Data Collection Instruments Submitted for OMB Approval:

Attachment B3: Parent ADHD Communication and Knowledge. This questionnaire asks parents about their contact with teachers and physicians about their child's diagnosis, and measures the parents' knowledge about ADHD. The knowledge questions are in a multiple choice format. The questionnaire was developed for a study conducted in the urban school district in Tennessee at the Oklahoma site. The means scores were 34% correct responses from parents and 62% correct responses from teachers, providing an ample room to assess change. This survey was also used in the PLAY baseline assessment. This survey will be administered to the parent.

Attachment B4a: Parent ADHD Treatment, Cost, and Client Satisfaction Questionnaire. This survey will collect information about the child's diagnosis and treatment history. Using this form, the parents will list their child's behavioral and learning problems or diagnoses, indicate who (pediatrician, family practitioner, psychiatrist, neurologist, psychologist or other) made the diagnosis of ADHD if the child has a diagnosis, and list the treatments (including each medication and dose of that medication) or educational modifications their child is receiving. Additionally, for the annual interview, this survey includes questions about service provision costs, treatment costs, and costs in terms of extra time spent by the family because of ADHD, modified from the National Survey of Children with Special Health Care Needs. The survey also includes a section on client satisfaction which is made up of modified questions from the Client Satisfaction Questionnaire-8 (CSQ-8; Nguyen, Attkisson, & Stegner, 1983). The CSQ-8 is an eight-item assessment of satisfaction. Parents will be asked to consider medical, behavioral and educational services separately and complete the eight items for each group of services.

Attachment B4b Parent ADHD Treatment Quarterly Update. At the 3, 6, and 9 month quarterly interview, the portion of the survey about the child's diagnosis and treatment history will be reviewed with the parent and any changes will be noted.

Attachment B5: Parent Brief Impairment Scale (BIS; Bird et al., 2005). This scale was developed by the authors of the Columbia Impairment Scale. It is a 23-item instrument that evaluates three domains of functioning: interpersonal relations, school/work functioning, and self-care/self-fulfillment. The total scale's internal consistency ranged from 0.81 to 0.88 and from 0.56 to 0.81 on the three subscales. Test-retest reliability for individual items ranged from fair to substantial in all but six items. The BIS has high convergent and concurrent validity. This scale will be administered to the parent.

Attachment B6: Parent Critical School Events Scale (elementary, middle). This scale assesses information about the child's functioning as well as services received in school. This scale was developed for a previous longitudinal follow-up study, and it includes questions about school attendance, detentions, suspensions and expulsions and special school accommodations. This scale will be administered to the parent. Information about school functioning will be collected at every quarterly contact.

Attachment B7: Parent Critical School Events Scale (high school). This scale includes the information in the elementary and middle school version of the Parent Critical School Events Scale but adds an age appropriate section addressing whether children are still enrolled in school and reasons to have dropped out if not. This section was adapted from the Education Longitudinal Study of 2002, US Department of Education, National Center for Education Statistic.

Attachment B8: Parent Demographic Survey . This survey was developed for the PLAY project. This survey collects age, race/ethnicity and gender, and it will be updated annually by parents. Items that may change include parents' responses to questions about marital status, number of siblings, insurance coverage, and socio-economic status.

Attachment B9: Parent Health Risk Behavior Survey (elementary) (HRBS). A version of this measure was developed for the PLAY baseline study. It contains a combination of items selected from the National Center for Chronic Disease Prevention and Health Promotion 2001 Youth Risk Behavior Survey (YRBS; Centers for Disease Control and Prevention, 2001), as well as additional items created by the researchers on unintentional injury and medication use that closely follow the same format as the YRBS. Two existing scales, the Sage Delinquency Survey (Straus, 1979; Flewelling et al., 1993) and the Stressful Urban Life Events Scale (Tolan et al., 1998, Attar et al., 1994) were integrated into the measure. In addition, some items from other existing surveys (i.e., NSCH, Kaiser Report on Media Use, Rideout et al., 2006) were used to address media use in children. This measure will be administered to parents of children of elementary age (7-10 years).

Attachment B10: Parent Health Risk Behavior Survey (middle school) (HRBS). This scale contains the items on the Parent Health Risk Behavior Survey elementary form but adds age appropriate questions about drug use, selected from the age appropriate YRBS. This measure will be administered to parent of children of middle school age (11-13 years).

Attachment B11: Parent Health Risk Behavior Survey (high school) (HRBS). This scale contains the items on the Parent Health Risk Behavior Survey elementary form but adds age appropriate questions about drug use and sexuality, selected from the age appropriate YRBS. This measure will be administered to parent of children of high school age (14-18 years).

Attachment B12: Parent-Child Relationship Inventory (PCRI; Coffman et al., 2006). The PCRI is a 78-item questionnaire used with children from 3 to 15 years of age. The questionnaire, completed by the parent, can be self-administered. It contains seven scales: parental support, satisfaction with parenting, involvement, communication, limit setting, autonomy, and role orientation. In addition, there are two validity scales incorporated to assess inconsistency and social desirability. This scale will be administered to the parent.

Attachment B13: Parents' Mental Health Questionnaire. The Parent's Questionnaire provides information regarding the parent's own experience with emotional and behavioral problems and about their child's emotional and behavioral treatment history. This measure will be administered to the parent.

Attachment B17: Parent Quarterly Update –Events and Demographics. This scale includes selected items from the Parent Critical Events form that may change over time and need frequent updates to maximize accurate recall, specifically, detentions, suspensions, and expulsion. In addition, changes in residence and marital status will be assessed.

Attachment B18: Parent Social Isolation and Support Scale. This is a questionnaire developed by the South Carolina PLAY project. It is a modified version of the Medical Outcomes Study Social Support Survey. It includes questions about numbers of friends and relatives available for support, involvement in clubs, social groups, etc. This measure will administered to the parent.

Attachment B19: Parent Strengths and Difficulties Questionnaire (4-10) (SDQ; Goodman, 2001). This scale is a brief and efficient screening instrument for behavioral problems (25 items) and

functional status (6 items). It has been shown to be comparable to the standard Child Behavior Check List, though it is much quicker and easier to administer. The National Health Interview Survey has recently switched to use of the SDQ instead of the Achenbach for assessment of emotional / behavioral problems in children in their interview sample (2002 NCHS Data Users Conference). The questionnaire exhibits a five-factor structure (emotional, conduct, hyperactivity-inattention, peer, prosocial) corresponding to 5 subscale scores. Internal consistency reliability is good (Cronbach's alpha: 0.73) and test-retest reliability indicates stability within expected limits for adolescent mental disorder (4-6 months mean: 0.62). SDQ scores above the 90th percentile are strongly associated with increased likelihood of diagnosed psychiatric disorder. This measure will be administered to parents of children ages 7-10 years.

Attachment B20: Parent Strengths and Difficulties Questionnaire (11-17) (SDQ; Goodman, 2001). This scale is a version of the Strengths and Difficulties Questionnaire (4-10) with items worded for pre-adolescent and adolescent children. This measure will be administered to parents of children ages 11-17 years.

Attachment B21: Parent Vanderbilt Rating Scale, (Vanderbilt ADHD Diagnostic Parent Rating Scale, VADPRS; Wolraich, Lambert, Doffing et al., 2003) This scale has two parts, the first of which utilizes a format similar to the SNAP and DSM-III-R Disruptive Behavior Disorders Rating Scale; its format has been modified to reflect the behaviors from DSM-IV, a screen for anxiety and depression, and a rewording of the rating descriptors to never, occasionally, often and very often. Specifically, it includes all the DSM-IV behaviors for Attention Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct Disorder, and items for anxiety and depression. The wording has been simplified so that the reading level is slightly below third grade. The diagnosis is considered present if scores of 2 or 3 on a 0-to-3 scale (indicating that a behavior is "often" or "very often" present) are checked for the requisite numbers of behaviors based on DSM-IV criteria.

Attachment B22: Child Brief Sensation Seeking Scale (BSSS-4; Stephenson et al., 2003) Sensation seeking is central to research on the prevention of risky health behaviors, and child participants will be given a self-report measure of sensation seeking, a dispositional risk factor for various problem behaviors. This brief index of sensation seeking, is a four-item measure that retains the framework of the Sensation Seeking Scale-Form V (SSS-V) adapted by Stephenson, et al. 2003, from Zuckerman's (1978) 40-item sensation seeking scale. These items will be administered to children who have reached 11 years of age.

Attachment B23: Child Health Risk Behavior Survey (elementary) (HRBS). This measure is an adaptation of the Parent Health Risk Behavior Survey (elementary). The wording of items from the original YRBS is used. This measure will be administered to children of elementary age (7-10 years).

Attachment B24: Child Health Risk Behavior Survey (middle school) (HRBS). This measure is an adaptation of the Parent Health Risk Behavior Survey (middle school). The wording of items from the original YRBS is used. This measure will be administered to children of middle school age (11-13 years).

Attachment B25: Child Health Risk Behavior Survey (high school) (HRBS). This measure is an adaptation of the Parent Health Risk Behavior Survey (high school). The wording of items from the original YRBS is used and age appropriate questions about drug use and sexuality are added. This measure will be administered to children of high school age (14-18 years).

Attachment B26: Child Marsh Self-Description Questionnaire v I (Marsh SDQ; Marsh, 1992). This scale measures multiple dimensions of a child's self-concept regarding the following: physical abilities, physical appearance, peer relations, parent relations, ability, enjoyment, and interest in school subjects, perception of himself or herself as an affective, capable individual, proud of and satisfied with the way he or she is. The Marsh focuses on the relationships between specific self-concept facets and other constructs such as academic achievement and self-concepts inferred by significant others, and on the effects of interventions designed to alter self-concept. The scale includes 56 statements for which the child expresses his/her agreement with the statement on 5 point Likert scales. This questionnaire will be administered to children ages 7-12 years.

Attachment B27: Child Marsh Self-Description Questionnaire v II (Marsh SDQ; Marsh, 1992). This scale is equivalent to the Marsh Self-Description Questionnaire v I and includes age appropriate questions for young teenagers. This questionnaire will be administered to children ages 13-15 years.

Attachment B28: Child Marsh Self-Description Questionnaire v III (Marsh SDQ; Marsh, 1992). This scale is equivalent to the Marsh Self-Description Questionnaire v I and includes age appropriate questions for older teenagers. This questionnaire will be administered to children ages 16+ years.

Attachment B29: Child Pediatric Quality of Life Young Child. (Peds QL; Varni, Sied, & Kurtin). This scale investigates the quality of life of young children by looking at physical, emotional, social and school functioning. This version of the measure will be administered to children age 7.

Attachment B30: Child Pediatric Quality of Life Child. (Peds QL; Varni, Sied, & Kurtin). This scale investigates the quality of life of children by looking at physical, emotional, social and school functioning. This version of the measure will be administered to children ages 8 – 12.

Attachment B31: Child Pediatric Quality of Life Teen. (Peds QL; Varni, Sied, & Kurtin). This scale investigates the quality of life of teenagers by looking at physical, emotional, social and school functioning. This version of the measure will be administered to children ages 13 – 18.

Attachment B32: People in My Life scale (PIML, Cook et al., 1995). The PIML is a school age scale for children under 12 years of age and was based on the Inventory of Parent and Peer Attachment (IPPA, 13-18 years, Armsden & Greenberg, 1987). Three broad dimensions are assessed: degree of mutual trust; quality of communication; and extent of anger and alienation, for parents and close friends. In addition, a scale that measures affiliation and bonding to school and teachers, and a scale that addresses feeling about the neighborhood are included. Internal reliabilities (Cronbach's alpha) were .87 (parents), .90 (friends), .90 (school), and .81 (neighborhood). This scale will be administered to the child and will be conducted during the second annual visit only.

Attachment B33: People in My Life scale (PIML , Cook et al., 1995) and Inventory of Parent and Peer Attachment (IPPA, 13-18 years, Armsden & Greenberg, 1987). The IPPA assesses three broad dimensions: degree of mutual trust; quality of communication; and extent of anger and alienation, for mother, father, and close friends. Internal reliabilities (Cronbach's alpha) are .87 for Mother attachment, .89 for Father attachment, and .92 for Peer attachment. In addition, with the IPPA items, teens will also answer those items from the PIML about neighborhood, school,

and teachers. This scale will be administered to the child and will be conducted during the second annual visit only.

Attachment B34: Child Youth Demographic supplement: (for adolescent 16 years and older) A supplement to the parent demographic was added for youth age 16 and older to capture work status and living status, as they may not be residing with their parents any longer.

Attachment B35: Teacher Survey. The teacher survey consists of three parts:

Vanderbilt ADHD Teacher Rating Scale (VADTRS; Wolraich, Feurer, Hannah, Pinnock, & Baumgaertel, 1998) has two parts, the first of which utilizes a format similar to the SNAP and DSM-III-R Disruptive Behavior Disorders Rating Scale; its format has been modified to reflect the behaviors from DSM-IV, a screen for anxiety and depression, and a rewording of the rating descriptors to never, occasionally, often and very often. Specifically it is a 34-item scale that includes all the DSM-IV behaviors for Attention Deficit/Hyperactivity Disorder, and items on Oppositional Defiant Disorder behaviors, Conduct Disorder behaviors, Anxiety and Depression. It also includes a performance section to assess children's functioning in the classroom. Internal consistency Cronbach alpha values were ranged from .80 to .95, and correlations with reported academic and behavioral school problems were .62 and .50.

Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001). Selected items from the Strengths and Difficulties Questionnaire that assess degree of impairment and burden on the class will be included in the teacher survey.

Critical School Events Scale. This scale assesses information about the child's functioning as well as services received in school. This scale was developed for a previous longitudinal follow-up study, and it includes questions about school attendance, detentions, suspensions and expulsions and special school accommodations.

Attachment B36: *Diagnostic Interview Schedule for Children IV (DISC; Parent and Child Versions)* . Four out of 6 modules and the demographic section from the Diagnostic Interview Schedule for Children IV (DISC-IV) were selected for inclusion in this study in order to diagnose the following conditions: ADHD, Oppositional Defiant Disorder, Conduct Disorder, Generalized Anxiety Disorder, Major Depression/Dysthymia, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Mania/Hypomania, and Tic Disorders. The DISC-IV is a highly structured diagnostic interview schedule developed by the National Institute of Mental Health. It is intended for use in research settings to provide a definitive diagnosis of psychiatric conditions such as ADHD as indicated by confirmation of the clinical features and diagnostic criteria for childhood disorders reported by parents up to age 17 and with additional reporting by children ages 8 and older. It is designed to assign a variety of psychiatric diagnoses in children according to criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV^{4}), the most recent diagnostic criteria for mental disorders. Additionally, the DISC-IV gives a more complete symptom profile and a precise diagnostic picture of comorbidity than is possible with screening instruments or rating scales. In terms of the ADHD sub-module, it assesses symptom presence, impairment in multiple settings, and age of onset; all clinical features of ADHD required for diagnosis. The DISC-IV has been used widely in government research studies and in situations where ease of administration by non-clinical staff is important but a clinical diagnosis is desired.

Data Collection Considered Non-Information under 5CFR1320.3(h):

Data collection considered non-information is described below. The Kaufman Brief Intelligence Test is a standardized measure of cognitive ability; and in this study specifically, to identify whether children have normative intellectual abilities.

Description:

The *Kaufman Brief Intelligence Test* (K-BIT; Kaufman & Kaufman, 1990) , (Attachment I2) is a brief, individually administered measure of the verbal and nonverbal intelligence of children, adolescents, and adults, spanning the ages of 4 to 90 years. The test is composed of two subtests: Vocabulary (including Part A, Expressive Vocabulary and Part B, Definitions) and Matrices. Vocabulary measures verbal, school-related skills (crystallized thinking) by assessing a person's word knowledge and verbal concept formation. Matrices measure nonverbal skills and the ability to solve new problems (fluid thinking) by assessing an individual's ability to perceive relationships and complete analogies. The test provides norm values to identify children with cognitive abilities within versus below normative ranges.

Therefore, since the Kaufman Brief Intelligence Test measures cognitive abilities, it is our understanding that the data gathered would fall within the scope of an "examination designed to test the aptitude, abilities, or knowledge of the person tested and the collection of information for identification or classification in connection with such examination" under 5CFR1320.3(h)(5), and thus would not be considered "information."