



SYNTHETIC EXAMPLE

Vanderbilt ADHD Diagnostic Rating Scale

Vanderbilt ADHD Diagnostic Rating Scale - presentation preview

CLIENT

John Doe

ADMINISTERED

Example date

RESPONSE MODE

Informant report

INSTRUMENT

**Vanderbilt ADHD
Diagnostic Rating Scale**

SOURCE

NICHQ

CLINICAL ROLE

**Informant rating
support for clinician
review**

What this report lays out

- Named instrument, version, and provenance
- Item-level response pattern without source wording
- Methodology, references, and clinical boundary
- Responsible clinician review rather than automated conclusions

CLINICIAN REVIEW REQUIRED

This document demonstrates Lirena's report design using fictional data. It does not represent a scored Vanderbilt result, cannot establish a diagnosis, and must not be placed in a clinical record.

Vanderbilt ratings cannot diagnose ADHD. Onset, pervasiveness, alternative explanations, and impairment still require clinician-led assessment.



A report designed for clinical review

Clear structure, visible provenance, and an explicit boundary help a clinician review recorded evidence without mistaking a questionnaire for a conclusion.

REVIEW

A parent, teacher, or other informant completes the authorised form. Children do not typically complete the diagnostic rating as if it were an adult self-report. Multi-informant disagreement is expected and clinically useful.

CONTEXT

Official NICHQ materials describe symptom counts and performance items. This page does not independently verify a cutoff or production scoring rule.

SOURCE

Confirm the exact parent/teacher form, age range, and any reproduction terms. This catalogue entry does not assign the measure from the public site.

REPORT PRINCIPLE

Show the evidence, the version, and the boundary. Leave diagnosis and formulation with the clinician.



Item-level layout without source wording

This marketing sample uses invented item numbers and response labels only. It does not reproduce Vanderbilt ADHD Diagnostic Rating Scale item wording, and the pattern below is not a real result.

ITEM	ILLUSTRATIVE SCALE POINT	FICTIONAL RESPONSE
1	4 of 5	Often
2	4 of 5	Often
3	5 of 5	Most days
4	5 of 5	Most days
5	1 of 5	Not at all
6	3 of 5	Sometimes
7	3 of 5	Sometimes
8	2 of 5	A little
9	2 of 5	A little
10	2 of 5	A little
11	1 of 5	Not at all
12	4 of 5	Often
13	2 of 5	A little
14	1 of 5	Not at all

Item numbers, scale points, and responses on this page are invented for layout demonstration. They are not this instrument's item set, scoring structure, or thresholds.



Source-led by design

Lirena separates published methodology, product implementation, and clinical approval. A citation does not by itself authorize administration or prove a software scoring rule.

INSTRUMENT

NICHQ's Vanderbilt scales gather parent and/or teacher ratings of ADHD-related behaviours and selected classroom or comorbidity items. They structure informant evidence for a clinician. They do not replace interview, impairment review, or developmental assessment.

ADMINISTRATION

A parent, teacher, or other informant completes the authorised form. Children do not typically complete the diagnostic rating as if it were an adult self-report. Multi-informant disagreement is expected and clinically useful.

CLINICAL BOUNDARY

Vanderbilt ratings cannot diagnose ADHD. Onset, pervasiveness, alternative explanations, and impairment still require clinician-led assessment.

GOVERNANCE

Confirm the exact parent/teacher form, age range, and any reproduction terms. This catalogue entry does not assign the measure from the public site.

SELECTED REFERENCES

1. NICHQ Vanderbilt scales

National Institute for Children's Health Quality. Vanderbilt Assessment Scales.

SOURCE AND VERIFICATION Confirm the official form with the source before any live workflow.