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South Carolina PLAY
Project to Learn about ADHD in Youth

ID Number

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OMB No: 0920-0747; Exp Date: 7/31/2010

ADHD Communication and Knowledge

The following questions are about communication between parents, physicians and schools. Please fill in the circle associated with your response or write your answer in the blank box. 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 ADHD related problems, or for ADHD medication management.

1. Has your child been diagnosed with ADHD?

- ☐ Yes
☐ No

If YES,
go to
Question
3

2. Are you concerned that your child may have ADHD?

- ☐ Yes
☐ No

If NO,
End
Survey
Here

3. Is the school aware of your child's (diagnosis/your concern)?

- ☐ Yes
☐ No

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?

- ☐ Yes
☐ No

If NO,
go to
Question
10

5. How many times?

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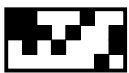
6. Who did you speak with? (choose all that apply)

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

7. What was the nature of the contact? (choose all that apply)

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

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 information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (OMB No: 0920-0747).



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

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 hours

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 minutes

9. What steps has the school taken to address your concerns? (choose all that apply)

- ☐ Nothing
☐ 504 plan
☐ Behavioral intervention
☐ Counseling
☐ IEP
☐ Classroom modifications
☐ 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,
go to
Question
15

11. How many times?

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

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

13. What was the nature of the contact? (choose 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

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

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

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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
☐ 4 times in the last year
☐ 5 or more times in the last year
☐ Don't Know/Remember
☐ None

If NONE,
go to
Next
Section:
Question
1

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

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

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

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

The next set of questions concern your feelings about your child's diagnosis. Please rate how much you agree or disagree with each statement on a scale from 1-5, with 1 being disagree and 5 being agree. Fill in the circle that best fits your response.

1. I feel we can overcome our child's emotional/behavioral problems with good parenting and good teachers.

☐ 1 Disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 Agree

2. Our child will always have problems.

☐ 1 Disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 Agree

3. As few people as possible should know about our child's diagnosis.

☐ 1 Disagree ☐ 2 ☐ 3 ☐ 4 ☐ 5 Agree

The following questions are about ADHD. Please answer to the best of your knowledge. We are just trying to get a general idea of people's knowledge of ADHD.

1. How knowledgeable do you feel about ADHD?

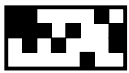
☐ 1 Unknowledgeable

☐ 2

☐ 3

☐ 4

☐ 5 Knowledgeable



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

- ☐ My primary care physician
- ☐ Other physician: Specify _____
- ☐ Mental health provider
- ☐ School
- ☐ Parent support group
- ☐ Library
- ☐ Bookstore
- ☐ Internet
- ☐ Friends/Peers
- ☐ Not applicable/Don't Know
- ☐ Other: Specify _____

3. Which among the following items is the major cause of ADHD?

- ☐ A neurological or nerve disorder
- ☐ A mental disorder with a biological basis
- ☐ An emotional disorder
- ☐ A learning disorder
- ☐ None of the above
- ☐ Don't Know

4. What do you think are the main characteristics of ADHD? (Choose one response for each characteristic)

Hyperactivity:

- ☐ Yes
- ☐ No
- ☐ Don't Know

Aggression:

- ☐ Yes
- ☐ No
- ☐ Don't Know

Inattention:

- ☐ Yes
- ☐ No
- ☐ Don't Know

Impulsiveness:

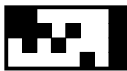
- ☐ Yes
- ☐ No
- ☐ Don't Know

Dyslexia:

- ☐ Yes
- ☐ No
- ☐ Don't Know

5. Which treatment do you think works best for ADHD: (choose 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? (choose 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

7. Which is the most common cause of ADHD (choose one)?

- ☐ 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? (choose 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



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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

ID Number

Date Interviewed

Month

Day

Year

Interviewed By