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OMB No:	??? Exp.	Date ???	

ADHD Communication and Knowledge

The following questions are about communication between parents, physicians and schools. Please circle the number associated with your response or write your answer on the blank line. For these questions, "contact" or "communication" is defined as a phone call, e-mail, personal visit, transfer of written materials/reports by fax, mail, etc. The reasons for contact may include: to clarify the diagnosis, to address ongoing/unresolved AD/HD related problems, or for AD/HD medication management.

1.	Has your child been diagnosed with ADD/ADHD?	6. Who did you speak with? (check all that apply)
		O Principal
	O Yes – if yes, skip to CK 3	O Teacher (General Education)
	O No	O Special Education Teacher
		O School Psychologist
2.	Are you concerned that your child may have	O School Counselor
	ADD or ADHD?	O Nurse Practitioner
	0.14	O Receptionist/Secretary
	O Yes	O Don't Know/Remember
	O No – if no, STOP	O Other: Specify
3.	Is the school aware of your child's (diagnosis/your concern)?	7. What was the nature of the contact? (check all that apply)
	O Yes	
	O No	O Clarify diagnosis
		O Medication management
4.	Have you had contact with your child's teacher	O Don't Know/Remember
	or other school professionals (concerning your	O To address ongoing/unresolved problems
	child's ADHD/about your concerns) in the past year?	O Other: Specify
	year.	8. What is the length of time you spent attempting
	O Yes	contact/communicating with the school about
	O No – if no, skip to CK10	your (child's ADHD/concerns)?
		Hours Minutos
5.	How many times?	Hours Minutes

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN:

9. What steps has the school taken to address your concerns?	15. How many times in the last year have you asked your child's school and doctor to
O Nothing	communicate?
O 504 plan	16. How many times have you helped with
O Behavioral intervention	delivering information (verbally or papers)
O Counseling	between your child's school and physician?
O IEP	
O Classroom modifications/accommodations	17. How many times in the past year has
O Social skills training	someone from your child's school communicated with someone from your
O Tutoring	child's doctor's office about your (child's ADHD/concerns)?
10. Have you had contact with the physician's	,
office (concerning your child's ADHD/about your concerns) in the past year?	O 1 time in the last year O 2 times in the last year
O Yes	O 3 times in the last year
O No – if no, skip to TC 15	O 4times in the last year O 5 or more times in the last year
	O Don't Know/Remember
11. How many times?	O None – if none, skip to next section
12. Who did you speak with? (check all that apply)	18. What was the nature of the contact? (check all that apply)
O Physician	O Clarify diagnosis
O Nurse	O Medication management
O Nurse Practitioner	O Don't Know/Remember
O Receptionist/Secretary	O To address ongoing/unresolved problems
O Don't Know/Remember	O Other: Specify
O Other: Specify	10 Who from your shild's school has
13. What was the nature of the contact? (check all that apply)	19. Who from your child's school has communicated with your child's doctor's office? (check all that apply)
O Clarify diagnosis	O. Dein sin al
O Medication management	O Principal O Taggher (Canaral Education)
O Don't Know/Remember	O Teacher (General Education) O Special Education Teacher
O To address ongoing/unresolved	O School Psychologist
problems	O School Counselor
O Other: Specify	O Nurse Practitioner
14. What is the length of time you spent	O Receptionist/Secretary
attempting contact/communicating with the	O Don't Know/Remember
doctor's office about your (child's	O Other: Specify
ADHD/concerns)?	
Hours Minutes	2. What have been your main sources of
20. Who from your child's doctor's office has	What have been your main sources of information about ADHD? (check all that

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communicated with your child's school? (check all that apply)	apply)
O Physician	O My primary care physician
O Physician O Nurse	O Other physician: Specify
O Nurse Practitioner	O Mental Health Provider
O Receptionist/Secretary	O School
O Don't Know/Remember	O Parent Support Group
	O Library
O Other: Specify	O Bookstore
The next set of questions concern your	O Internet
feelings about your child's diagnosis. Please	O Friends/Peers
rate how much you agree or disagree with	O Not applicable/Don't Know
each statement on a scale from 1-5, with 1 being disagree and 5 being agree. Circle the	O Other: Specify
number that best fits your response.	
	3. Which among the following items is the major cause of ADHD?
I feel we can overcome our child's	cause of ADHD?
emotional/behavioral problems with good parenting and good teachers.	O A neurological or nerve disorder
parenting and good teachers.	O A mental disorder with a biological basis
Disagrae	O An emotional disorder
Disagree Agree 1 2 3 4 5	O A learning disorder
	O None of the above
2. Our child will always have problems.	O Don't Know
Disagree Agree 1 2 3 4 5	4. What do you think are the main characteristics of ADHD? (Check one response for each characteristic)
3. As few people as possible should know about	
our child's diagnosis.	Hyperactivity:
Disagree Agree	O Yes
1 2 3 4 5	O No
	O Don't Know
The following questions are about ADHD. Please answer to the best of your knowledge. We are just trying to get a general idea of	Aggression:
people's knowledge of Attention-Deficit	O Yes
Disorder.	O No
	O Don't Know
1. How knowledgeable do you feel about ADHD?	
Unknowledgeable Knowledgeable	
1 2 3 4 5	
	7. Which is the most common serves of ADUD
	7. Which is the most common cause of ADHD

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Inattention:	(check a response for each statement)
O Yes	
O No	O Exposure to toxins before birth
O Don't Know	O Inherited
O DOIT KNOW	O Poor schooling and parenting
Impulsivonoss	O Prematurity
Impulsiveness: O Yes	O None of the above
O No	O Don't Know
O Don't Know	
O Don't Know	8. Which statements are true about stimulant
Dyslexia:	medication such as Ritalin? (check one response for each statement)
O Yes	
O No	Have a high safety margin:
O Don't Know	O Yes
o bentialess	O No
5. Which treatment you think works best for	O Don't Know
ADHD: (check one)	
	Need to be given daily/continuously:
O Diet restrictions such as the Feingold diet	O Yes
O Stimulant medications such as Ritalin	O No
O Behavior modification	O Don't Know
O Psychotherapy	
O Play Therapy	Should only be given if psychosocial interventions don't work:
O Don't Know	O Yes
	O No
Which classroom placement is best for children with ADHD? (check one)	O Don't Know
with Adrid: (check one)	O DOIT KNOW
O Regular classroom with no changes	Are effective only in a minority of children:
O Regular classroom with changes like	O Yes
behavior modification	O No
O Resource room with changes like behavior	O Don't Know
modification	
O Special class for children with ADHD	Have lasting effects:
O Special school for children with ADHD and	O Yes
Learning Disabilities	O No
O Don't Know	O Don't Know

9. Which statements are true about the long-term use of stimulant medication? (check one response for each statement)	
They can be stopped by puberty:	
O Yes	
O No	
O Don't Know	
They have definite long term benefits:	
O Yes	
O No	
O Don't Know	
They can stunt growth:	
O Yes	
O No	
O Don't Know	
They have a permanent effect on the brain:	
O Yes	
O No	
O Don't Know	
They are frequently stopped because the patient develops tolerance:	
O Yes	
O No	
O Don't Know	

Date Interviewed Month Day POR STUDY USE ONLY Interviewed by

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