# 

# Please return to our office at (844)270-4926

Patient's Name:	Patient's Date of Birth:	Today's Date:
Person Completing Form:	Relationship to Patient: _	<del>_</del>
How often are you around the patient:		

	The worken are you are							
	Frequency Code:	0=Never	1=Occasionally	2=01	2=Often		3=Very Often	
1.	Does not pay close atte		es careless	0	1	2	3	
2.	Has difficulty keeping attention to what needs to be done				1	2	3	
3.	Does not seem to listen	when spoken to direc	tly	0	1	2	3	
4.	Does not follow throug schoolwork, chores, or	0	1	2	3			
5.	Has difficulty organizing	ng tasks and activities		0	1	2	3	
6.	Avoids, dislikes, or is r sustained mental effort			0	1	2	3	
7.	Loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				1	2	3	
8.	Is distracted by extrane		0	1	2	3		
9.	Is forgetful in daily act	forgetful in daily activities				2	3	
10.	Fidgets with hands or feet or squirms in seat				1	2	3	
11.	Leaves seat in classroom or in other situations in which remaining seated is expected				1	2	3	
12.	Runs about or climbs e seated is expected	excessively in situation	s in which remaining	0	1	2	3	
13.	Has difficulty playing of	or engaging in leisure a	activities quietly	0	1	2	3	
14.	Is "on the go" or often	acts as if "driven by a	motor"	0	1	2	3	
15.	Talks excessively			0	1	2	3	
16.	Blurts out answers before	ore questions have been	n completed	0	1	2	3	
17.	Has difficulty waiting i	in line		0	1	2	3	
18.	Interrupts or intrudes o	n others (eg, butts into	conversations/games)	0	1	2	3	

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Patient'	s Name: Today's date:				
19.	Argues with adults	0	1	2	3
20.	Loses temper	0	1	2	3
21.	Actively defies or refuses to go along with adult 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
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 worries	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 Page 2	3 2 of 3

Rudolph Bolling Psychiatry, PC VANDERBILT <u>PARENT</u> BEHAVIOR EVALUATION SCALE (VTBES)

Patient's Name:						
ACADEMIC PERFORM	IANCE					
	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
Reading	1	2	3	4	5	
Mathematics	1	2	3	4	5	
Written Expression	1	2	3	4	5	
CLASSROOM BEHAVI	ORAL PERF	ORMANCE				
	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
Relationship with peers	1	2	3	4	5	
Following directions	1	2	3	4	5	
Disrupting class	1	2	3	4	5	
Assignment completion	1	2	3	4	5	
Organizational skills	1	2	3	4	5	
Please use the space below you!	to explain any	areas that you rated	d "often" or "v	ery often", or "problematic" or	to express any other concerns. That	ınk
					Page 3 of 3	3