SYNTHETIC EXAMPLE

Vanderbilt ADHD Diagnostic Rating Scale

Vanderbilt ADHD Diagnostic Rating Scale - synthetic example

CLIENT	ADMINISTERED	RESPONSE MODE
John Doe	**Example date**	**Informant report**

TOTAL

3 / 220

DEMO SYNTHETIC



3/220

What this report lays out

- Source instrument: Vanderbilt ADHD Diagnostic Rating Scale
- Item count: 55 items
- Response format: Never, Rarely, Sometimes, Often, Very often
- Respondent: Parent or teacher

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

Synthetic Vanderbilt ADHD Diagnostic Rating Scale example. The gauges and rows use this instrument's groups and range. They are not a client record.

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

Vanderbilt scoring depends on parent/teacher form and impairment items; use official form-specific rules for diagnosis. The implemented range is 0 to 220. Lirena's implemented cutoff is 18.

BOUNDARY

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

REPORT PRINCIPLE

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

Vanderbilt ADHD Diagnostic Rating Scale response pattern

Synthetic responses for Vanderbilt ADHD Diagnostic Rating Scale. The table uses this instrument's groups and range. It is not a client record and does not reproduce official item wording.

ITEM	GROUP	SYNTHETIC RESPONSE
1	Total	Never
2	Total	Rarely
3	Total	Sometimes
4	Total	Often
5	Total	Very often
6	Total	Never
7	Total	Rarely
8	Total	Sometimes
9	Total	Often
10	Total	Very often
11	Total	Never
12	Total	Rarely
13	Total	Sometimes
14	Total	Often
15	Total	Very often
16	Total	Never

Synthetic Vanderbilt ADHD Diagnostic Rating Scale values only. Not a client record.

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.

METHODOLOGY

Vanderbilt scoring depends on parent/teacher form and impairment items; use official form-specific rules for diagnosis. The implemented range is 0 to 220. Lirena's implemented cutoff is 18.

SELECTED REFERENCES

1. NICHQ Vanderbilt scales

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