score	5.91	6	6	6.14	6.04
0	7	8	12	14	11
1	9	11	16	19	14
2	12	14	20	23	18
3	16	19	25	28	23
4	21	24	31	34	28
5	26	29	37	40	34
6	32	36	43	47	40
7	38	42	50	53	47
8	45	49	57	60	53
9	51	56	63	66	60
10	58	63	69	72	66
11	65	69	75	77	72
12	71	75	80	81	77
13	76	80	84	86	82
14	81	85	88	89	86
15	85	88	91	92	89
16	89	92	93	94	92
17	92	94	95	96	94
18	94	96	97	97	96
19	96	97	98	98	97
20	97	98	98	99	98
21	98	99	99	99.1	99
22	99	99.2	99.4	99.4	99.2
23	99.2	99.5	99.6	99.6	99.5
24	99.5	99.7	99.8	99.8	99.7
25	99.7	99.8	99.9	99.9	99.8
26	99.8	99.9	99.92	99.93	99.9
27	99.9	99.95	99.96	99.96	99.94



Combined					
Age	5-6	7-8	9-10	11-12	Outside
	17.1	16	15	14.6	15.6
Score	10.68	10.58	10.95	11.39	10.96
0	5	7	9	10	8
1	7	8	10	12	9
2	8	9	12	13	11
3	9	11	14	15	13
4	11	13	16	18	14
5	13	15	18	20	17
6	15	17	21	23	19
7	17	20	23	25	22
8	20	22	26	28	24
9	22	25	29	31	27
10	25	29	32	34	30
11	28	32	36	38	34
12	32	35	39	41	37
13	35	39	43	44	41
14	39	43	46	48	44
15	42	46	50	51	48
16	46	50	54	55	51
17	50	54	57	58	55
18	53	57	61	62	59
19	57	61	64	65	62
20	61	65	68	68	66
21	64	68	71	71	69
22	68	71	74	74	72
23	71	75	77	77	75
24	74	78	79	80	78
25	77	80	82	82	80
26	80	83	84	84	83
27	82	85	86	86	85
28	85	87	88	88	87
29	87	89	90	90	89
30	89	91	91	91	91
31	90	92	93	93	92
32	92	93	94	94	93
33	93	95	95	95	94
34	94	96	96	96	95
35	95	96	97	96	96
36	96	97	97	97	97
37	97	98	98	98	97
38	97	98.1	98	98	98
39	98	98.5	98.6	98	98
40	98.4	98.8	98.9	98.7	98.7
41	98.7	99	99	99	99
42	99	99.3	99.3	99.2	99.2
43	99.2	99.5	99.5	99.4	99.4
44	99.4	99.6	99.6	99.5	99.5
45	99.6	99.7	99.7	99.6	99.6
46	99.7	99.8	99.8	99.7	99.7
47	99.7	99.8	99.8	99.8	99.8
48	99.8	99.9	99.9	99.8	99.8
49	99.9	99.91	99.91	99.9	99.9
50	99.91	99.93	99.93	99.91	99.92
51	99.92	99.95	99.95	99.93	99.94
52	99.95	99.97	99.96	99.95	99.96
53	99.96	99.98	99.97	99.96	99.97
54	99.97	99.98	99.98	99.97	99.98



Oppositional					
Age	5-6	7-8	9-10	11-12	Outside
Score	6.2	6	5.5	5.8	5.9
Score	4.72	4.96	4.69	5.26	4.92
0	9	11	12	14	12
1	14	16	17	18	16
2	19	21	23	24	21
3	25	27	30	30	28
4	32	34	37	37	35
5	40	42	46	44	43
6	48	50	54	52	51
7	57	58	63	59	59
8	65	66	70	66	67
9	72	73	77	73	74
10	79	79	83	79	80
11	85	84	88	84	85
12	89	89	92	88	89
13	93	92	95	91	93
14	95	95	97	94	95
15	97	97	98	96	97
16	98	98	99	97	98
17	99	99	99.3	98	99
18	99.4	99.2	99.6	99	99.3
19	99.7	99.6	99.8	99.4	99.6
20	99.8	99.8	99.9	99.7	99.8
21	99.9	99.9	99.95	99.8	99.9
22	99.96	99.94	99.97	99.9	99.95
23	99.98	99.97	99.98	99.95	99.97
24	99.99	99.99	99.99	99.97	99.99

Conduct Disorder					
Age	5-6	7-8	9-10	11-12	Outside
Score	2.4	2.1	2.1	2	2.2
Score	5.87	5.57	5.39	5.32	5.53
0	34	35	35	35	35
1	41	42	42	43	41
2	47	49	49	50	49
3	54	56	57	57	56
4	61	63	64	65	63
5	67	70	70	71	69
6	73	76	77	77	75
7	78	81	82	83	81
8	83	86	86	87	85
9	87	89	90	91	89
10	90	92	93	93	92
11	93	94	95	95	94
12	95	96	97	97	96
13	96	97	98	98	97
14	98	98	99	99	98
15	98	99.0	99.2	99.3	99
16	99.0	99.4	99.5	99.6	99.4
17	99.4	99.6	99.7	99.8	99.6
18	99.6	99.8	99.8	99.9	99.8
19	99.8	99.9	99.9	99.9	99.9
20	99.9	99.9	99.96	99.96	99.9
21	99.9	99.97	99.98	99.97	99.97
22	99.96	99.98	99.99	99.98	99.98
23	99.98	99.99	99.99	99.99	99.99
24	<i>Scores of 24-42 given a percentile of 99.99</i>				

Anxiety					
Age	5-6	7-8	9-10	11-12	Outside
Score	2.5	2.6	3.1	3.2	2.9
Score	3.55	3.44	3.72	3.89	3.68
0	24	22	20	21	22
1	34	32	29	29	30
2	44	43	38	38	40
3	56	55	49	48	51
4	66	66	60	58	62
5	76	76	70	68	72
6	84	84	78	76	80
7	90	90	85	84	87
8	94	94	91	89	92
9	97	97	94	93	95
10	98	98	97	96	97
11	99	99	98	98	99
12	99.6	99.7	99.2	98.8	99.3
13	99.8	99.9	99.6	99.4	99.7
14	99.9	99.95	99.8	99.7	99.9
15	99.98	99.98	99.93	99.88	99.95
16	99.99	99.99	99.97	99.95	99.99
17	<i>Scores of 17-21 given a percentile of 99.99</i>				

Interpretive Text

The interpretive report for the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS) is constructed from several components that are conditionally displayed based on the child's scores, age, and clinical cutoff criteria. The report follows a structured format designed to provide clinicians with meaningful insights into ADHD symptoms and comorbid conditions.

Age Range and Normative Context

Within Age Range (5-12 years):

- "The percentiles reported below are based on normative data for children aged [age group] years."

Outside Age Range:

- "Note: The client is outside the age range of the test (5-12 y.o.) and the percentiles are based upon norms for the 5-12 year age range. Therefore, interpret the percentiles with caution."

Overall Summary Statement

The report begins with a comprehensive overview based on clinical cutoff results:

- "The results of the Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS), as completed on [current date], "
- *[Combined Presentation]* "indicate the client meets the screening criteria for ADHD Combined (exceeding the cutoffs for both Inattentive and Hyperactive/Impulsive subtypes) presentation."
- *[Individual Presentations]* "indicate the client meets the screening criteria for ADHD [Predominantly Inattentive/Predominantly Hyperactive/Impulsive] presentation."
- *[No ADHD Presentations Above Cutoff]* "indicate the client does not meet the screening criteria for ADHD."

Comorbid Conditions:

- *[With ADHD]* "Additionally, the client meets screening criteria for [condition(s)]."
- *[Without ADHD and Comorbidities]* "However, the client does not meet the screening criteria for [condition(s)]."
- *[Without ADHD and No Comorbidities]* "The client also does not meet screening criteria for any of the comorbid conditions assessed (Oppositional Defiant Disorder, Conduct Disorder, or Anxiety/Depression)."

Detailed Subscale Interpretations

Inattentive Symptoms

Above Clinical Cutoff

- "Raw Score: [score], Percentile: [percentile] (Above Clinical Cutoff)"
- "The client's score on the Inattentive subscale is above the clinical cutoff, with [count] 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."
- Followed by specific endorsed symptoms

Below Clinical Cutoff and ≥ 90 th Percentile

- "Raw Score: [score], Percentile: [percentile] (Below Clinical Cutoff)"

- "Although the client's score is in the clinically elevated range (90th percentile or above), they do not meet the full criteria for the Inattentive presentation of ADHD."

Insufficient Symptoms with Impairment:

- "This is because [count] of 9 inattentive symptoms were rated as occurring 'Often' or 'Very Often' (six or more are required to meet diagnostic criteria), despite there being evidence of functional impairment in at least one of the academic or social domains."

Sufficient Symptoms without Impairment:

- "This is because despite having [count] of 9 inattentive symptoms rated as occurring 'Often' or 'Very Often' (meeting the symptom threshold), there is no evidence of functional impairment in either the academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "This is because [count] of 9 inattentive symptoms were rated as occurring 'Often' or 'Very Often' (six or more are required) and there is no evidence of functional impairment in either the academic or social domains. Both sufficient symptoms and functional impairment are required for a clinical diagnosis."

Below Clinical Cutoff and <90th Percentile

Insufficient Symptoms with Impairment:

- "The client's score does not suggest clinically significant inattentive symptoms. They display [count] of the 9 inattentive symptoms at clinically significant levels (fewer than the six required for diagnosis), despite showing functional impairment in at least one of the academic or social domains."

Sufficient Symptoms without Impairment:

- "The client's score does not suggest clinically significant inattentive symptoms. Although they display [count] inattentive symptoms at clinically significant levels, they do not show functional impairment in the academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "The client's score does not suggest clinically significant inattentive symptoms. They display [count] inattentive symptoms at clinically significant levels and show no apparent functional impairment."

Hyperactive/Impulsive Symptoms

Above Clinical Cutoff

- "Raw Score: [score], Percentile: [percentile] (Above Clinical Cutoff)"
- "The client's score on the Hyperactive/Impulsive subscale is above the clinical cutoff, with [count] of 9 hyperactive/impulsive 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 Hyperactive/Impulsive presentation of ADHD."
- Followed by specific endorsed symptoms

Below Clinical Cutoff and ≥90th Percentile

- "Raw Score: [score], Percentile: [percentile] (Below Clinical Cutoff)"
- "Although the client's score is in the clinically elevated range (90th percentile or above), they do not meet the full criteria for the Hyperactive/Impulsive presentation of ADHD."

Insufficient Symptoms with Impairment:

- "This is because [count] of 9 hyperactive/impulsive symptoms were rated as occurring 'Often' or 'Very Often' (six or more are required to meet diagnostic criteria), despite there being evidence of functional impairment in at least one of the academic or social domains."

Sufficient Symptoms without Impairment:

- "This is because despite having [count] of 9 hyperactive/impulsive symptoms rated as occurring 'Often' or 'Very Often' (meeting the symptom threshold), there is no evidence of functional impairment in either the academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "This is because [count] of 9 hyperactive/impulsive symptoms were rated as occurring 'Often' or 'Very Often' (six or more are required) and there is no evidence of functional impairment in either the academic or social domains. Both sufficient symptoms and functional impairment are required for a clinical diagnosis."
- "These elevated scores may still indicate subclinical hyperactive/impulsive tendencies that could benefit from support strategies."

Below Clinical Cutoff and <90th Percentile

Insufficient Symptoms with Impairment:

- "The client's score does not suggest clinically significant hyperactive/impulsive symptoms. They display [count] 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."

Sufficient Symptoms without Impairment:

- "The client's score does not suggest clinically significant hyperactive/impulsive symptoms. While they display enough hyperactive/impulsive symptoms ([count]), they do not show the functional impairment in either academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "The client's score does not suggest clinically significant hyperactive/impulsive symptoms. They display [count] hyperactive/impulsive symptoms at clinically significant levels and show no apparent functional impairment."
-

Combined ADHD Presentation

Above Clinical Cutoff

- "Raw Score: [score], Percentile: [percentile] (Above Clinical Cutoff)"
- "The client meets criteria for both the Inattentive and Hyperactive/Impulsive presentations of ADHD, indicating a Combined presentation. This suggests significant difficulties with both attention regulation and

behavioural inhibition, which often leads to more substantial functional impairment than either presentation alone."

Below Clinical Cutoff and ≥ 90 th Percentile

- "Raw Score: [score], Percentile: [percentile] (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."

Meets Inattentive Only:

- "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."

Meets Hyperactive/Impulsive Only:

- "While they meet criteria for the Hyperactive/Impulsive presentation, they do not meet criteria for the Inattentive presentation. Both are required for a Combined diagnosis."

Meets Neither:

- "They do not meet sufficient criteria for either the Inattentive or Hyperactive/Impulsive presentations individually, which are both required for a Combined diagnosis."

Oppositional Defiant Symptoms

Above Clinical Cutoff

- "Raw Score: [score], Percentile: [percentile] (Above Clinical Cutoff)"
- "The client's score on the Oppositional Defiant Disorder screening subscale is above the clinical cutoff, with [count] of 8 oppositional symptoms rated as occurring 'Often' or 'Very Often' (four or more are required to meet screening criteria). Additionally, there is evidence of functional impairment in at least one of the academic or social domains. These results suggest the presence of oppositional behaviours that may be consistent with Oppositional Defiant Disorder."
- Followed by specific endorsed symptoms

Below Clinical Cutoff and ≥ 90 th Percentile

- "Raw Score: [score], Percentile: [percentile] (Below Clinical Cutoff)"
- "Although the client's score is in the clinically elevated range (90th percentile or above), they do not meet the full screening criteria for Oppositional Defiant Disorder."

Insufficient Symptoms with Impairment:

- "This is because [count] of 8 oppositional symptoms were rated as occurring 'Often' or 'Very Often' (four or more are required to meet screening criteria), despite there being evidence of functional impairment in at least one of the academic or social domains."

Sufficient Symptoms without Impairment:

- "This is because despite having [count] of 8 oppositional symptoms rated as occurring 'Often' or 'Very Often' (meeting the symptom threshold), there is no evidence of functional impairment in either the academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "This is because [count] of 8 oppositional symptoms were rated as occurring 'Often' or 'Very Often' (four or more are required) and there is no evidence of functional impairment in either the academic or social domains. Both sufficient symptoms and functional impairment are required for a clinical diagnosis."
- "These elevated scores may still indicate subclinical oppositional tendencies that could benefit from intervention strategies."

Below Clinical Cutoff and <90th Percentile

Insufficient Symptoms with Impairment:

- "The client's score does not suggest clinically significant oppositional defiant symptoms. They display [count] 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."

Sufficient Symptoms without Impairment:

- "The client's score does not suggest clinically significant oppositional defiant symptoms. Although they display the minimum required oppositional symptoms ([count]), they do not show the functional impairment in the academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "The client's score does not suggest clinically significant oppositional defiant symptoms. They display [count] oppositional symptoms at clinically significant levels and show no apparent functional impairment."

Conduct Disorder Symptoms

Above Clinical Cutoff

- "Raw Score: [score], Percentile: [percentile] (Above Clinical Cutoff)"
- "The client's score on the Conduct Disorder screening subscale is above the clinical cutoff, with [count] of 14 conduct disorder symptoms rated as occurring 'Often' or 'Very Often' (three or more are required to meet screening criteria). Additionally, there is evidence of functional impairment in at least one of the academic or social domains. These results suggest the presence of conduct problems that may be consistent with Conduct Disorder."
- Followed by specific endorsed symptoms

Below Clinical Cutoff and ≥90th Percentile

- "Raw Score: [score], Percentile: [percentile] (Below Clinical Cutoff)"
- "Although the client's score is in the clinically elevated range (90th percentile or above), they do not meet the full screening criteria for Conduct Disorder."

Insufficient Symptoms with Impairment:

- "This is because [count] of 14 conduct disorder symptoms were rated as occurring 'Often' or 'Very Often' (three or more are required to meet screening criteria), despite there being evidence of functional impairment in at least one of the academic or social domains."

Sufficient Symptoms without Impairment:

- "This is because despite having [count] of 14 conduct disorder symptoms rated as occurring 'Often' or 'Very Often' (meeting the symptom threshold), there is no evidence of functional impairment in either the academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "This is because [count] of 14 conduct disorder symptoms were rated as occurring 'Often' or 'Very Often' (three or more are required) and there is no evidence of functional impairment in either the academic or social domains. Both sufficient symptoms and functional impairment are required for a clinical diagnosis."
- "These elevated scores may still indicate behavioural concerns that warrant monitoring and preventive intervention."

Below Clinical Cutoff and <90th Percentile

Insufficient Symptoms with Impairment:

- "The client's score does not suggest clinically significant conduct disorder symptoms. They display [count] 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."

Sufficient Symptoms without Impairment:

- "The client's score does not suggest clinically significant conduct disorder symptoms. Although they display [count] conduct disorder symptoms at clinically significant levels (meeting the minimum symptom count), they do not show the functional impairment in either academic or social domains, which is required to establish a clinical diagnosis."

Neither Symptoms nor Impairment:

- "The client's score does not suggest clinically significant conduct disorder symptoms. They display [count] conduct disorder symptoms at clinically significant levels and show no functional impairment in either the academic or social domains."

Anxiety/Depression Symptoms

Above Clinical Cutoff

- "Raw Score: [score], Percentile: [percentile] (Above Clinical Cutoff)"
- "The client's score on the Anxiety/Depression screening subscale is above the clinical cutoff, with [count] of 7 anxiety/depression symptoms rated as occurring 'Often' or 'Very Often' (three or more are required to meet screening criteria). Additionally, there is evidence of functional impairment in at least one of the academic or social domains. These results suggest the presence of anxiety or mood symptoms that warrant further assessment."
- Followed by specific endorsed symptoms

Below Clinical Cutoff and ≥90th Percentile

- "Raw Score: [score], Percentile: [percentile] (Below Clinical Cutoff)"
- "Although the client's score is in the clinically elevated range (90th percentile or above), they do not meet the full screening criteria for Anxiety/Depression."

Insufficient Symptoms with Impairment:

- "This is because [count] of 7 anxiety/depression symptoms were rated as occurring 'Often' or 'Very Often' (three or more are required to meet screening criteria), despite there being evidence of functional impairment in at least one of the academic or social domains."

Sufficient Symptoms without Impairment:

- "This is because despite having [count] of 7 anxiety/depression symptoms rated as occurring 'Often' or 'Very Often' (meeting the symptom threshold), there is no evidence of functional impairment in either the academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "This is because [count] of 7 anxiety/depression symptoms were rated as occurring 'Often' or 'Very Often' (three or more are required) and there is no evidence of functional impairment in either the academic or social domains. Both sufficient symptoms and functional impairment are required for a clinical diagnosis."
- "These elevated scores may still indicate emotional concerns that warrant monitoring and supportive interventions."

Below Clinical Cutoff and <90th Percentile

Insufficient Symptoms with Impairment:

- "The client's score does not suggest clinically significant anxiety or depression symptoms. They display [count] 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."

Sufficient Symptoms without Impairment:

- "The client's score does not suggest clinically significant anxiety or depression symptoms. While they display [count] anxiety/depression symptoms at clinically significant levels (meeting the minimum symptom count), they do not show the functional impairment in either the academic or social domains, which is required for a clinical diagnosis."

Neither Symptoms nor Impairment:

- "The client's score does not suggest clinically significant anxiety or depression symptoms. They display [count] anxiety/depression symptoms at clinically significant levels and show no functional impairment in either the academic or social domains."

Functional Impairment Section

With Functional Impairment

- "The assessment indicates functional impairment in [list of specific areas]. These functional impairments are significant as they indicate that the symptoms are causing problems in everyday life, which is an essential criterion for diagnosis."

Without Functional Impairment

- "The assessment does not indicate significant functional impairment in academic or social domains. This is noteworthy, as functional impairment is a key diagnostic criterion for ADHD and related disorders. The

absence of functional impairment suggests that even if symptoms are present, they may not be causing clinically significant problems in everyday life."

Specific Endorsed Symptoms Display

For subscales above clinical cutoff, the report includes specific symptoms endorsed (the "Followed by specific endorsed symptoms" section):

- "In particular, the informant endorsed the following [symptom type] symptoms for the client:"
- [Bulleted list of top 4-5 endorsed symptoms with response level]

Change Analysis for Multiple Administrations

When VADPRS scores are available from multiple timepoints, comparative analysis provides valuable clinical information about intervention effectiveness, treatment response, or natural developmental changes in symptom presentation. Change interpretation is based on established psychometric principles, where score changes of at least half a standard deviation represent the minimally important difference for clinical significance (Norman et al., 2003; Turner et al., 2010).

Changes in raw scores are categorised into five meaningful groups:

- *significant improvement* (reduction of ≥ 0.5 standard deviations),
- *significant deterioration* (increase of ≥ 0.5 standard deviations),
- *slight improvement* (some reduction but below the significance threshold),
- *slight deterioration* (some increase but below the significance threshold), or
- *no change* (stable scores).

These categories provide clinicians with clear guidance on whether observed changes represent genuine clinical shifts or expected measurement variability.

When applicable, this change analysis appears at the beginning of the interpretive text, providing temporal context before the current symptom profile is discussed. This structure allows clinicians to first understand the trajectory of symptoms before interpreting the current presentation, facilitating more informed clinical decision-making regarding treatment planning and intervention effectiveness.

Developer

Wolraich, M. L., Lambert, W., Doffing, M. A., Bickman, L., Simmons, T., & Worley, K. (2003). Psychometric properties of the Vanderbilt ADHD diagnostic parent rating scale in a referred population. *Journal of Pediatric Psychology*, 28(8), 559-567.

<https://doi.org/10.1093/jpepsy/jsg046>

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Assessment Questions



NovoPsych

Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS)

Instructions:

Next to each question mark how often the following applies to your child.

		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



	Never	Occasionally	Often	Very Often	
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
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



	Problematic	Somewhat of a Problem	Average	Above Average	Excellent
55	1	2	3	4	5

Developer Reference:


Wolraich, M. L., Lambert, W., Doffing, M. A., Bickman, L., Simmons, T., & Worley, K. (2003). Psychometric properties of the Vanderbilt ADHD diagnostic parent rating scale in a referred population. *Journal of Pediatric Psychology, 28*(8), 559-567. <https://doi.org/10.1093/jpepsy/jsg046>

Administer Now



	Never	Occasionally	Often	Very Often	
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, 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 Somewhat of a Problem 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

Sample Result



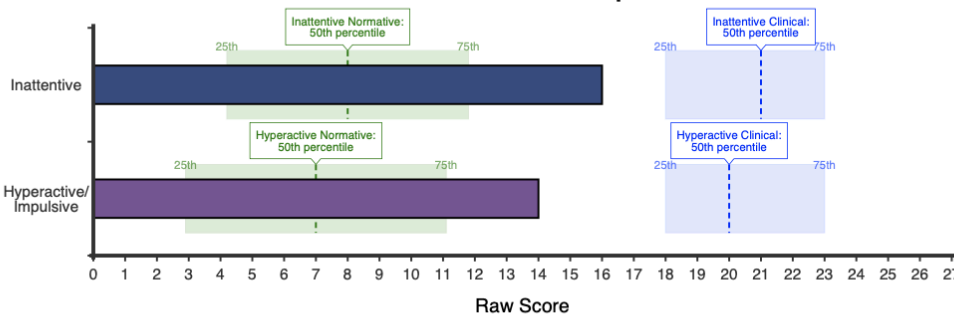
Assessment powered by **NovoPsych**

Vanderbilt ADHD Diagnostic Parent Rating Scale (VADPRS)			
<i>Client Name</i>	Generic Child	<i>Date administered</i>	1 Apr 2025
<i>Date of birth (age)</i>	1 Jan 2015 (10)	<i>Time taken</i>	1 min 48s
<i>Assessor</i>	Dr David Hegarty		

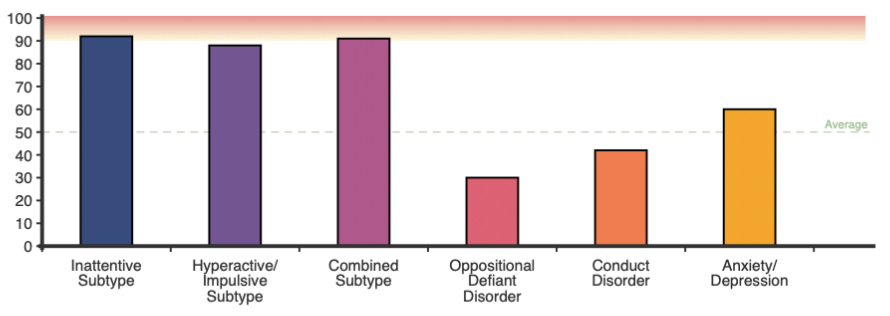
Results


	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





Page 1 of 7



Client Name Generic Child

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.



Client Name Generic Child

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).



Client Name | Generic Child

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



Client Name | Generic Child

		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
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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
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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 Somewhat of a Problem 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