Vanderbilt Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces no items, forms, or scoring sheets

The NICHQ Vanderbilt Assessment Scales are parent- and teacher-completed ADHD rating scales (initial and follow-up forms; editions 2002, 2011, and 2019). Scoring is a two-part rule per informant: six or more of nine behaviors in a domain rated 2 or 3, plus the edition's performance-impairment criterion. They support a diagnosis, never make it, and no authority requires them. Defensible charting names the edition, each informant and date, both domain counts, the impairment finding, screens as screens, and the cross-setting synthesis.

Edition and form 2002 / 2011 / 2019 differ

Do: name the edition or source and initial vs follow-up; the impairment threshold, parent conduct-section length, and follow-up arithmetic all changed.

Pitfall: the 2002 any-single-4-or-5 rule applied to a current form; "Vanderbilt positive" no one can reproduce.

Informant, setting, date, medication per form

Do: who completed it and their observation window, completion date, unmedicated or drug + dose + timing during observation.

Pitfall: "parent and teacher positive" with no dates or medication context.

Domain counts, not a total inattentive x/9, hyperactive-impulsive x/9

Do: count ratings of 2 or 3 per domain per informant; 6+ of 9 = domain threshold; both = combined; no grand-total cutoff exists.

Pitfall: "total 42, diagnostic," or one combined count.

The performance-impairment rule current: two 4s or one 5

Do: record the number of 4s and 5s and whether the edition's criterion was met; a domain is positive only when count and impairment are both met.

Pitfall: performance items skipped, a 3 read as impairment, a count called positive without impairment.

Screens as screens numerator / denominator + "screen positive"

Do: chart each associated-condition screen against the edition's threshold with the impairment finding, then the targeted assessment and plan.

Pitfall: "Vanderbilt diagnosed depression"; the teacher academic flag read as a learning-disorder diagnosis.

Concordance and discordance never average

Do: state what each informant reports by domain and impairment; read disagreement as setting information; missing form: attempts, alternate school source, criterion status.

Pitfall: informants averaged, one dismissed, or a diagnosis on a parent form alone with no trail.

Follow-up: means, function, side effects same raters, same conditions

Do: mean per domain vs its own baseline; performance change; side-effect section; drug, dose, dosing time, observation interval; decision.

Pitfall: follow-up counted like intake, mismatched raters, side effects charted nowhere as the dose rises.

Before the note is signed

- [ ] Edition and form named for every scale used
- [ ] Informant, date, observation window, and medication status per form
- [ ] Both domain counts charted per informant, no invented total
- [ ] Impairment criterion stated as met or not met, per edition
- [ ] Screens charted as screens with numerator and denominator
- [ ] Cross-setting synthesis written; missing-form trail documented
- [ ] Supports-not-establishes line present; follow-up uses means and side effects

Drafting with AI

Give it the facts: edition, each form's informant, date, and medication status, domain counts and performance ratings, screen results, history and records, plan.

> *"Draft Vanderbilt documentation: third edition; parent 08/05 inattentive 7/9, H-I 6/9, three 4s; teacher 06/2026 inattentive 8/9, H-I 7/9, one 5; screens negative; onset by kindergarten; 504 request; follow-up forms in four weeks if medication starts."*

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

Two-part rule	Current impairment	Supports, never makes	2002 free, 2019 licensed
6+ of 9 per domain plus impairment	two 4s or one 5 (2002: any one)	PPV .19 parent, .32 teacher	EHR needs an institutional license

Full guide and sample note: **bastiongpt.com/template/vanderbilt**

Vanderbilt Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no scale content.

Setting: | Patient (initials): | Date: | Clinician:

Edition / source + forms used: | Child age + medication status during observation:

Informants and dates
Parent or caregiver relationship · teacher role and observation window · completion date per form · dosing timing relative to observation

Symptom counts
Per informant: inattentive ___/9 · hyperactive-impulsive ___/9 (ratings of 2 or 3 count; 6 or more of 9 = domain threshold; no grand total)

Performance and impairment
Per informant: ratings of 4 ___ of 5 ___ · criterion met / not met (current edition: two 4s or one 5; 2002: any single 4 or 5)

Associated-condition screens
Parent: oppositional ___/8 · conduct ___/15 · anxiety-depression ___/7 · Teacher: oppositional-conduct ___/10 · anxiety-depression ___/7 · academic flag · each screen positive / negative

Cross-setting synthesis
Concordant / discordant by domain and setting · missing form: attempts, alternate school source · more-than-one-setting criterion established / uncertain / not met · supports, does not establish, the diagnosis

Follow-up (if applicable)
Baseline means I ___ HI ___ · current means I ___ HI ___ · performance change · side effects · drug, dose, dosing time, interval · decision

Plan and coding
Evaluation steps · school request · treatment · next forms and date · prescriber follow-up timing · code reported (bare number)

Clinician (name and credentials): | Signature: | Date: