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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.

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

- Nothing
- 504 plan
- Behavioral intervention
- Counseling
- IEP
- Classroom modifications/accommodations
- Social skills training
- Tutoring

10. Have you had contact with the physician's office (concerning your child's ADHD/about your concerns) in the past year?

- Yes
- No – if no, skip to TC 15

11. How many times? _____

12. Who did you speak with? (check all that apply)

- Physician
- Nurse
- Nurse Practitioner
- Receptionist/Secretary
- Don't Know/Remember
- Other: Specify _____

13. What was the nature of the contact? (check all that apply)

- Clarify diagnosis
- Medication management
- Don't Know/Remember
- To address ongoing/unresolved problems
- Other: Specify _____

14. What is the length of time you spent attempting contact/communicating with the doctor's office about your (child's ADHD/concerns)?

Hours _____ Minutes _____

20. Who from your child's doctor's office has

15. How many times in the last year have you asked your child's school and doctor to communicate? _____

16. How many times have you helped with delivering information (verbally or papers) between your child's school and physician?

17. How many times in the past year has someone from your child's school communicated with someone from your child's doctor's office about your (child's ADHD/concerns)?

- 1 time in the last year
- 2 times in the last year
- 3 times in the last year
- 4times in the last year
- 5 or more times in the last year
- Don't Know/Remember
- None – if none, skip to next section

18. What was the nature of the contact? (check all that apply)

- Clarify diagnosis
- Medication management
- Don't Know/Remember
- To address ongoing/unresolved problems
- Other: Specify _____

19. Who from your child's school has communicated with your child's doctor's office? (check all that apply)

- Principal
- Teacher (General Education)
- Special Education Teacher
- School Psychologist
- School Counselor
- Nurse Practitioner
- Receptionist/Secretary
- Don't Know/Remember
- Other: Specify _____

2. What have been your main sources of information about ADHD? (check all that

Inattention:

- Yes
- No
- Don't Know

Impulsiveness:

- Yes
- No
- Don't Know

Dyslexia:

- Yes
- No
- Don't Know

5. Which treatment you think works best for ADHD: (check one)

- Diet restrictions such as the Feingold diet
- Stimulant medications such as Ritalin
- Behavior modification
- Psychotherapy
- Play Therapy
- Don't Know

6. Which classroom placement is best for children with ADHD? (check one)

- Regular classroom with no changes
- Regular classroom with changes like behavior modification
- Resource room with changes like behavior modification
- Special class for children with ADHD
- Special school for children with ADHD and Learning Disabilities
- Don't Know

(check a response for each statement)

- Exposure to toxins before birth
- Inherited
- Poor schooling and parenting
- Prematurity
- None of the above
- Don't Know

8. Which statements are true about stimulant medication such as Ritalin? (check one response for each statement)

Have a high safety margin:

- Yes
- No
- Don't Know

Need to be given daily/continuously:

- Yes
- No
- Don't Know

Should only be given if psychosocial interventions don't work:

- Yes
- No
- Don't Know

Are effective only in a minority of children:

- Yes
- No
- Don't Know

Have lasting effects:

- Yes
- No
- 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:

- Yes
- No
- Don't Know

They have definite long term benefits:

- Yes
- No
- Don't Know

They can stunt growth:

- Yes
- No
- Don't Know

They have a permanent effect on the brain:

- Yes
- No
- Don't Know

They are frequently stopped because the patient develops tolerance:

- Yes
- No
- Don't Know

FOR STUDY USE ONLY

Date Interviewed

Month

Day

Year

Interviewed
by

ID
Number