**Attachment A:**

**2014 NS-DATA**

**Telephone Questionnaire**

**nATIONAL Survey of THE DIAGNOSIS AND TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AND TOURETTE SYNDROME**

**The following public burden estimate statement will be available as a CATI screen:**

According to the Paperwork Reduction Act (PRA) of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0920-0406. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments about the accuracy of the time estimate(s) or suggestions for improving this form please write to: CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333; call 404-639-4794; or send an email to omb@cdc.gov.

Data collection conducted under contract to the CDC by NORC at the University of Chicago.

Form approved

OMB No. 0920-0406

Exp. Date 04/30/14

**Assurance of Confidentiality**. All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

*nOTE: ALL QUESTIONS HAVE DON’T KNOW (DK) AND REFUSED (RF) AS ANSWER OPTIONS, WHETHER OR NOT THOSE CHOICES ARE SPECIFICALLY INCLUDED IN THIS QUESTIONNAIRE.*

*NOTE: When filling [interview date] in intro\_1 and intro\_2, use month and year only*

INTRO\_1. Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling on behalf of the CDC's National

Center for Health Statistics (IF RECEIVED ADVANCE LETTER, “to follow up on a letter that was sent to your home”/ ELSE NO FILL). On [INTERVIEW DATE], we conducted a telephone survey on children’s health with an adult at this phone number about a [Male/Female] child who would now be about [ESTIMATED AGE] years old. The person we spoke with told us [he was/she was/they were] the child's [RELATION]. We are interested in speaking with this child’s [RELATION] again, or with another parent or guardian of the child. For quality assurance, this call may be monitored or recorded. Is this person available?

(1) YES, SPEAKING WITH THAT PERSON, RECORDING OK <IF RDD\_NCCELL\_CCELL=1 THEN GO TO S1; IF RDD\_NCCELL\_CCELL=2, 3 THEN GO TO S\_WARM>

(2) YES, SPEAKING WITH THAT PERSON, REFUSED RECORDING <IF RDD\_NCCELL\_CCELL=1 THEN GO TO S1; IF RDD\_NCCELL\_CCELL=2, 3 THEN GO TO S\_WARM>

(3) YES, NEW PERSON COMES TO PHONE <GO TO INTRO2>

(4) NO, NOT AVAILABLE NOW <SET GCB AND TERMINATE>

(5) NO, PERSON HAS MOVED OR HAS NEW PHONE NUMBER <GO TO LOC\_A>

(6) DO NOT KNOW THIS PERSON <GO TO UNKNOWN>

(7) NO, PERSON IS DECEASED <GO TO DECEASEDP>

(8) NO, CHILD IS DECEASED <GO TO DECEASED>

(9) CHILD NO LONGER LIVES IN HOUSE WITH R <GO TO MOVED>

R\_TYPE IF INTRO\_1=1 OR INTRO\_1=2 AND INTRO\_2=1 THEN DISPLAY,

 INTERVIEWER INTRUCTION: DID THE RESPONDENT INDICATE HIS/HER RELATIONSHIP TO SC? IF NOT, ASK RESPONDENT:

 Are you the child’s [RELATION]?

 (1) YES - CHILD'S [RELATION] (NSCH RESPONDENT)

 (2) NO - OTHER PARENT OR GUARDIAN CURRENTLY LIVING WITH SC

If RDD\_NCCELL\_CCELL=1, GO TO S1; ELSE IF RDD\_NCCELL\_CCELL=2,3 GO TO S\_WARM

S\_WARM If you are currently driving a car or doing any activity that requires your full attention I need to call you back at a later time.

1. CONTINUE [GO TO S1]
2. R UNABLE TO CONTINUE [GO TO S\_ATTN]
3. NOT A CELL PHONE [GO TO S1]

S\_ATTN For your safety, we will call you back at another time.

EVEN IF THE RESPONDENT IS USING A HANDS-FREE DEVICE WHILE DRIVING, YOU MUST END THE CALL.

1. CALL BACK ANOTHER TIME
2. CALL BACK AT ANOTHER NUMBER REQUESTED
3. WRONG TIME ZONE FOR CELL PHONE [GO TO CELL\_TZ\_1]
4. GO BACK TO S\_WARM

CELL\_TZ\_1 In what time zone would you like to be called?

 (1) ATLANTIC TIME [Change TZ variable to 58 and GO TO CB1]

(2) EASTERN STANDARD TIME [Change TZ variable to 62 and GO TO CB1]

(3) CENTRAL STANDARD TIME [Change TZ variable to 65 and GO TO CB1]

(4) STANDARD MOUNTAIN TIME [Change TZ variable to 69 and GO TO CB1]

(5) US STANDARD MOUNTAIN TIME (ARIZONA) [Change TZ variable to 68 & GO TO CB1]

(6) PACIFIC STANDARD TIME [Change TZ variable to 70 and GO TO CB1]

(7) ALASKAN STANDARD TIME [Change TZ variable to 71 and GO TO CB1]

(8) HAWAIIAN STANDARD TIME [Change TZ variable to 72 and GO TO CB1]

(10) Go Back to INTRO\_1 [GO TO INTRO\_1 ELSE GO TO N\_INTRO1]

(12) RESPONDENT DOESN'T KNOW/KEEP OLD TIME ZONE [GO TO CB1]

S1 Am I speaking to someone [IF RDD\_NCCELL\_CCELL=1 "who lives in this household"] who is over 17 years old?

 IF THE RESPONDENT SAYS NO: ASK TO SPEAK WITH SOMEONE OVER 17 WHO LIVES IN THE HOUSEHOLD.

1. YES [GO TO INTRO3]
2. NEW PERSON COMES TO PHONE [GO TO INTRO2]
3. NO, NOT AVAILABLE NOW [SET GCB AND TERMINATE]

UNKNOWN Do you know anyone who would be able to tell us how to get in contact with this child’s current caregiver or guardian?

UNKNOWN\_EXIT Thank you for your time. Have a nice day.

LOC\_A What is their new telephone number?

 (1) CONTINUE – R CAN PROVIDE A NEW NUMBER

 (2) NONE

 (77) DON’T KNOW

 (99) REFUSED

SKIP TO LOC\_F IF NONE/DK/RF.

LOC\_AA RECORD NUMBER \_\_\_-\_\_\_-\_\_\_\_\_

LOC\_B Is that a landline or cell phone number?

(1) LANDLINE

(2) CELLULAR

(77) DON’T KNOW

(99) REFUSED

LOC\_C Does this person have any other number where they might be reached?

(1) YES [GO TO LOC\_D]

(2) NO [GO TO LOC\_F]

(77) DON’T KNOW [GO TO LOC\_F]

(99) REFUSED [GO TO LOC\_F]

LOC\_D What is that telephone number?

RECORD NUMBER \_\_\_-\_\_\_-\_\_\_\_\_

(77) DON’T KNOW

(99) REFUSED

IF NUMBER RECORDED, SET NEWPHONE2\_FLAG=1

SKIP TO LOC\_F IF NONE/DK/RF.

LOC\_E Is that a landline or cellular telephone number?

(1) LANDLINE

(2) CELLULAR

(77) DON’T KNOW

(99) REFUSED

LOC\_F What is their name?

 RECORD VERBATIM RESPONSE

(77) DON’T KNOW

(99) REFUSED

LOC\_TYPE IF LOC\_A IN (2,77,99) AND LOC\_F IN (77,99) THEN SKIP TO LOC\_G;

 ELSE, DISPLAY

 Is the contact information you are providing for the child's [RELATION] or for a different caregiver or guardian?

 IF INTRO\_1= 7 OR INTRO\_2=7, OR R\_TYPE=1, AUTOMATICALLY FILL LOC\_TYPE=2 AND SKIP LOC\_TYPE.

 (1) CHILD'S [RELATION]

 (2) NEW CAREGIVER/ GUARDIAN

 (77) DON'T KNOW

 (99) REFUSED

ON NEXT CALL, FOLLOW INTRO PATH IF LOC\_TYPE=1; FOLLOW NEWINTRO PATH IF LOC\_TYPE=2,77,99

LOC\_G What is your name?

 RECORD VERBATIM RESPONSE. IF R ASKS WHY THEIR NAME IS

NEEDED, INDICATE THAT WE WILL PROBABLY NEED TO EXPLAIN WHO REFERRED US TO THE CHILD’S CURRENT CAREGIVER. IF R IS UNCOMFORTABLE, GET FIRST NAME ONLY.

(77) DON’T KNOW

(99) REFUSED

GO TO LOC\_EXIT

LOC\_EXIT Thank you for providing contact information for [S.C.]’s caregiver. We will attempt to contact [him/her] as soon as possible to discuss this important survey.

Thank you for your time and have a nice day.

SET CALLING RULES TO IMMEDIATELY DIAL THE NUMBER ENTERED AT LOC\_AA; SET RDD\_NCCELL\_CCELL=(1 OR 2 BASED ON LOC\_B). SET CALLING RULES TO TRY THE NUMBER ENTERED AT LOC\_D IF LOC\_AA IS NOT SUCCESSFUL.

IF CASE IS ORIGINAL RESPONDENT (LOC\_TYPE=1) AT NEW NUMBER, CALL NEW NUMBER AND GO TO INTRO1; IF CASE IS NEW RESPONDENT (LOC\_TYPE=2), CALL NEW NUMBER AND GO TO NEWINTRO\_1.

NEWINTRO\_1. Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling on behalf of the CDC's National

Center for Health Statistics. We are trying to reach a current parent or guardian of [FILL: [CHILD NAME] IF AVAILABLE, “a [male/female] child” IF NAME NOT AVAILABLE] who is now approximately [AGE] years old. [FILL: [ORIGINAL RESPONDENT NAME] IF AVAILABLE, “[His/Her] previous caregiver” IF NAME NOT AVAILABLE] told us that [FILL: [NEW CAREGIVER NAME] (IF NAME AVAILABLE) OR “this person” IF NAME NOT AVAILABLE] could be reached at this telephone number. For quality assurance, this call may be monitored or recorded. Is [FILL: [NEW CAREGIVER NAME] IF NAME AVAILABLE OR “this child’s current parent or guardian” IF NAME NOT AVAILABLE] available?

(1) YES, SPEAKING WITH THAT PERSON, RECORDING OK <IF RDD\_NCCELL\_CCELL=1 THEN GO TO S1; IF RDD\_NCCELL\_CCELL=2, 3 THEN GO TO S\_WARM; CONTINUE TO NEWINTRO\_2>

(2) YES, SPEAKING WITH THAT PERSON, REFUSED RECORDING <IF RDD\_NCCELL\_CCELL=1 THEN GO TO S1; IF RDD\_NCCELL\_CCELL=2, 3 THEN GO TO S\_WARM; CONTINUE TO NEWINTRO\_2>

 (3) YES, NEW PERSON COMES TO PHONE <REPEAT NEWINTRO\_1>

(4) NO, NOT AVAILABLE NOW <SET GCB AND TERMINATE>

(5) HOW DID yOU GET MY NUMBER? <GO TO NEWINTRO\_2>

(6) NO, PERSON HAS MOVED OR HAS NEW PHONE NUMBER <GO TO LOC\_A>

(7) DO NOT KNOW THIS PERSON <GO TO UNKNOWN>

(8) NO, PERSON IS DECEASED <GO TO DECEASEDP>

(9) NO, CHILD IS DECEASED <GO TO DECEASED>

(10) CHILD NO LONGER LIVES IN HOUSE WITH R <GO TO MOVED>

NEWINTRO\_2. In [INTERVIEW MONTH AND YEAR], we conducted a telephone survey on children’s health with an adult about [FILL CHILD’S NAME, OR: a [Male/Female] child who would now be about [ESTIMATED AGE] years old]. The person we spoke with told us [he was/she was/they were] the child's caregiver. We recently re-contacted that person’s household and were told that someone at this telephone number is now providing care for the child. We are interested in speaking with the child’s current caregiver, or with another parent or guardian of the child. Is this person available?

(1) YES, SPEAKING WITH THAT PERSON <GO TO NEWINTRO\_3>

(2) YES, NEW PERSON COMES TO PHONE <REPEAT NEWINTRO\_1>

(3) NO, NOT AVAILABLE NOW <SET GCB AND TERMINATE>

 (5) NO, PERSON HAS MOVED OR HAS NEW PHONE NUMBER <GO TO LOC\_A>

(6) DO NOT KNOW THIS PERSON <GO TO UNKNOWN>

(7) NO, PERSON IS DECEASED <GO TO DECEASEDP>

(8) NO, CHILD IS DECEASED <GO TO DECEASED>

(9) CHILD NO LONGER LIVES IN HOUSE WITH R <GO TO MOVED>

DECEASED I’m sorry to hear that. I do not need to continue. Thank you, and please accept my condolences. Goodbye. [TERMINATE]

DECEASEDP I’m sorry to hear that, please accept my condolences. Would you be able to tell us how to get in contact with this child’s current caregiver or guardian?

(1) YES <GO TO LOC\_A>

(2) NO [TERMINATE]

MOVED We are interested in speaking with a parent or guardian of the child who is currently living with the child. Would you be able to tell us how to get in contact with this person?

(1) YES <GO TO LOC\_A>

(2) NO [TERMINATE]

MOVED2 Would you be able to tell us how to get in contact with a parent or guardian of the child who is currently living with the child?

(1) YES <GO TO LOC\_A>

(2) NO [TERMINATE]

INTRO\_2 Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I’m calling on behalf of the CDC's National

Center for Health Statistics (IF RECEIVED ADVANCE LETTER, “to follow up on a letter that was sent to your home”/ ELSE NO FILL). On [INTERVIEW DATE], we conducted a telephone survey on children’s health with an adult at this phone number about a [Male/Female] child who would now be about [ESTIMATED AGE] years old. The person we spoke with told us [he was/she was/they were] the child’s [RELATION]. We are interested in speaking with this person again, or with another parent or guardian of the child. For quality assurance, this call may be monitored or recorded. Is this person available?

(1) YES, SPEAKING WITH THAT PERSON <IF RDD\_NCCELL\_CCELL=1 THEN GO TO INTRO3; IF RDD\_NCCELL\_CCELL=2, 3 THEN GO TO S\_WARM>

(2) YES, NEW PERSON COMES TO PHONE <REPEAT INTRO2>

(3) NO, NOT AVAILABLE NOW <SET GCB AND TERMINATE>

(5) NO, PERSON HAS MOVED OR HAS NEW PHONE NUMBER <GO TO LOC\_A>

(6) DO NOT KNOW THIS PERSON <GO TO UNKNOWN>

(7) NO, PERSON IS DECEASED <GO TO DECEASEDP>

(8) NO, CHILD IS DECEASED <GO TO DECEASED>

(9) CHILD NO LONGER LIVES IN HOUSE WITH R <GO TO MOVED>

NEWINTRO3. IF TS\_SAMPLED=1 DISPLAY:

 The CDC’s National Center for Health Statistics is re-contacting parents and guardians of children who have or have had Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, or Tourette Syndrome. This survey will help researchers to understand the medical needs of these children and the problems they and their families may have receiving needed services. If you qualify for and complete this survey, as a token of appreciation we will send you $[MONEY] for your time.

 ELSE IF TS\_SAMPLED=0 AND ADHD\_SAMPLED=1 DISPLAY:

 The CDC’s National Center for Health Statistics is re-contacting parents and guardians of children who have or have had Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, or Tourette Syndrome. This survey will help researchers to understand the medical needs of these children and the problems they and their families may have receiving needed services. If you qualify for and complete this survey, as a token of appreciation we will send you $[MONEY] for your time.

 [GO TO KNOW]

KNOW IF R\_TYPE=1, SKIP TO COND\_CONFIRM

Are you knowledgeable about the child’s health?

(1) YES, <GO TO COND\_CONFIRM>

(2) NO

FOLLOWK Is there a knowledgeable parent or guardian available?

(1) YES <GO TO INTRO2>

(2) NO [TERMINATE]

INTRO3. IF TS\_SAMPLED=1 DISPLAY:

 [IF R\_TYPE=1 THEN DISPLAY: Thank you for previously completing the National Survey of Children’s Health. We appreciate your household’s participation in this important survey.]

 The CDC’s National Center for Health Statistics is re-contacting parents and guardians of children who have or have had Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, or Tourette Syndrome. This survey will help researchers to understand the medical needs of these children and the problems they and their families may have receiving needed services. If you qualify for and complete this survey, as a token of appreciation we will send you $[MONEY] for your time.

 ELSE IF TS\_SAMPLED=0 AND ADHD\_SAMPLED=1 DISPLAY:

 [IF R\_TYPE=1 THEN DISPLAY: Thank you for previously completing the National Survey of Children’s Health. We appreciate your household’s participation in this important survey.]

 The CDC’s National Center for Health Statistics is re-contacting parents and guardians of children who have or have had Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, or Tourette Syndrome. This survey will help researchers to understand the medical needs of these children and the problems they and their families may have receiving needed services. If you qualify for and complete this survey, as a token of appreciation we will send you $[MONEY] for your time.

[GO TO KNOW]

COND\_ We are calling you because you or another parent or guardian of the child CONFIRM previously said that a doctor or health care provider once told you that your child

had either Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, that is, ADD or ADHD, or Tourette Syndrome.

Is that correct?

(1) CONTINUE

(2) CHILD DOES NOT HAVE CONDITION(S)

(77) DON'T KNOW

(99) REFUSED

ALL GO TO COND\_CHK

COND\_CHK [IF COND\_CONFIRM=1 DISPLAY:

 I would like to confirm this information with you today before we continue.]

For each condition, please tell me if a doctor or other health care provider ever told you that your child had the condition, even if [he/she] does not have the condition now.

COND\_A Has a doctor or other health care provider ever told you that your child had…

 Attention Deficit Hyperactivity Disorder or ADHD, or Attention Deficit Disorder or ADD?

 (1) YES <FLAG FOR ADHD MODULE (ADHD\_ELIG=1)>

 (2) NO

 (77) DON'T KNOW

 (99) REFUSED

COND\_B Has a doctor or other health care provider ever told you that your child had…

 Tourette Syndrome?

 (1) YES <FLAG FOR TS MODULE (TS\_ELIG=1) AND GO TO AGE>

 (2) NO <IF COND\_A=01 GO TO AGE, ELSE GO TO COND\_EXIT>

 (77) DON'T KNOW < IF COND\_A=01 GO TO AGE, ELSE GO TO COND\_EXIT>

 (99) REFUSED < IF COND\_A=01 GO TO AGE, ELSE GO TO COND\_EXIT>

COND\_EXIT Those are all the questions I have. You and your child are not eligible for this follow-up survey. I’d like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you’ve spent answering these questions.

AGE When we originally spoke with your household, [child] was [NSCH AGE IN MONTHS OR YEARS]. How old is [he/she] now?

 RECORD VALUE: \_\_\_\_\_\_\_\_\_\_

RECORD AGE IN YEARS.

IF CHILD IS 18 YEARS OR OLDER GO TO AGE\_EXIT

AGE\_EXIT We are only interviewing parents or guardians whose child is under 18 years old. I’d like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you’ve spent answering these questions.

ELIG\_ We are interested in speaking with a parent or guardian of the child who is currently living with the child. Does the child live with you now?

 (1) YES [GO TO CONSENT]

(2) NO [GO TO MOVED2]

(77) DON'T KNOW [GO TO MOVED2]

(99) REFUSED [GO TO MOVED2]

CONSENT Based on your responses, you are eligible to complete a survey on [SC]’s experience with [IF TS\_ELIG=1 THEN DISPLAY “Tourette Syndrome”; IF TS\_ELIG=0 AND ADHD\_ELIG=1 THEN DISPLAY “ADHD.”]

Before we continue, I'd like you to know that taking part in this research is voluntary. You may choose not to answer any question you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. We are required by Federal law to develop and follow strict procedures to protect the confidentiality of your information and use your answers only for statistical research.  I can describe these laws if you wish.  [FILL: IF INTRO1=9 OR INTRO2=9 OR ELIG NE 1, LEAVE BLANK; ELSE FILL: In appreciation for your time, we will send you $[MONEY]. The survey will take about a half hour.] In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions.

READ IF NECESSARY: The Public Health Service Act is Title 42 of the US Code, Section 242k. The collection of information in this survey is authorized by Section 306 of this Act. Through the National Center for Health Statistics, the confidentiality of your responses is assured by Section 308d of this Act and by the Confidential Information Protection and Statistical Efficiency Act. Would you like me to read the Confidential Information Protection provisions to you?

IF RESPONDENT WOULD LIKE TO HEAR PROVISIONS, READ: The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than NCHS employees or agents. By law, every employee of the National Center for Health Statistics, N-O-R-C at the University of Chicago, and their agents and contractors who works on this survey has taken an oath and is subject to a jail term of up to 5 years, a fine of up to $250,000, or both, if he or she willingly discloses ANY identifiable information about you or your household members.

(1) CONTINUE, RECORDING ACCEPTABLE

(2) CONTINUE, DO NOT RECORD

# Tourette Syndrome Questionnaire

[If TS module is not flagged (TS\_ELIG=0) skip to ADHD\_A1\_2, ELSE start at TS\_A1\_2]

# Diagnosis

## A1. Previous Tourette Syndrome Diagnosis

TS\_A1\_2 Thank you for confirming that a doctor or other health care provider once told you that [SC] had Tourette Syndrome. The first set of questions will ask about [SC]’s Tourette Syndrome diagnosis.

How old was [child] when you were first told by a doctor or other health care provider that he/she had Tourette Syndrome?

 Record Value: \_\_\_\_\_\_\_\_

TS\_A1\_2a. (1) Years

 (2) Months

TS\_A1\_3. What type of doctor or other health care provider first told you that [child] had Tourette Syndrome?

(1) Pediatrician or other general pediatric healthcare provider (such as nurse practitioner or physician’s assistant in pediatric clinic)

(2) Another type of general health care provider (such as a family practice doctor or nurse practitioner or physician’s assistant in general practice)

(3) Specialist pediatrician, such as a developmental or developmental behavioral pediatrician

(4) School psychologist/counselor

(5) A clinical psychologist or another psychologist outside of the school

(6) Psychiatrist (medical doctor or nurse practitioner in a mental health setting)

(7) Neurologist

(8) School nurse

(9) Physical, occupational, speech or other therapist

(10) A specialist doctor (other than a developmental pediatrician, psychiatrist, or neurologist)

(11) Team of professionals/multidisciplinary team

(12) Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_

(66) No health care provider has ever told me my child has this condition

TS\_A1\_4. How many doctors or other health care providers saw [child] about tics before he/she was diagnosed with Tourette Syndrome?

\_\_\_\_ (Number)

TS\_A1\_5. Now I would like you to think about the time before [child]’s Tourette Syndrome diagnosis, when he/she first had tics. As you probably know, tics are usually sudden, brief, rapid and repetitive movements or sounds. Some common tics are eye blinking; facial movements; shoulder shrugging; coughing; throat clearing; sniffing; humming; making animal noises like barking, and other sounds or verbalizations. Tics can be suppressed for short periods of time, but eventually come out. Tics come and go and often change over time.

Who first noticed that [child] had tics? Was it:

(1) You or another family member

(2) Someone at your child’s school or daycare

(3) A doctor or other health care professional not at your child’s school, or

(4) Someone else?

TS\_A1\_6. How old was [child] when someone first noticed that he/she had tics?

Record Value: \_\_\_\_\_\_\_\_

TS\_A1\_6a. (1) Years

 (2) Months

TS\_A1\_7. What type of tics did [child] have when someone first noticed he/she had tics? Were they motor tics, vocal or phonic tics, or some other kind of tics?

1. Motor tic
2. Vocal or phonic tic
3. Both
4. Other

TS\_A1\_8. Do you believe that [child’s] tics were caused by a stressful life event?

(1) Yes

(2) No

TS\_A1\_9. Do you believe that [child’s] tics were caused by an infection such as strep throat?

READ IF NECESSARY: For example, parents may believe that tics are the result of Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS).

(1) Yes

(2) No

TS\_A1\_10. How old was [child] when you first asked a doctor or other health care provider for help because of the tics?

Record Value: \_\_\_\_\_\_\_\_

TS\_A1\_10a. (1) Years

 (2) Months

## A2. Current Tourette Syndrome and Severity

TS\_A2\_1. Does [child] currently have Tourette Syndrome?

(1) Yes

(2) No (Go to TS\_A2\_3)

TS\_A2\_2. Would you describe his/her Tourette Syndrome as mild, moderate, or severe?

(1) Mild

(2) Moderate

(3) Severe

TS\_A2\_3. When the symptoms were at their worst, how would you describe [child]’s Tourette Syndrome? Would you describe it as mild, moderate, or severe?

(1) Mild

(2) Moderate

(3) Severe

TS\_A2\_4. When the symptoms were at their worst, were the tics noticeable to strangers?

(1) Yes

(2) No

TS\_A2\_5. When the symptoms were at their worst, did the tics interfere with [child]’s ability to do things other children could do?

(1) Yes

(2) No

TS\_A2\_6. How old was [child] when the Tourette Syndrome was at its worst?

HELP TEXT: IF R GIVES AN AGE RANGE, ASK HIM/HER TO CHOOSE THE AGE WHEN THE TICS WERE THE WORST.

Record Value: \_\_\_\_\_\_\_\_

TS\_A2\_6a. (1) Years

 (2) Months

IF CHILD CURRENTLY HAS TS [TS\_A2\_1 = YES, DK, RF], SKIP TO B1\_1.

TS\_A2\_7. Did treatment help [child’s] tics go away or did the tics seem to go away on their own?

HELP TEXT: CODE “3” ONLY IF R SAYS THAT THE CHILD NEVER HAD TICS. OPTIONS “1” and “2” CAN BE USED EVEN IF SOME TICS WENT AWAY AND SOME REMAIN.

(1) Treatment helped tics go away

(2) Tics went away on their own

(3) Child never had tics (Go to TS\_B1\_1)

TS\_A2\_8. Does [child] currently have tics?

(1) Yes

(2) No

# Co-occurring Disorders

TS\_B1\_1. Has a doctor or health care provider ever told you that [child] had:

(READ/ANSWER EACH OPTION)

* 1. Oppositional defiant disorder or ODD
	2. Conduct disorder
	3. Autism Spectrum Disorder or Pervasive Developmental Disorder
	4. A sleep disorder
	5. An intellectual disability
	6. A learning disorder
	7. A language disorder
	8. Obsessive compulsive disorder or OCD
	9. Post-traumatic stress disorder or PTSD
	10. Another anxiety disorder, such as generalized anxiety disorder, panic disorder, or a phobia
	11. Bipolar disorder
	12. Intermittent explosive disorder
	13. Another mood disorder, such as depression, major depressive disorder or dysthymic disorder
	14. An eating disorder, such as anorexia or bulimia
	15. Substance use disorder

IF NONE OF B1\_1-B1\_15 ARE YES, THEN SKIP TO C.

TS\_B1\_2. Does [child] currently have [loop through list for each YES answer]?

1. Yes
2. No

# Tourette Syndrome Treatment

## C1. Medication

TS\_C1\_1. Has [child] ever taken medication for Tourette Syndrome?

1. Yes (Go to TS\_C1\_2)
2. No (Go to TS\_C3\_1)

TS\_C1\_2. At what age did [child] first start taking Tourette Syndrome medication?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Record age in years

[IF CHILD DOES NOT CURRENTLY HAVE TS [TS\_A2\_1 = NO], SKIP TO TS\_C1\_5]

TS\_C1\_3. Is [child] currently taking medication for Tourette Syndrome?

1. Yes
2. No (Go to TS\_C1\_5)

TS\_C1\_4. What medications does [child] currently take for Tourette Syndrome?

**PROBE**: Does (he/she) take any other medications for Tourette Syndrome?

1. Abilify, Abilify Maintena, Abilify Discmelt
2. Apo-Metoclop
3. Apokyn
4. Apomorphine
5. Aricept, Aricept ODT
6. Aripiprazole
7. Baclofen
8. Botulinum toxin, Botox
9. Clonazepam
10. Clonidine, Clonidine ER
11. Catapres, Catapres-TTS
12. Deltanyne
13. Donepezil
14. Dronabinol
15. Duraclon
16. Dysport
17. Fluphenazine
18. Gablofen
19. Geodon
20. Guanfacine
21. Haloperidol, Haldol, Haldol Decanoate
22. Intuniv
23. Kapvay
24. Keppra, Keppra XR
25. Kemstro
26. Klonopin, Klonopin Wafer
27. Levetiracetam
28. Lioresal
29. Marinol
30. Metoclopramide, Metoclopramide Hydrochloride Injection, Metoclopramide Omega, Nu-Metoclopramide, PMS-Metoclopramide
31. Mirapex, Mirapex ER
32. NAC
33. Neurobloc
34. Nexiclon
35. Olanzapine
36. Ondansetron
37. Orap
38. Pergolide
39. Permax
40. Permitil
41. Pimozide
42. Pramipexole
43. Prolixin, Prolixin Decanoate, Prolixin Enanthate
44. Quetiapine
45. Requip
46. Risperidone, Risperdal, Risperdal Consta, Risperdal M-Tab
47. Ropinirole
48. Sativex
49. Seroquel, Seroquel XR
50. Tenex
51. Tetrabenazine
52. Tetrahydrocannabinol, Δ-9-THC
53. Topamax, Topamax Sprinkle
54. Topiramate, Topiragen
55. Xenazine
56. Ziprasidone
57. Zofran
58. Zyprexa, Zyprexa Zydis, Zyprexa Relprevv, Zyprexa Intramuscular
59. OTHER [GO TO TS\_C1\_4\_VERBATIM]
60. NOT CURRENTLY TAKING MEDICATION

(77) DON’T KNOW

NOTE TO INTERVIEWER: IF R SAYS “DON’T KNOW” SAY: “That’s okay. At the end of the interview I’ll ask that you take a moment to get [SC]’s medication so we may record the name of it.”

TS\_C1\_4\_VERBATIM. Enter other medication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTER TEXT

TS\_C1\_5. Has [child] ever experienced any of the following side effects of a Tourette Syndrome medication?

TS\_C1\_5a. Weight gain

 (1) Yes (2) No

TS\_C1\_5b. Being physically slowed down or sluggish, such as moving slowly

 (1) Yes (2) No

TS\_C1\_5c. Being mentally slowed down or sluggish, for example, thinking slowly or being less attentive

 (1) Yes (2) No

TS\_C1\_5d. Sleep problems or insomnia, such as trouble getting to sleep or staying asleep

 (1) Yes (2) No

TS\_C1\_5e. Body twisting, squirming, or other new body movements, not including tics

 (1) Yes (2) No

TS\_C1\_5f. Has [child] experienced any other side effects?

 (1) Yes (2) No

TS\_C1\_5fa. Enter other side effect.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTER TEXT

IF ANY TS\_C1\_5A-TS\_C1\_5F = YES, THEN GO TO TS\_C1\_6.

ELSE, IF CHILD IS CURRENTLY TAKING MEDS (TS\_C1\_3 = YES), GO TO TS\_C2\_1.

IF CHILD IS NOT CURRENTLY TAKING MEDS (TS\_C1\_3 = NO, DK, RF), GO TO TS\_C3\_1.

TS\_C1\_6. Were these side effects troublesome enough to stop taking the medication?

1. Yes
2. No

IF CHILD IS CURRENTLY TAKING MEDS (TS\_C1\_3 = YES), GO TO TS\_C2\_1.

IF CHILD IS NOT CURRENTLY TAKING MEDS (TS\_C1\_3 = NO, DK, RF), GO TO TS\_C3\_1.

## C2. Medication Adherence

TS\_C2\_1. Who usually makes sure [child] takes his/her Tourette Syndrome medication?

A parent or guardian

Another family member

Someone at school

A babysitter or nanny

The child

Other

TS\_C2\_2. In the past 12 months, was there a time when [child] resisted taking [his/her] Tourette Syndrome medication?

1. Yes
2. No

## C3. Other Treatment

[FOR QUESTIONS TS\_C3\_1-TS\_C3\_4, DO NOT SKIP TO CORRESPONDING CURRENT QUESTIONS IF CHILD DOES NOT CURRENTLY HAVE TS [TS\_A2\_1=NO], PROCEED TO C3\_11 AFTER TS\_C3\_4]

Has [child] ever received any of the following for treating Tourette Syndrome?

TS\_C3\_1. Comprehensive behavioral intervention for tics (CBIT) or habit reversal therapy?

(If yes, go to TS\_C3\_1a, else go to TS\_C3\_2)

 (1) Yes (2) No

TS\_C3\_2. School-based behavioral treatment, support, or accommodation?

 (If yes, go to TS\_C3\_2a, else go to TS\_C3\_3)

 (1) Yes (2) No

TS\_C3\_3. Behavioral treatment based outside of school?

 (If yes, go to TS\_C3\_3a, else go to TS\_C3\_4)

 (1) Yes (2) No

TS\_C3\_4. Other treatment

 (1) Yes (2) No (If yes, go to TS\_C3\_4a, else go to C3\_11)

TS\_C3\_4a. Enter other treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter text (Go to C3\_4aa)

[IF CHILD DOES NOT CURRENTLY HAVE TS [TS\_A2\_1=NO], SKIP TO C3\_11]

TS\_C3\_1a. Is [child] currently receiving comprehensive behavioral intervention for tics (CBIT) or habit reversal therapy for Tourette Syndrome?

1. Yes (Go to TS\_C3\_1b)
2. No (Go to TS\_C3\_2)

TS\_C3\_1b. What type of health care provider is providing the comprehensive behavioral intervention for tics (CBIT) or habit reversal therapy?

1. Psychologist
2. Social worker
3. Occupational therapist
4. Psychiatrist
5. Neurologist
6. Physical therapist
7. Pediatrician
8. Physician’s assistant
9. Another type of health care provider
10. Another type of professional

TS\_C3\_2a. Is [child] currently receiving school-based behavioral treatment, support, or accommodation for Tourette Syndrome?

1. Yes (Go to TS\_C3\_3)
2. No (Go to TS\_C3\_3)

TS\_C3\_3a. Is [child] currently receiving behavioral treatment based outside of school for Tourette Syndrome?

1. Yes (Go to TS\_C3\_4)
2. No (Go to TS\_C3\_4)

TS\_C3\_4aa. Is [child] currently receiving [other treatment] to treat Tourette Syndrome?

1. Yes
2. No

C3\_11. Does the child currently have a formal educational plan, such as an Individualized Education Program, also called an IEP or a 504 plan?

1. Yes
2. No (Go to TS\_C4\_1)

C3\_12. Is it an IEP, a 504 plan, or something else?

1. IEP
2. 504
3. Something else (specify)

C3\_12a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(specify)

## C4. Treatment Barriers and Satisfaction

IF CHILD DOES NOT CURRENTLY HAVE TS [TS\_A2\_1=NO], SKIP TO TS\_D2\_1]

TS\_C4\_1. In the past 12 months, did your child need a Tourette Syndrome treatment that he/she was unable to get?

1. Yes (Go to TS\_C4\_2)
2. No (Go to TS\_C4\_4)

TS\_C4\_2a. What treatment was [child] unable to get? Was it medication?

(1) Yes (2) No

TS\_C4\_2b. Comprehensive behavioral intervention for tics (CBIT) or habit reversal therapy?

 (1) Yes (2) No

TS\_C4\_2c. School-based behavioral treatment, support, or accommodation?

(1) Yes (2) No

TS\_C4\_2d. Behavioral treatment based outside of school?

 (1) Yes (2) No

TS\_C4\_2e. Some other treatment outside of school?

 (1) Yes (2) No

TS\_C4\_2ea. What was it? (specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter text

IF TS\_C4\_2b = NO, DK, RF, THEN SKIP TO TS\_C4\_4.

TS\_C4\_3. Why was [child] unable to get comprehensive behavioral intervention for tics or habit reversal therapy?

1. Cost: There were issues related to cost or insurance
2. Availability: The treatment/service was not available in child’s area/school
3. Delays: There were waiting lists, backlogs, drug shortages, or other delays
4. Eligibility: Child was not eligible for the treatment/service
5. Information: Parent/doctor/school did not know about treatment/service or had trouble getting information needed
6. Provider issues: Doctor/school refused to provide treatment/service or did not follow through
7. Family issues: Child or other family members did not want the treatment/service
8. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter text

TS\_C4\_4. Overall, how satisfied are you with [child]’s Tourette Syndrome treatment and management?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

# D. Performance

Now I’d like to ask you about [child]’s behavior and performance. Each rating should be considered in the context of what is appropriate for the age of your child. When answering, please think about your child’s behaviors in the past 6 months.

TS\_D2\_1. How would you describe [child]’s overall school performance? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

TS\_D2\_2. How about reading? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

TS\_D2\_3. Writing?

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

TS\_D2\_4. Mathematics?

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

TS\_D2\_5. How would you describe [child]’s relationship with [his/her] parents? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

TS\_D2\_6. How about relationships with siblings?

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

(6) Child does not have siblings

TS\_D2\_7. Relationships with peers?

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

TS\_D2\_8. How would you describe [child]’s participation in organized activities such as teams? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

TS\_D2\_9. How would you describe [child]’s handwriting, that is, his/her ability to form letters and numbers that are clear and can be recognized? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

# E. Academic Health and Discipline

TS\_E1. Overall, would you consider [child] an [READ RESPONSES]:

1. A student
2. B student
3. C student
4. D student, or
5. F Student?

TS\_E2.What kind of school is [child] currently enrolled in? Is it a public school, private school, or home-school?

(1) Public

(2) Private

(3) Home-Schooled

(4) [Child] is not enrolled in school

TS\_E3. Since starting kindergarten, has [he/she] repeated any grades?

1. Yes
2. No (Go to TS\_E5)

TS\_E4. Which grade or grades did [he/she] repeat? [Mark all that apply.]

1. Kindergarten
2. 1st grade
3. 2nd grade
4. 3rd grade
5. 4th grade
6. 5th grade
7. 6th grade
8. 7th grade
9. 8th grade
10. 9th grade
11. 10th grade
12. 11th grade
13. 12th grade

TS\_E5. Has [child] ever been expelled or asked not to return to a childcare center, preschool, or school?

1. Yes
2. No (Go to TS\_E\_7)

TS\_E6. In what grade or grades was [child] expelled or asked not to return to school?

1. Childcare (birth through age 2)
2. Preschool (3 through age 5)
3. Kindergarten
4. 1st grade
5. 2nd grade
6. 3rd grade
7. 4th grade
8. 5th grade
9. 6th grade
10. 7th grade
11. 8th grade
12. 9th grade
13. 10th grade
14. 11th grade
15. 12th grade

TS\_E\_7. Has your child ever been treated differently because of his/her tics, for example, being bullied or discriminated against, or treated rudely?

1. Yes (Go to TS\_E\_7a)
2. No (Go to TS\_E\_8)

TS\_E\_7a. Who has discriminated against or bullied the child? Were they:

(check all that apply)

1. Siblings,
2. Other children,
3. Business owners or employees,
4. Teachers,
5. Family members,
6. Or some other adults?

IF CHILD DOES NOT CURRENTLY HAVE TICS [TS\_A2\_7 = 3 or TS\_A2\_8 = NO], THEN GO TO TS\_F\_1.

TS\_E\_8. Sometimes certain things seem to make tics better or worse. Do any of the following seem to make [child]’s tics better or worse?

TS\_E\_8a. Do major transitions like starting a new school or moving into a new class seem to make [child]’s tics better or worse, or is there no impact?

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8b. Do minor transitions like switching activities or changing locations seem to make [child]’s tics better or worse, or is there no impact?

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8c. Does being tired seem to make tics better or worse, or is there no impact?

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8d. Talking about tics.

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8e. Doing homework.

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8f. Playing music or singing.

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8g. Exercising or doing an individual sport, like running or swimming

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8h. Playing team sports, like soccer, baseball or volleyball

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8i. Listening to music

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8j. Reading for pleasure

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8k. Watching TV

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

TS\_E\_8l. Playing video games or other computer games

(1) Better (2) Worse (3) Depends (4) No impact (5) My child doesn’t do that activity

# F. Family Impact of Tourette Syndrome

TS\_F1\_1. Has [child]’s Tourette syndrome caused financial problems for your family?

(1) Yes

(2) No

TS\_F1\_2. Have you or other family members stopped working because of [child]’s Tourette syndrome?

(1) Yes

(2) No

TS\_F1\_3. [IF TS\_F1\_2 = 1, THEN READ: Not including the family members who stopped working...]

Have you or other family members cut down on the hours you work because of [child]’s Tourette syndrome?

(1) Yes

(2) No

TS\_F1\_4. Have you or other family members avoided changing jobs because of concerns about maintaining health insurance for [child]?

(1) Yes

(2) No

# G. ACS Questions

TS\_G1\_1. How well does [child] speak English? (for children 5 or older)

* + - 1. Very well
			2. Well
			3. Not Well
			4. Not at All

TS\_G1\_2. Is [child] deaf or have serious difficulty hearing?

1. Yes
2. No

TS\_G1\_3. Is [child] blind or have serious difficulty seeing, even when wearing glasses?

1. Yes
2. No

TS\_G1\_4. Because of a physical, mental or emotional condition, does [child] have serious difficulty concentrating, remembering, or making decisions?

1. Yes
2. No

TS\_G1\_5. Does [child] have serious difficulty walking or climbing stairs? (for children 5 or older)

1. Yes
2. No

TS\_G1\_6. Does [child] have difficulty dressing or bathing? (for children 5 or older)

1. Yes
2. No

TS\_G1\_7. Because of a physical, mental or emotional condition, does [child] have difficulty doing errands alone such as visiting a doctor’s office or shopping? (for children 15 and older)

1. Yes
2. No

# H. Household and Demographics

TS\_H\_INTRO Thank you for your answers. Now I have a few more general questions about

 [S.C.] and your household.

TS\_H1\_Q01 Including the adults and all the children, how many people live in this household?

 ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

 ENTER NUMBER: \_\_\_\_\_\_

TS\_H1\_Q02 I have that you are [S.C.]'s [FILL FROM K1Q02]. Is that correct?

 (01) YES [GO TO TS\_H1\_Q2\_CHK]

 (02) NO [GO TO TS\_H1\_Q2\_CHK]

 (77) DON'T KNOW [GO TO TS\_H1\_Q2\_CHK]

 (99) REFUSED [GO TO TS\_H1\_Q2\_CHK]

TS\_H1\_Q03 IF K1Q02=77, 99 OR TS\_H1\_Q02=02, 77, 99 THEN DISPLAY:

 What is your relationship to [S.C.]?

IF R RESPONDS “Mother” or “Father,” YOU MUST PROBE:: Are you [S.C.]’s biological, step, foster, or adoptive mother/father?

 IF R RESPONDS “Parent's Partner,” PROBE IF NOT SURE: Are you male or female?

 IF TS\_H1\_Q02=01 AND K1Q02=01 THEN DISPLAY:

 Are you [S.C.]’s biological, adoptive, step, or foster mother?

 IF TS\_H1\_Q02=01 AND K1Q02=02 THEN DISPLAY:

 Are you [S.C.]’s biological, adoptive, step, or foster father?

 (1) BIOLOGICAL MOTHER

 (2) STEP MOTHER

 (3) FOSTER MOTHER

 (4) ADOPTIVE MOTHER

 (5) MOTHER, but TYPE REFUSED

 (6) BIOLOGICAL FATHER

 (7) STEP FATHER

 (8) FOSTER FATHER

 (9) ADOPTIVE FATHER

 (10) FATHER, but TYPE REFUSED

 (11) GRANDMOTHER

 (12) GRANDFATHER

 (13) AUNT

 (14) UNCLE

 (15) FEMALE GUARDIAN

 (16) MALE GUARDIAN

 (17) SISTER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)

 (18) BROTHER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)

 (19) COUSIN

 (20) IN-LAW OF ANY TYPE

 (22) OTHER RELATIVE / FAMILY MEMBER

 (23) PARENT’S BOYFRIEND / MALE PARTNER

 (24) PARENT’S GIRLFRIEND / FEMALE PARTNER

 (25) PARENT’S PARTNER, but SEX REFUSED

 (26) OTHER NON-RELATIVE OR FRIEND

 (77) DON’T KNOW

 (99) REFUSED

TS \_H1\_Q04 IF TS\_H1\_Q01= 2 THEN SKIP TO TS\_H1\_Q04\_CONF

IF TS \_H1\_Q01 = DK/RF, THEN READ:

For the other people that live in your household with you and [S.C.], what is their relationship to [S.C.]? **[***Mark all that apply***]**

IF TS \_H1\_Q01> 2, THEN READ:
In addition to you and [S.C.], I have that [FILL: TS \_H1\_Q01 - 2] [other person lives/other people live] in your household. What is their relationship to [S.C.]? **[***Mark all that apply***]**

 IF R RESPONDS “Mother” or “Father,” YOU MUST PROBE: Is that [S.C.]’s biological, step, foster, or adoptive mother/father?

 IF R RESPONDS “Partner,” PROBE: Is the partner male or female?

PARENT

(01) BIOLOGICAL MOTHER (06) BIOLOGICAL FATHER

(02) STEP MOTHER (07) STEP FATHER

(03) FOSTER MOTHER (08) FOSTER FATHER

(04) ADOPTIVE MOTHER (09) ADOPTIVE FATHER

(05) MOTHER, but TYPE REFUSED (10) FATHER, but TYPE REFUSED

OLDER RELATIVES OR GUARDIANS

(11) GRANDMOTHER (14) UNCLE

(12) GRANDFATHER (15) FEMALE GUARDIAN

(13) AUNT (16) MALE GUARDIAN

OTHER RELATIVES

(17) SISTER

(18) BROTHER

(19) COUSIN

(20) IN-LAW OF ANY TYPE

(21) [S.C.]’S CHILD, SON, OR DAUGHTER

(22) OTHER RELATIVE / FAMILY MEMBER

OTHER NON-RELATIVES

(23) PARENT’S BOYFRIEND / MALE PARTNER

(24) PARENT’S GIRLFRIEND / FEMALE PARTNER

(25) PARENT’S PARTNER, but SEX REFUSED

(26) OTHER NON-RELATIVE OR FRIEND

(77) DON’T KNOW

(99) REFUSED

TS\_H1\_Q04\_CONF I am now going to list all the people that live in your household.

 I have that [LIST OF RELATIONSHIPS ROSTERED] live in this household with [S.C.].

 Is this a correct list of everyone living in your household?

 (1) CONFIRMED - THIS LIST IS CORRECT

 (2) NOT CORRECT - RETURN TO TS\_H1\_Q01 AND START AGAIN

TS\_H1\_Q04\_WARNING Earlier you told me that there are [VALUE FROM TS\_H1\_Q01] people living in your household. However, based on the relationships you just gave, I have [COUNT OF RELATIONSHIPS INCLUDING R & SC] people living in your household. Let's re-confirm your answers.

 (1) RETURN TO RE-CONFIRM ANSWERS [GO TO TS\_H1\_Q01]

 USE RARELY:

(2) ISSUE CANNOT BE RESOLVED - CONTINUE ON [GO TO TS\_H1\_Q03\_ADOPT]

TS\_H1\_Q03\_ADOPT Have you legally adopted [S.C.]?

 (1) YES

 (2) NO

 (77) DON'T KNOW

 (99) REFUSED

TS\_H2\_INTRO The next questions are about health insurance.

TS\_H2\_STATE Because many health insurance programs are state specific, can you please tell me what state you live in?

 \_\_\_\_\_\_ENTER STATE (DROP DOWN MENU)

TS\_H2\_Q01 Does [S.C.] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

READ IF NECESSARY: Medicaid refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the states. HMO is Health Maintenance Organization.

 (1) YES > SKIP TO TS\_H2\_Q02

 (2) NO > SKIP TO TS\_H2\_Q01\_CONF

 (77) DON’T KNOW > SKIP TO TS\_H2\_Q02

 (99) REFUSED > SKIP TO TS\_H2\_Q02

TS\_H2\_Q01\_CONF Just to confirm, I entered that [S.C.] is not covered by any type of health insurance. Is this correct?

(1) CONFIRMED - CHILD IS NOT COVERED BY ANY TYPE OF HEALTH INSURANCE [SKIP TO TS\_H2\_Q04]

(2) NOT CORRECT - CHILD HAS INSURANCE - RETURN TO TS\_H2\_Q01 AND ENTER CORRECT RESPONSE [SKIP TO TS\_H2\_Q01]

TS\_H2\_Q02 IF TS\_H2\_Q01 = 1 THEN FILL “Is that coverage”. ELSE, fill “Is [he/she] insured by] Medicaid or the Children’s Health Insurance Program, or CHIP? [IF IAP=095, DISPLAY "In this area," ELSE DISPLAY "In this state,"] the program is sometimes called [FILL MEDICAID NAME, CHIP NAME].

READ IF NECESSARY: CHIP, also known as S-CHIP, is a type of state-sponsored health insurance coverage that a child may have. The name of the plan varies from state-to-state. CATI WILL AUTOMATICALLY FILL IN THE NAMES FOR YOU.

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program program specific to the state in which you live.

 (1) YES

 (2) NO

 (77) DON'T KNOW

 (99) REFUSED

TS\_H2\_03 IF [(TS\_H2\_Q01 = 77, or 99) AND (TS\_H2\_Q02 = 2, 77, or 99)], SKIP TO TS\_H2\_Q04; ELSE, ASK

(IF AGE>1, "During the past 12 months", ELSE "Since [his/her] birth"), was there any time when [he/she] was not covered by ANY health insurance?

 (1) YES <SKIP TO TS\_H3\_Q01>

 (2) NO <SKIP TO TS\_H3\_Q01>

 (77) DON'T KNOW <SKIP TO TS\_H3\_Q01>

 (99) REFUSED <SKIP TO TS\_H3\_Q01>

TS\_H2\_Q04 (IF AGE>1, "During the past 12 months", ELSE "Since [his/her] birth"), was there any time when [he/she] had health care coverage?

 (1) YES

 (2) NO

 (77) DON'T KNOW

 (99) REFUSED

TS\_H3\_Q01 Now I am going to ask you a few questions about your income.

When answering this next question, please remember to include your income PLUS the income of all family members living in this household.

What is your best estimate of the total income of all family members from all sources, before taxes, in [FILL: last calendar year in 4 digit format]?

INTERVIEWER INSTRUCTION: ENTER ‘999,995’ IF THE REPORTED INCOME IS GREATER THAN $999,995.

INTERVIEWER INSTRUCTION: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

 RECORD INCOME AMOUNT [GO TO TS\_H3\_Q01\_CONF]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [INCOME GREATER THAN $999,995 [GO TO TS\_ADDRESS\_CONF]

 (77) DON'T KNOW [GO TO TS\_H3\_Q02]

 (99) REFUSED [GO TO TS\_H3\_Q02]

TS\_H3\_Q01\_CONF Just to confirm that I entered it correctly, the total income of all family members was [AMOUNT FROM TS\_H3\_Q01]. Is that correct?

 (1) YES > GO TO TS\_ADDRESS\_CONF

 (2) NO > GO TO TS\_H3\_Q01

**TS\_H3\_Q02**

**Universe: Respondents who don't know or refuse to report income initially**

 Was your total family income from all sources less than $50,000 or $50,000 or more?

(1) LESS THAN $50,000

(2) $50,000 OR MORE [GO TO TS\_H3\_Q05]

(77) DON’T KNOW [GO TO TS\_ADDRESS\_CONF]

(99) REFUSED [GO TO TS\_ADDRESS\_CONF]

**TS\_H3\_Q03**

**Universe: Respondents who don’t know or refuse to report income initially, then report income of less than $50,000**

 Was your total family income from all sources less than $35,000 or $35,000 or more?

(1) LESS THAN $35,000

(2) $35,000 OR MORE [IF TS\_H3\_Q01= (8, 9) GO TO TS\_H3\_Q04; ELSE GO TO TS\_ADDRESS\_CONF]

(77) DON’T KNOW [GO TO TS\_ADDRESS\_CONF]

(99) REFUSED [GO TO TS\_ADDRESS\_CONF]

**TS\_H3\_Q04**

**Universe: Respondents who don’t know or refuse to report income initially, then report income of less than $35,000 or report an income of $35,000-$50,000 for a family with 8-9 family members**

 Was your total family income from all sources less than [FILL: Poverty threshold for household of size TS\_H3\_Q01] or [FILL: Poverty threshold for household of size TS\_H3\_Q01] or more?

(1) LESS THAN [FILL: Poverty threshold for household of size TS\_H3\_Q01] [GO TO TS\_ADDRESS\_CONF]

(2) [FILL: Poverty threshold for household of size TS\_H3\_Q01] OR MORE [GO TO TS\_ADDRESS\_CONF]

(77) DON’T KNOW [GO TO TS\_ADDRESS\_CONF]

(99) REFUSED [GO TO TS\_ADDRESS\_CONF]

**TS\_H3\_Q05**

**Universe: Respondents who don’t know or refuse to report income initially, then report income of at least $50,000**

 Was your total family income from all sources less than $100,000 or $100,000 or more?

(1) LESS THAN $100,000

(2) $100,000 OR MORE [GO TO TS\_ADDRESS\_CONF]

(77) DON’T KNOW [GO TO TS\_ADDRESS\_CONF]

(99) REFUSED [GO TO TS\_ADDRESS\_CONF]

**TS\_H3\_Q06**

**Universe: Respondents who don’t know or refuse to report income initially, then report income of less than $100,000**

 Was your total family income from all sources less than $75,000 or $75,000 or more?

(1) LESS THAN $75,000

(2) $75,000 OR MORE

(77) DON’T KNOW

(99) REFUSED

**TS Medication Follow-Up**

CPGOGETMED\_TS

IF ADHD\_ELIG=0 AND  TS\_C1\_4= 77 GO TO GOGETMED.  ELSE GO TO ADDRESS CONFIRMATION

GOGETMED\_TS

Earlier you told me that [S.C.] has taken medication for TS in the past week, however you did not know the name of the medication.  Before we finish the interview, can you please take a moment to get [S.C.]'s medication so we may record the name of the medication?

**READ IF NECESSARY**: If [S.C.] takes more than one medication for TS, please get all the medications so we can record each name.

(1) YES                                  **[SKIP TO GOGETMED\_CNFM]**

(99) REFUSED                     **[GO TO ADDRESS CONFIRMATION]**

GOGETMED\_CNFM

**READ AS NECESSARY**: Please read the name of each medication that [S.C.] takes for TS.

**READ AS NECESSARY**: Thank you for taking the time to get the medication.

**INTERVIEWER INSTRUCTIONS**: MARK ALL THAT APPLY AMONG 1-18.  DO NOT READ LIST.

(1) Abilify, Abilify Maintena, Abilify Discmelt

(2) Apo-Metoclop

(3) Apokyn

(4) Apomorphine

(5) Aricept, Aricept ODT

(6) Aripiprazole

(7) Baclofen

(8) Botulinum toxin, Botox

(9) Clonazepam

(10) Clonidine, Clonidine ER

(11) Catapres, Catapres-TTS

(12) Deltanyne

(13) Donepezil

(14) Dronabinol

(15) Duraclon

(16) Dysport

(17) Fluphenazine

(18) Gablofen

(19) Geodon

(20) Guanfacine

(21) Haloperidol, Haldol, Haldol Decanoate

(22) Intuniv

(23) Kapvay

(24) Keppra, Keppra XR

(25) Kemstro

(26) Klonopin, Klonopin Wafer

(27) Levetiracetam

(28) Lioresal

(29) Marinol

(30) Metoclopramide, Metoclopramide Hydrochloride Injection, Metoclopramide Omega, Nu-Metoclopramide, PMS-Metoclopramide

(31) Mirapex, Mirapex ER

(32) NAC

(33) Neurobloc

(34) Nexiclon

(35) Olanzapine

(36) Ondansetron

(37) Orap

(38) Pergolide

(39) Permax

(40) Permitil

(41) Pimozide

(42) Pramipexole

(43) Prolixin, Prolixin Decanoate, Prolixin Enanthate

(44) Quetiapine

(45) Requip

(46) Risperidone, Risperdal, Risperdal Consta, Risperdal M-Tab

(47) Ropinirole

(48) Sativex

(49) Seroquel, Seroquel XR

(50) Tenex

(51) Tetrabenazine

(52) Tetrahydrocannabinol, Δ-9-THC

(53) Topamax, Topamax Sprinkle

(54) Topiramate, Topiragen

(55) Xenazine

(56) Ziprasidone

(57) Zofran

(58) Zyprexa, Zyprexa Zydis, Zyprexa Relprevv, Zyprexa Intramuscular

(59) OTHER [GO TO GOGETMED\_TS\_VERBATIM]

(60) NOT CURRENTLY TAKING MEDICATION

(77) DON’T KNOW

(99) REFUSED

GOGETMED\_TS\_VERBATIM

ENTER OTHER MEDICATION.  IF MORE THAN ONE MEDICATION IS GIVEN ENTER ALL MEDICATIONS ON ONE LINE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ENTER TEXT

**[TIMESTAMP\_GOGET\_END]**

**Address Confirmation**

TS\_ADDRESS\_CONF

IF (NSDATA\_INCENT\_FLAG = 2 OR NSDATA\_PASSIVE in (1,2) )AND NSDATA\_LETTER\_FLG=2 THEN FILL MONEY\_2; ELSE FILL MONEY\_1

IF ADHD\_ELIG=0 DISPLAY:

Those are all the questions I have.

[IF ADHD\_ELIG=0 DISPLAY: Before I go,] I will need your mailing address so we can send you $ [MONEY\_1 / MONEY\_2] as a token of our appreciation for taking the time to answer our questions.

GO TO AC\_NAME AND PROCEED THROUGH ADDRESS COLLECTION OR VERIFICATION

(1) Address correct and confirmed

(99) Refused to give/confirm address

IF ADHD\_ELIG=0, GO TO TS\_END; ELSE IF ADHD\_ELIG=1 GO TO ADHD\_TRANS

TS\_END

Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I’d like to thank you on behalf of the CDC’s National Center for Health Statistics for the time and effort you’ve spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1-877-346-9982. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

ADHD\_TRANS

Thank you for taking the time to answer those questions about [SC] and Tourette Syndrome. Because you said that your child has also been diagnosed with ADHD, you are eligible to complete another set of questions about [SC] and ADHD. The survey will take approximately [MINUTES] minutes, and we will send you an additional $20 for your time, for a total of $[40/45]. We can continue with that survey now if you’d like, or we can schedule an appointment to complete the survey at a time that is convenient for you.

1. CONTINUE WITH SURVEY NOW > SKIP TO ADHD\_CONSENT\_ABBREV
2. SCHEDULE APPOINTMENT FOR ADHD > SCHEDULE APPT AND END CALL
3. REFUSE TO DO ADHD SURVEY > SKIP TO TS\_END

ADHD\_CONSENT\_ABBREV

As before, you may choose not to answer any questions you don’t wish to answer, or end the interview at any time with no impact on the benefits you may receive. I’d like to continue now unless you have any questions.

1. CONTINUE

**ADHD Questionnaire**

# Diagnosis

## A1. Previous ADHD Diagnoses

ADHD\_A1\_2.

Thank you for confirming that a doctor or other health care provider once told you that [SC] had ADHD. The next set of questions will ask about [SC]’s ADHD diagnosis.

 How old was [child] when you were first told by a doctor or other health care provider that he/she had ADHD?

 Record Value: \_\_\_\_\_\_\_\_

ADHD\_A1\_2a. (1) Years

 (2) Months

ADHD\_A1\_3. What type of doctor or other health care provider first told you that [child] had ADHD?

(1) Pediatrician or other general pediatric healthcare provider (such as nurse practitioner or physician’s assistant in pediatric clinic)

(2) Another type of general health care provider (such as a family practice doctor or nurse practitioner or physician’s assistant in general practice)

(3) Specialist pediatrician, such as a developmental or developmental behavioral pediatrician

(4) School psychologist/counselor

(5) A clinical psychologist or another psychologist outside of the school

(6) Psychiatrist (medical doctor or nurse practitioner in a mental health setting)

(7) Neurologist (or nurse practitioner in a neurology clinic)

(8) School nurse

(9) Physical, occupational, speech or other therapist

(10) A specialist doctor (other than a developmental pediatrician, psychiatrist, or neurologist)

(11) Team of professionals/multidisciplinary team

(12) Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_

(66) No health care provider has ever told me my child has this condition

ADHD\_A1\_4. Did any other doctor, health care provider, or school professional also tell you that [child] had ADHD?

1. Yes (Go to ADHD\_A1\_5)
2. No (Go to ADHD\_A1\_6)

ADHD\_A1\_5. Who was that? (Mark all that apply)

(Read as necessary: What types of other doctors, health care providers, or school professionals told you that [child] had ADHD?) INTERVIEWER PROMPT: Was there anyone else?

(1) Pediatrician or other general pediatric healthcare provider (such as nurse practitioner or physician’s assistant in pediatric clinic)

(2) Another type of general health care provider (such as a family practice doctor or nurse practitioner or physician’s assistant in general practice)

(3) Specialist pediatrician, such as a developmental or developmental behavioral pediatrician

(4) School nurse, school psychologist or school counselor

(5) A clinical psychologist or another psychologist outside of the school

(6) Psychiatrist (medical doctor or nurse practitioner in a mental health setting)

(7) Neurologist

(8) Physical, occupational, speech or other therapist

(9) A specialist doctor (other than a developmental pediatrician, psychiatrist, or neurologist)

(10) Social worker

(11) Teacher or daycare provider

(12) A school administrator, such as a principal or vice-principal

(13) Team of professionals/multidisciplinary team

(14) Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_

ADHD\_A1\_6. Now I’d like you to think about the time before {child}’s ADHD diagnosis. Who was first concerned with [child’s] behavior, attention, or performance? Was it:

(1) You or another family member

(2) Someone at your child’s school or daycare

(3) A doctor or other health care professional not at your child’s school, or

(4) Someone else?

ADHD\_A1\_7. How old was [child] when [FILL RESPONSE FROM A1\_6] was first concerned with his/her behavior, attention, or performance?

 Record Value: \_\_\_\_\_\_\_\_

ADHD\_A1\_7a. (1) Years

 (2) Months

**Before** [child] received an ADHD diagnosis, were you or other people concerned about…

ADHD\_A1\_8a. [Child’s] behavior at home, such as completing chores or getting along with parents?

 (1) Yes (2) No

ADHD\_A1\_8b. [Child’s] behavior at school or daycare, such as staying seated, listening to teachers, disrupting others, having tantrums or meltdowns, or paying attention in class?

 (1) Yes (2) No

ADHD\_A1\_8c. [Child’s] school performance, such as grades or test scores, or completing assignments?

 (1) Yes (2) No

ADHD\_A1\_8d. [Child’s] relationships with other children, such as playing together, or making or keeping friends?

 (1) Yes (2) No

## A2. Diagnostic Context

ADHD\_A2\_INTRO Now I’d like you to think about the time when [child] received an ADHD diagnosis. In order to determine whether a child has ADHD, a health care provider or school professional will ask whether the child has more problems with inattention, hyperactivity or impulsivity than other children of the same age.

ADHD\_A2\_1. Different health and school professionals are sometimes involved in conducting an ADHD assessment. Who was involved in conducting [child]’s ADHD assessment?

ADHD\_A2\_1a. Were medical doctors involved?

 (1) Yes (2) No

ADHD\_A2\_1b. Were school psychologists or school counselors involved?

 (1) Yes (2) No

ADHD\_A2\_1c. Were teachers or other education staff involved?

 (1) Yes (2) No

ADHD\_A2\_1d. How about clinical psychologists or other psychologists not at your child’s school?

Interviewer note: include those outside of the school even if referred to by the school.

 (1) Yes (2) No

ADHD\_A2\_1e. Were any other health care professionals involved?

 (1) Yes (Who else was involved?: \_\_\_\_\_\_\_\_\_\_\_\_)

 (2) No

ADHD\_A2\_2. Doctors, health care providers, and school professionals have different ways to ask about symptoms of ADHD and their impact on the child. Do you recall your doctor, health care provider, or school professionals using any of the following methods with you or your child to assess for ADHD?

ADHD\_A2\_2a. A rating scale or checklist about the child’s behavior

 (1) Yes (2) No

ADHD\_A2\_2b. A conversation with you about the child’s behavior

 (1) Yes (2) No

ADHD\_A2\_2c. A series of tests to better understand how the child learns, reads, understands and processes information, also known as neuropsychological testing

Interviewer note: Also include continuous performance tests

 (1) Yes (2) No

ADHD\_A2\_2d. Medical tests, such as an EEG, CT scan, MRI, or blood tests to test for lead exposure

 (1) Yes (2) No

ADHD\_A2\_3. Did the doctor, health care provider, or school professional who diagnosed [child] with ADHD collect information from:

ADHD\_A2\_3a. [Child]?

 (1) Yes (2) No

ADHD\_A2\_3b. Other family members?

 (1) Yes (2) No

ADHD\_A2\_3c. [Child]’s school teachers or other school staff?

 (1) Yes (2) No

ADHD\_A2\_3d. Childcare provider, such as a daycare teacher, nanny, or babysitter?

Interviewer note: May also be referred to as an early childhood educator.

 (1) Yes (2) No

ADHD\_A2\_3e. Other community members, such as a coach, music or dance teacher, religious leader, scout leader, or other group leader?

 (1) Yes (2) No

ADHD\_A2\_4. Did the doctor, health care provider, or school professional who diagnosed [child] with ADHD ever observe the child in their classroom or at daycare?

(1) Yes

(2) No

ADHD\_A2\_5. How involved were you in [child]’s ADHD assessment?

1. Very involved
2. Somewhat involved
3. Not very involved
4. Not at all involved

## A3. Current ADHD and Severity

ADHD\_A3\_1. Does [child] currently have ADHD?

(1) Yes

(2) No (Go to ADHD\_A3\_3)

ADHD\_A3\_2. Would you describe his/her ADHD as mild, moderate, or severe?

(1) Mild

(2) Moderate

(3) Severe

ADHD\_A3\_3. When the symptoms were at their worst, how would you describe [child]’s ADHD? Would you describe it as mild, moderate, or severe?

(1) Mild

(2) Moderate

(3) Severe

**A4. Ever but not Current ADHD**

IF CHILD CURRENTLY HAS ADHD [ADHD\_A3\_1 = YES, DK, RF], GO TO ADHD\_B1\_1.

I am going to read a list of reasons why a child may no longer have ADHD. For each reason, please tell me if it applies to [child].

ADHD\_A4\_1a. Condition seemed to go away on its own as the child got older

 (1) Yes

(2) No

ADHD\_A4\_1b. Treatment helped the condition to go away

 (1) Yes

(2) No

ADHD\_A4\_1c. A doctor or health care provider changed the diagnosis

 (1) Yes

(2) No

ADHD\_ A4\_1d. Is there another reason that you think [child] no longer has ADHD?

 (1) Yes

(2) No

ADHD\_A4\_1da. Specify \_\_\_\_\_\_\_\_\_\_\_\_

IF ADHD\_A4\_1C = NO, DK, RF, THEN GO TO ADHD\_B1\_1.

ADHD\_A4\_2. What was the diagnosis changed to?

(1) Oppositional defiant disorder or ODD

(2) Conduct disorder

(3) Anxiety

(4) Depression

(5) Bipolar disorder

(6) Intermittent explosive disorder

(7) Learning disability

(8) Language disorder

(9) Sleep disorder or sleep apnea

(10) Substance use disorder

(11) Schizophrenia or schizoaffective disorder

(12) A personality disorder, such as borderline personality disorder

(13) Pervasive developmental disorder or an autism spectrum disorder

(14) Other

A4\_2a. Specify \_\_\_\_\_\_\_\_\_\_\_\_

# Co-occurring Disorders

[SKIP THIS SECTION IF THE TS MODULE WAS COMPLETED. GO TO ADHD\_C1\_1]

ADHD\_B1\_1. Has a doctor or health care provider ever told you that [child] had:

(READ/ANSWER EACH OPTION)

* 1. Oppositional defiant disorder or ODD
	2. Conduct disorder
	3. Autism Spectrum Disorder or Pervasive Developmental Disorder
	4. A sleep disorder
	5. An intellectual disability
	6. A learning disorder
	7. A language disorder
	8. Obsessive compulsive disorder or OCD
	9. Post-traumatic stress disorder or PTSD
	10. Another anxiety disorder, such as generalized anxiety disorder, panic disorder, or a phobia
	11. Bipolar disorder
	12. Intermittent explosive disorder
	13. Another mood disorder, such as depression, major depressive disorder or dysthymic disorder
	14. An eating disorder, such as anorexia or bulimia
	15. Substance use disorder

IF NONE OF ADHD\_B1\_1- ADHD\_B1\_15 ARE YES, THEN SKIP TO ADHD\_B1\_3.

ADHD\_B1\_2. Does [child] currently have [loop through B1\_1 list for each YES answer]?

1. Yes
2. No

ADHD\_B1\_3. Tics are usually sudden, brief, rapid and repetitive movements or sounds. Some common tics are eye blinking; facial movements; shoulder shrugging; coughing; throat clearing; sniffing; humming; making animal noises like barking, and other sounds or verbalizations. Tics can be suppressed for short periods of time, but eventually come out. Tics come and go and often change over time. Has [child] ever had tics?

1. Yes (Go to B1\_4)
2. No (Go to C1\_1)

ADHD\_B1\_4. Does [child] currently have tics?

1. Yes
2. No

# C. ADHD Treatment

## C1. Medication

ADHD\_C1\_1. Has [child] ever taken medication for ADHD?

1. Yes
2. No (Go to ADHD\_C3)

ADHD\_C1\_2. At what age did [child] first start taking ADHD medication?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Record age in years

[IF CHILD DOES NOT CURRENTLY HAVE ADHD [ADHD\_A3\_1 = NO], SKIP TO ADHD\_C1\_5]

ADHD\_C1\_3. Is [child] currently taking medication for ADHD?

1. Yes
2. No (Go to ADHD\_C1\_5)

ADHD\_C1\_4. What medications does [child] currently take for ADHD?

**PROBE**: Does (he/she) take any other medications for ADHD?

1. ABILIFY, ARIPIPRAZOLE
2. AMPHETAMINE (am-FET-a-meen)
3. ADDERALL (ADD-ur-all)
4. ADDERALL XR
5. BUPROPRION, WELLBUTRIN
6. CELEXA, CITALOPRAM (si-TAL-o-pram)
7. CLONIDINE, KAPVAY
8. CONCERTA
9. DEXEDRINE, DEXEDRINE SPANSULE, DEXTROSTAT, DEXTRO-AMPHETAMINE
10. DEXMETHYLPHENIDATE
11. FLUOXETINE (floo-ox-e-teen)
12. FOCALIN
13. FOCALIN XR
14. GUANFACINE, INTUNIV, TENEX
15. METADATE, METADATE CD
16. METHYLIN
17. METHYLPHENIDATE
18. METHYLPHENIDATE PATCH (DAYTRANA)
19. QUILLIVANT
20. PROZAC
21. RISPERDAL, RISPERIDONE, RISPERIDOL
22. RITALIN
23. RITALIN LA, RITALIN SR
24. SERTRALINE (SER-tra-leen)
25. STRATTERA, ATOMOXETINE (AT-oh-mox-e-teen)
26. VYVANSE, LISDEXAMFETAMINE (lis-dex-am-FET-a-meen)
27. ZOLOFT
28. OTHER [GO TO ADHD\_C1\_4\_VERBATIM]
29. NOT CURRENTLY TAKING MEDICATION

(77) DON’T KNOW

(99) REFUSED

NOTE TO INTERVIEWER: IF R SAYS “DON’T KNOW” SAY: “That’s okay. At the end of the interview I’ll ask that you take a moment to get [SC]’s medication so we may record the name of it.”

ADHD\_C1\_4\_VERBATIM. Enter other medication.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTER TEXT

ADHD\_C1\_5. Has [child] ever experienced any of the following side effects of an ADHD medication?

ADHD\_C1\_5a. Headache

 (1) Yes (2) No

ADHD\_C1\_5b. Stomach problems, such as stomachache, nausea, vomiting, or loss of appetite

 (1) Yes (2) No

ADHD\_C1\_5c. Weight gain

 (1) Yes (2) No

ADHD\_C1\_5d. Weight loss

 (1) Yes (2) No

ADHD\_C1\_5e. Slowed growth

 (1) Yes (2) No

ADHD\_C1\_5f. Acting dazed or “out of it,” including long periods of staring, having a glassy-eyed appearance, or being slow to respond

 (1) Yes (2) No

ADHD\_C1\_5g. Change in personality or mood

HELP TEXT: EXAMPLES OF CHANGE IN PERSONALITY OR MOOD INCLUDE: IRRITABILITY; INCREASED ANXIETY OR AGITATION; EXTREME SADNESS OR UNUSUAL CRYING; DULL, TIRED OR LISTLESS BEHAVIOR; BECOMING SOCIALLY WITHDRAWN; AND DECREASED INTERACTION WITH OTHERS.

 (1) Yes (2) No

ADHD\_C1\_5h. Sleep problems/insomnia, such as trouble getting to sleep, staying asleep

 (1) Yes (2) No

ADHD\_C1\_5i. Repetitive movements, tics, jerking, twitching, eye blinking

 (1) Yes (2) No

ADHD\_C1\_5j. Feeling shaky or jittery

 (1) Yes (2) No

ADHD\_C1\_5k. Increased blood pressure or heart rate

 (1) Yes (2) No

ADHD\_C1\_5l. Has [child] experienced any other side effects?

 (1) Yes (2) No

ADHD\_C1\_5la. Enter other side effect.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTER TEXT

IF ANY ADHD\_C1\_5A- ADHD\_C1\_5L = YES, THEN GO TO ADHD\_C1\_6.

ELSE, IF CHILD IS CURRENTLY TAKING MEDS (ADHD\_C1\_3 = YES), GO TO ADHD\_C1\_7.

IF CHILD IS NOT CURRENTLY TAKING MEDS (ADHD\_C1\_3 = NO, DK, RF), GO TO ADHD\_C3\_1.

ADHD\_C1\_6. Were these side effects troublesome enough to stop taking the medication?

1. YES
2. NO

IF CHILD IS CURRENTLY TAKING MEDS (ADHD\_C1\_3 = YES), GO TO ADHD\_C1\_7.

IF CHILD IS NOT CURRENTLY TAKING MEDS (ADHD\_C1\_3 = NO, DK, RF), GO TO ADHD\_C3\_1.

ADHD\_C1\_7. Other than medications for ADHD, how many other medications is [child] currently taking for difficulties with his/her emotions, concentration, or behavior?

\_\_\_\_\_\_\_\_\_\_\_\_ (enter number)

ADHD\_C1\_8. In past 12 months, about how many times did [child] see a health care provider about his/her ADHD medication?

 HELP TEXT: INCLUDE MEDICATION-FOCUSED VISITS AND OTHER VISITS (WELL-CHILD OR SICK VISITS) WHERE MEDICATIONS MAY HAVE BEEN DISCUSSED AS WELL.

\_\_\_\_\_\_\_\_\_\_\_\_ (enter number)

ADHD\_C1\_9. What type of doctor or other health care provider currently manages [child’s] ADHD medication?

 HELP TEXT: “MANAGES” MEANS DOING THINGS LIKE INCREASING OR DECREASING THE DOSAGES OF MEDICATIONS OR CHANGING MEDICATIONS.

(1) Pediatrician or other general pediatric healthcare provider (such as nurse practitioner or physician’s assistant in pediatric clinic)

(2) Another type of general health care provider (such as a family practice doctor or nurse practitioner or physician’s assistant in general practice)

(3) Specialist pediatrician, such as a developmental or developmental behavioral pediatrician

(4) A clinical psychologist or another psychologist

(5) Psychiatrist (medical doctor or nurse practitioner in a mental health setting)

(6) Neurologist (or nurse practitioner in a neurology clinic)

(7) A specialist doctor (other than a developmental pediatrician, psychiatrist, or neurologist)

(8) Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_

ADHD\_C1\_10. In a regular school week, how much does [child]’s medication help [child] with schoolwork and academics? Would you say:

1. Not at all
2. A little
3. Some
4. A lot

ADHD\_C1\_11. In a regular school week, how much does [child]’s medication help [child] with his/her classroom and home behavior? Would you say:

1. Not at all
2. A little
3. Some
4. A lot

ADHD\_C1\_12. In a regular school week, how much does [child]’s medication help [child] with his/her interactions with friends and adults? Would you say:

1. Not at all
2. A little
3. Some
4. A lot

## C2. Medication Adherence

ADHD\_C2\_1. I want you to think about [child’s] last school week. How many of the five days in the most recent school week did [child] take medication for ADHD?

\_\_\_\_\_\_\_\_\_\_\_\_ (enter number)

ADHD\_C2\_2. Now I want you to think about last weekend. How many of the two days in the last weekend did [child] take medication for ADHD?

\_\_\_\_\_\_\_\_\_\_\_\_ (enter number)

ADHD\_C2\_3. On a typical school day, when does [child] usually take medication for ADHD? Is it before school, during school, or after school?

 (Mark all that apply)

1. Before school
2. During school
3. After school

ADHD\_C2\_4. Does [child] take regularly scheduled breaks from his/her ADHD medication, such as on weekends or over the summer?

 HELP TEXT: REGULARLY SCHEDULED BREAKS ARE SOMETIMES REFERRED TO AS A “DRUG HOLIDAY.”

1. Yes
2. No

ADHD\_C2\_6. Who usually makes sure [child] takes his/her ADHD medication?

A parent or guardian

Another family member

Someone at school

A babysitter or nanny

The child

Other

 ADHD\_C2\_7. In the past 12 months, was there a time when [child] resisted taking [his/her] ADHD medication? Please do not include times when [child] resisted due to physical reasons such as being unable to swallow a pill.

1. Yes
2. No

ADHD\_C2\_8. To the best of your knowledge, has [child]’s ADHD medication ever been taken or used by someone else, including a family member?

* 1. Yes
	2. No

## C3. Other Treatment

Has [child] ever received any of the following for treating ADHD *or* for treating difficulties with his/her emotions, concentration, or behavior?

ADHD\_C3\_1. School-based educational support, intervention, or accommodation, such as tutoring, extra help from teacher, preferential seating, or extra time to complete work

(If yes, go to ADHD\_C3\_1a, else go to ADHD\_C3\_2)

 (1) Yes (2) No

ADHD\_C3\_2. Classroom management, such as reward systems, behavioral modification, or a daily report card

 (If yes, go to ADHD\_C3\_2a, else go to ADHD\_C3\_3)

 (1) Yes (2) No

ADHD\_C3\_3. Peer interventions, such as peer tutoring or the Good Behavior Game

 (If yes, go to ADHD\_C3\_3a, else go to ADHD\_C3\_4)

 (1) Yes (2) No

ADHD\_C3\_4. Social skills training, such as support in how to interact with others

 (If yes, go to ADHD\_C3\_4a, else go to ADHD\_ C3\_5)

 (1) Yes (2) No

ADHD\_C3\_5. Cognitive Behavioral Therapy

READ AS NECESSARY: Cognitive-behavioral therapy, or CBT, is a type of therapy that aims to change negative emotions and behaviors through carious techniques used by a trained psychologist or counselor.

(If yes, go to ADHD\_C3\_5a, else go to ADHD\_C3\_6)

 (1) Yes (2) No

ADHD\_C3\_6. Dietary supplements, herbal supplements, and other non-prescription medications (If yes, go to ADHD\_C3\_6a, else go to ADHD\_ C3\_7)

 (1) Yes (2) No

ADHD\_C3\_7. EEG neurofeedback or other kinds of biofeedback

 (If yes, go to ADHD\_C3\_7a, else go to ADHD\_C3\_8)

 (1) Yes (2) No

ADHD\_C3\_8. Other treatment)

 (If yes, go to ADHD\_C3\_8a, else go to ADHD\_C3\_11)

 (1) Yes (2) No

ADHD\_C3\_8a. Enter other treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter text (Go to ADHD\_C3\_8aa)

ALLOW THREE “OTHER” TREATMENTS

ADHD\_C3\_1a. Is [child] currently receiving school-based educational support, intervention, or accommodation?

1. Yes (Go to ADHD\_C3\_2)
2. No (Go to ADHD\_C3\_2)

ADHD\_C3\_2a. Is [child] currently receiving treatment through classroom management?

1. Yes (Go to ADHD\_C3\_3)
2. No (Go to ADHD\_C3\_3)

ADHD\_C3\_3a. Is [child] currently receiving treatment through peer interventions?

1. Yes (Go to ADHD\_C3\_4)
2. No (Go to ADHD\_C3\_4)

ADHD\_C3\_4a. Is [child] currently receiving social skills training?

1. Yes (Go to ADHD\_C3\_5)
2. No (Go to ADHD\_C3\_5)

ADHD\_C3\_5a. Is [child] currently receiving cognitive behavioral therapy?

1. Yes (Go to ADHD\_C3\_6)
2. No (Go to ADHD\_C3\_6)

ADHD\_C3\_6a. Is [child] currently receiving dietary supplements, herbal supplements, or non-prescription medications for ADHD?

1. Yes (Go to ADHD\_C3\_7)
2. No (Go to ADHD\_C3\_7)

ADHD\_C3\_7a. Is [child] currently receiving EEG neurofeedback or other kinds of biofeedback for ADHD?

1. Yes (Go to ADHD\_C3\_8)
2. No (Go to ADHD\_C3\_8)

ADHD\_C3\_8aa. Is [child] currently receiving [other treatment] for ADHD?

 LOOP FOR EACH TREATMENTS PROVIDED IN ADHD\_C3\_8a (UP TO THREE)

1. Yes
2. No

[SKIP ADHD\_C3\_11 AND ADHD\_C3\_12 IF THE TS MODULE WAS COMPLETED. GO TO ADHD\_C4\_1.]

ADHD\_C3\_11. Does the child currently have a formal educational plan, such as an Individualized Education Program, also called an IEP, or a 504 plan?

1. Yes
2. No (Go to ADHD\_C4)

ADHD\_C3\_12. Is it an IEP, a 504 plan, or something else?

1. IEP
2. 504
3. Something else (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## C4. Treatment Barriers and Satisfaction

[SKIP TO ADHD\_C5\_1 IF CHILD NO LONGER HAS ADHD (ADHD\_A3\_1=NO)]

ADHD\_C4\_1. In the past 12 months, did your child need an ADHD treatment that he/she was unable to get?

1. Yes (Go to ADHD\_C4\_2)
2. No (Go to ADHD\_C4\_4)

ADHD\_C4\_2. What treatment was [child] unable to get? Was it:

ADHD\_C4\_2a. Medication?

 (1) Yes (2) No

ADHD\_C4\_2b. School-based behavioral treatment, support, or accommodation?

 (1) Yes (2) No

ADHD\_C4\_2c. Behavioral treatment based outside of school?

 (1) Yes (2) No

ADHD\_C4\_2d. Some other treatment outside of school? What was it? (specify)

 (1) Yes (2) No

ADHD\_C4\_2da. Enter other treatment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter text

IF ADHD\_C4\_2A = NO, THEN GO TO ADHD\_C4\_3B.

ADHD\_C4\_3a. Why was [child] unable to get medication?

1. Cost: There were issues related to cost or insurance
2. Availability: The treatment/service was not available in child’s area/school
3. Delays: There were waiting lists, backlogs, drug shortages, or other delays
4. Eligibility: Child was not eligible for the treatment/service
5. Information: Parent/doctor/school did not know about treatment/service or had trouble getting information needed
6. Provider issues: Doctor/school refused to provide treatment/service or did not follow through
7. Family issues: Child or other family members did not want the treatment/service
8. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter text

IF ADHD\_C4\_2B = NO, THEN GO TO ADHD\_C4\_3C.

ADHD\_C4\_3b. Why was [child] unable to get school-based behavioral treatment, intervention, or accommodation?

1. Cost: There were issues related to cost or insurance
2. Availability: The treatment/service was not available in child’s area/school
3. Delays: There were waiting lists, backlogs, drug shortages, or other delays
4. Eligibility: Child was not eligible for the treatment/service
5. Information: Parent/doctor/school did not know about treatment/service or had trouble getting information needed
6. Provider issues: Doctor/school refused to provide treatment/service or did not follow through
7. Family issues: Child or other family members did not want the treatment/service
8. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter text

IF ADHD\_C4\_3C = NO, THEN GO TO ADHD\_C4\_4.

ADHD\_C4\_3c. Why was [child] unable to get behavioral treatment based outside of school?

1. Cost: There were issues related to cost or insurance
2. Availability: The treatment/service was not available in child’s area/school
3. Delays: There were waiting lists, backlogs, drug shortages, or other delays
4. Eligibility: Child was not eligible for the treatment/service
5. Information: Parent/doctor/school did not know about treatment/service or had trouble getting information needed
6. Provider issues: Doctor/school refused to provide treatment/service or did not follow through
7. Family issues: Child or other family members did not want the treatment/service
8. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter text

SKIP TO SECTION C5 IF NOT CURRENT ADHD (ADHD\_A3\_1=NO)

ADHD\_C4\_4. Overall, how satisfied are you with [child]’s ADHD treatment and management?

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied

## C5. Parent Training

ADHD\_C5\_1. Parent training includes formal classes or informal coaching to support your child’s behavior at home. Have you ever received parent training to help you manage [child’s] ADHD?

1. Yes (Go to ADHD\_C5\_2)
2. No (Go to ADHD\_C5\_3)

ADHD\_C5\_2. Are you currently receiving parent training to help you manage [child’s] ADHD?

1. Yes
2. No

ADHD\_C5\_3. Did you ever need parent training that you were unable to get?

1. Yes
2. No

# D. DSM-V ADHD Symptoms and Performance/Impairment

## D1. Vanderbilt ADHD-18

Now I’d like to ask you about [child]’s behavior and performance. Each rating should be considered in the context of what is appropriate for the age of your child. When answering, please think about your child’s behaviors in the past 6 months, [IF CURRENTLY TAKING MEDICATION, DISPLAY “when he/she is **not** taking medication for ADHD.”]

READ IF NECESSARY: If the child is always on medication, think about even the short times when the child is not on medication, such as early in the mornings or when a dose is missed.

For each behavior, tell me how frequently you see this behavior from [child]: Never, Occasionally, Often, or Very Often.

(0) Never (1) Occasionally (2) Often (3) Very Often

ADHD\_D1\_1. Does not pay attention to details or makes careless mistakes, such as in homework

ADHD\_D1\_2. Has difficulty sustaining attention to tasks or activities

ADHD\_D1\_3. Does not seem to listen when spoken to directly

ADHD\_D1\_4. Does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand)

ADHD\_D1\_5. Has difficulty organizing tasks and activities

ADHD\_D1\_6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort

ADHD\_D1\_7. Loses things necessary for tasks or activities (school assignments, pencils, or books)

ADHD\_D1\_8. Is easily distracted by extraneous stimuli

ADHD\_D1\_9. Is forgetful in daily activities

ADHD\_D1\_10. Fidgets with hands or feet or squirms in seat

ADHD\_D1\_11. Leaves seat when remaining seated is expected

ADHD\_D1\_12. Runs about or climbs excessively in situations when remaining seated is expected

ADHD\_D1\_13. Has difficulty playing or engaging in leisure activities quietly

ADHD\_D1\_14. Is “on the go” or often acts as if “driven by a motor”

ADHD\_D1\_15. Talks too much

ADHD\_D1\_16. Blurts out answers before questions have been completed

ADHD\_D1\_17. Has difficulty waiting his or her turn

ADHD\_D1\_18. Interrupts or intrudes on others (butts into conversations or games)

## D2. Performance

[ SKIP TO ADHD\_E7 IF TS MODULE WAS COMPLETED.]

ADHD\_D2\_1. How would you describe [child]’s overall school performance? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

ADHD\_D2\_2. How about reading? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

ADHD\_D2\_3. Writing?

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

ADHD\_D2\_4. Mathematics?

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

ADHD\_D2\_5. How would you describe [child]’s relationship with [his/her] parents? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

ADHD\_D2\_6. How about relationships with siblings?

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

(6) Child does not have siblings

ADHD\_D2\_7. Relationships with peers?

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

ADHD\_D2\_8. How would you describe [child]’s participation in organized activities such as teams? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

ADHD\_D2\_9. How would you describe [child]’s handwriting, that is, his/her ability to form letters and numbers that are clear and can be recognized? Would you say:

(1) Problematic (2) Somewhat of a problem (3) Average (4) Above Average (5) Excellent

# E. Academic Health and Discipline

ADHD\_E1. Overall, would you consider [child] an [READ RESONSES]:

HELP TEXT: A = exceptional; B = Above average; C = Average; D = Below average; F = Failing

1. A student
2. B student
3. C student
4. D student, or
5. F Student?

ADHD\_E2. What kind of school is [child] currently enrolled in? Is it a public school, private school, or home-school?

INTERVIEWER INSTRUCTION: IF THE CHILD WAS ENROLLED IN MORE THAN ONE TYPE OF SCHOOL DURING THE CURRENT OR LAST SCHOOL YEAR, ASK THE TYPE OF SCHOOL THAT THE CHILD HAS MOST RECENTLY ATTENDED.

(1) Public

(2) Private

(3) Home-schooled

(4) [Child] is not enrolled in school

ADHD\_E3. Since starting kindergarten, has [he/she] repeated any grades?

1. Yes
2. No (Go to F5)

ADHD\_E4. Which grade or grades did [he/she] repeat? [Mark all that apply.]

1. Kindergarten
2. 1st grade
3. 2nd grade
4. 3rd grade
5. 4th grade
6. 5th grade
7. 6th grade
8. 7th grade
9. 8th grade
10. 9th grade
11. 10th grade
12. 11th grade
13. 12th grade

ADHD\_E5. Has [child] ever been expelled or asked not to return to a childcare center, preschool, or school?

1. Yes
2. No (Go to ADHD\_E7)

ADHD\_E6. In what grade or grades was [child] expelled or asked not to return to school? [CHECK ALL THAT APPLY]

INTERVIEW INSTRUCTION: DO NOT READ RESPONSE OPTIONS

1. Childcare (birth through age 2)
2. Preschool (3 through age 5)
3. Kindergarten
4. 1st grade
5. 2nd grade
6. 3rd grade
7. 4th grade
8. 5th grade
9. 6th grade
10. 7th grade
11. 8th grade
12. 9th grade
13. 10th grade
14. 11th grade
15. 12th grade

ADHD\_E7. Has [child] ever had to appear in court for something he/she had done?

* + 1. Yes
		2. No

# F. Family Impact of ADHD

ADHD\_F1\_1. Has [child]’s ADHD caused financial problems for your family?

(1) Yes

(2) No

ADHD\_F1\_2. Have you or other family members stopped working because of [child]’s ADHD?

(1) Yes

(2) No

ADHD\_F1\_3. [IF ADHD\_F1\_2 = 1, THEN READ: Not including the family members who stopped working...]

Have you or other family members cut down on the hours you work because of [child]’s ADHD?

(1) Yes

(2) No

ADHD\_F1\_4. Have you or other family members avoided changing jobs because of concerns about maintaining health insurance for [child]?

(1) Yes

(2) No

# G. ACS Questions

[SKIP TO ADHD\_ADDRESS\_CONF IF TS MODULE WAS COMPLETED.]

ADHD\_G1\_1. How well does [child] speak English? (for children 5 or older)

* + - 1. Very well
			2. Well
			3. Not Well
			4. Not at All

ADHD\_G1\_2. Is [child] deaf or have serious difficulty hearing?

1. Yes
2. No

ADHD\_G1\_3. Is [child] blind or have serious difficulty seeing, even when wearing glasses?

1. Yes
2. No

ADHD\_G1\_4. Because of a physical, mental or emotional condition, does [child] have serious difficulty concentrating, remembering, or making decisions?

1. Yes
2. No

ADHD\_G1\_5. Does [child] have serious difficulty walking or climbing stairs? (for children 5 or older)

1. Yes
2. No

ADHD\_G1\_6. Does [child] have difficulty dressing or bathing? (for children 5 or older)

1. Yes
2. No

ADHD\_G1\_7. Because of a physical, mental or emotional condition, does [child] have difficulty doing errands alone such as visiting a doctor’s office or shopping? (for children 15 and older)

1. Yes
2. No

**H. Household and Demographics**

[SKIP THIS SECTION IF TS MODULE WAS COMPLETED AND FILL RESPONSES FROM TS QUESTIONS.]

ADHD \_H\_INTRO Thank you for your answers. Now I have a few more general questions about

 [S.C.] and your household.

ADHD \_H1\_Q01 Including the adults and all the children, how many people live in this household?

 ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

 ENTER NUMBER: \_\_\_\_\_\_

ADHD \_H1\_Q02 I have that you are [S.C.]'s [FILL FROM K1Q02]. Is that correct?

 (01) YES [GO TO ADHD \_H1\_Q2\_CHK]

 (02) NO [GO TO ADHD \_H1\_Q2\_CHK]

 (77) DON'T KNOW [GO TO ADHD \_H1\_Q2\_CHK]

 (99) REFUSED [GO TO ADHD \_H1\_Q2\_CHK]

ADHD \_H1\_Q03 IF K1Q02=77, 99 OR ADHD \_H1\_Q02=02, 77, 99 THEN DISPLAY:

 What is your relationship to [S.C.]?

IF R RESPONDS “Mother” or “Father,” YOU MUST PROBE:: Are you [S.C.]’s biological, step, foster, or adoptive mother/father?

 IF R RESPONDS “Parent's Partner,” PROBE IF NOT SURE: Are you male or female?

 IF ADHD \_H1\_Q02=01 AND K1Q02=01 THEN DISPLAY:

 Are you [S.C.]’s biological, adoptive, step, or foster mother?

 IF ADHD \_H1\_Q02=01 AND K1Q02=02 THEN DISPLAY:

 Are you [S.C.]’s biological, adoptive, step, or foster father?

 (1) BIOLOGICAL MOTHER

 (2) STEP MOTHER

 (3) FOSTER MOTHER

 (4) ADOPTIVE MOTHER

 (5) MOTHER, but TYPE REFUSED

 (6) BIOLOGICAL FATHER

 (7) STEP FATHER

 (8) FOSTER FATHER

 (9) ADOPTIVE FATHER

 (10) FATHER, but TYPE REFUSED

 (11) GRANDMOTHER

 (12) GRANDFATHER

 (13) AUNT

 (14) UNCLE

 (15) FEMALE GUARDIAN

 (16) MALE GUARDIAN

 (17) SISTER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)

 (18) BROTHER (BIOLOGICAL, STEP, FOSTER, HALF, ADOPTIVE)

 (19) COUSIN

 (20) IN-LAW OF ANY TYPE

 (22) OTHER RELATIVE / FAMILY MEMBER

 (23) PARENT’S BOYFRIEND / MALE PARTNER

 (24) PARENT’S GIRLFRIEND / FEMALE PARTNER

 (25) PARENT’S PARTNER, but SEX REFUSED

 (26) OTHER NON-RELATIVE OR FRIEND

 (77) DON’T KNOW

 (99) REFUSED

ADHD \_H1\_Q04 IF ADHD \_H1\_Q01= 2 THEN SKIP TO ADHD \_H1\_Q04\_CONF

IF ADHD \_H1\_Q01 = DK/RF, THEN READ:

For the other people that live in your household with you and [S.C.], what is their relationship to [S.C.]? **[***Mark all that apply***]**

IF ADHD \_H1\_Q01> 2, THEN READ:
In addition to you and [S.C.], I have that [FILL: ADHD \_H1\_Q01 - 2] [other person lives/other people live] in your household. What is their relationship to [S.C.]? **[***Mark all that apply***]**

 IF R RESPONDS “Mother” or “Father,” YOU MUST PROBE: Is that [S.C.]’s biological, step, foster, or adoptive mother/father?

 IF R RESPONDS “Partner,” PROBE: Is the partner male or female?

PARENT

(01) BIOLOGICAL MOTHER (06) BIOLOGICAL FATHER

(02) STEP MOTHER (07) STEP FATHER

(03) FOSTER MOTHER (08) FOSTER FATHER

(04) ADOPTIVE MOTHER (09) ADOPTIVE FATHER

(05) MOTHER, but TYPE REFUSED (10) FATHER, but TYPE REFUSED

OLDER RELATIVES OR GUARDIANS

(11) GRANDMOTHER (14) UNCLE

(12) GRANDFATHER (15) FEMALE GUARDIAN

(13) AUNT (16) MALE GUARDIAN

OTHER RELATIVES

(17) SISTER

(18) BROTHER

(19) COUSIN

(20) IN-LAW OF ANY TYPE

(21) [S.C.]’S CHILD, SON, OR DAUGHTER

(22) OTHER RELATIVE / FAMILY MEMBER

OTHER NON-RELATIVES

(23) PARENT’S BOYFRIEND / MALE PARTNER

(24) PARENT’S GIRLFRIEND / FEMALE PARTNER

(25) PARENT’S PARTNER, but SEX REFUSED

(26) OTHER NON-RELATIVE OR FRIEND

(77) DON’T KNOW

(99) REFUSED

ADHD \_H1\_Q04\_CONF I am now going to list all the people that live in your household.

I have that [LIST OF RELATIONSHIPS ROSTERED] live in this household with [S.C.].

 Is this a correct list of everyone living in your household?

 (1) CONFIRMED - THIS LIST IS CORRECT

(2) NOT CORRECT - RETURN TO ADHD\_H1\_Q01 AND START AGAIN

ADHD\_H1\_Q04\_WARNING

Earlier you told me that there are [VALUE FROM ADHD \_H1\_Q01] people living in your household. However, based on the relationships you just gave, I have [COUNT OF RELATIONSHIPS INCLUDING R & SC] people living in your household. Let's re-confirm your answers.

 (1) RETURN TO RE-CONFIRM ANSWERS [GO TO ADHD \_H1\_Q01]

 USE RARELY:

(2) ISSUE CANNOT BE RESOLVED - CONTINUE ON [GO TO ADHD\_H1\_Q03\_ADOPT]

ADHD\_H1\_Q03\_ADOPT Have you legally adopted [S.C.]?

 (1) YES

 (2) NO

 (77) DON'T KNOW

 (99) REFUSED

ADHD\_H2\_INTRO The next questions are about health insurance.

ADHD \_H2\_STATE Because many health insurance programs are state specific, can you please tell me what state you live in?

 \_\_\_\_\_\_ENTER STATE (DROP DOWN MENU)

ADHD \_H2\_Q01 Does [S.C.] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

 READ IF NECESSARY: Medicaid refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program that is administered by the states. HMO is Health Maintenance Organization.

 (1) YES > SKIP TO ADHD\_H2\_Q02

 (2) NO > SKIP TO ADHD \_H2\_Q01\_CONF

 (77) DON’T KNOW > SKIP TO ADHD \_H2\_Q02

 (99) REFUSED > SKIP TO ADHD \_H2\_Q02

ADHD \_H2\_Q01\_CONF Just to confirm, I entered that [S.C.] is not covered by any type of health insurance. Is this correct?

(1) CONFIRMED - CHILD IS NOT COVERED BY ANY TYPE OF HEALTH INSURANCE [SKIP TO ADHD \_H2\_Q04]

(2) NOT CORRECT - CHILD HAS INSURANCE - RETURN TO ADHD\_H2\_Q01 AND ENTER CORRECT RESPONSE [SKIP TO ADHD \_H2\_Q01]

ADHD\_H2\_02

IF ADHD\_H2\_Q01=1 THEN FILL “Is that coverage”. ELSE, fill “Is [he/she] insured by] Medicaid or the Children’s Health Insurance Program, or CHIP? In this state, the program is sometimes called [FILL MEDICAID NAME, CHIP NAME].

READ IF NECESSARY: CHIP, also known as S-CHIP, is a type of state-sponsored health insurance coverage that a child may have. The name of the plan varies from state-to-state. CATI WILL AUTOMATICALLY FILL IN THE NAMES FOR YOU.

READ IF R MENTIONS THAT HE/SHE DOES NOT LIVE IN THE STATE MENTIONED IN THE QUESTION: Please think about the Medicaid or state-sponsored Children's Health Insurance Program specific to the state in which you live.

 (1) YES

 (2) NO

 (77) DON'T KNOW

 (99) REFUSED

ADHD\_H2\_03

IF [(ADHD\_H2\_Q01 = 77, or 99) AND (ADHD\_H2\_Q02 = 2, 77, or 99)], SKIP TO ADHD\_H2\_Q04; ELSE, ASK

(IF AGE>1, "During the past 12 months", ELSE "Since [his/her] birth"), was there any time when [he/she] was not covered by ANY health insurance?

 (1) YES <SKIP TO ADHD\_H3\_Q01>

 (2) NO <SKIP TO ADHD\_H3\_Q01>

 (77) DON'T KNOW <SKIP TO ADHD\_H3\_Q01>

 (99) REFUSED <SKIP TO ADHD\_H3\_Q01>

ADHD \_H2\_Q04 (IF AGE>1, "During the past 12 months", ELSE "Since [his/her] birth"), was there any time when [he/she] had health care coverage?

 (1) YES

 (2) NO

 (77) DON'T KNOW

 (99) REFUSED

ADHD \_H3\_Q01 Now I am going to ask you a few questions about your income.

 When answering this next question, please remember to include your income PLUS the income of all family members living in this household.

 What is your best estimate of the total income of all family members from all sources, before taxes, in [FILL: last calendar year in 4 digit format]?

 INTERVIEWER INSTRUCTION: ENTER ‘999,995’ IF THE REPORTED INCOME IS GREATER THAN $999,995.

INTERVIEWER INSTRUCTION: ENTER 77 FOR DON'T KNOW AND 99 FOR REFUSED

 RECORD INCOME AMOUNT [GO TO ADHD\_H3\_Q01\_CONF]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [INCOME GREATER THAN $999,995 [GO TO ADHD \_ADDRESS\_CONF]

 (77) DON'T KNOW [GO TO ADHD \_H3\_Q02]

 (99) REFUSED [GO TO ADHD \_H3\_Q02]

ADHD \_H3\_Q01\_CONF Just to confirm that I entered it correctly, the total income of all family members was [AMOUNT FROM ADHD \_H3\_Q01]. Is that correct?

 (1) YES > GO TO TS\_ADDRESS\_CONF

 (2) NO > GO TO TS\_H3\_Q01

**ADHD \_H3\_Q02**

**Universe: Respondents who don't know or refuse to report income initially**

 Was your total family income from all sources less than $50,000 or $50,000 or more?

(1) LESS THAN $50,000

(2) $50,000 OR MORE [GO TO ADHD\_H3\_Q05]

(77) DON’T KNOW [GO TO ADHD\_ADDRESS\_CONF]

(99) REFUSED [GO TO ADHD\_ADDRESS\_CONF]

**ADHD \_H3\_Q03**

**Universe: Respondents who don’t know or refuse to report income initially, then report income of less than $50,000**

 Was your total family income from all sources less than $35,000 or $35,000 or more?

(1) LESS THAN $35,000

(2) $35,000 OR MORE [IF ADHD \_H1\_Q01= (8, 9) GO TO ADHD\_H3\_Q04; ELSE GO TO ADHD\_ADDRESS\_CONF]

(77) DON’T KNOW [GO TO ADHD\_ADDRESS\_CONF]

(99) REFUSED [GO TO ADHD\_ADDRESS\_CONF]

**ADHD \_H3\_Q04**

**Universe: Respondents who don’t know or refuse to report income initially, then report income of less than $35,000 or report an income of $35,000-$50,000 for a family with 8-9 family members**

 Was your total family income from all sources less than [FILL: Poverty threshold for household of size ADHD \_H1\_Q01] or [FILL: Poverty threshold for household of size ADHD \_H1\_Q01] or more?

(1) LESS THAN [FILL: Poverty threshold for household of size ADHD \_H1\_Q01] [GO TO ADHD\_ADDRESS\_CONF]

(2) [FILL: Poverty threshold for household of size ADHD \_H1\_Q01] OR MORE [GO TO ADHD\_ADDRESS\_CONF]

(77) DON’T KNOW [GO TO ADHD\_ADDRESS\_CONF]

(99) REFUSED [GO TO ADHD\_ADDRESS\_CONF]

**ADHD \_H3\_Q05**

**Universe: Respondents who don’t know or refuse to report income initially, then report income of at least $50,000**

 Was your total family income from all sources less than $100,000 or $100,000 or more?

(1) LESS THAN $100,000

(2) $100,000 OR MORE [GO TO ADHD\_ADDRESS\_CONF]

(77) DON’T KNOW [GO TO ADHD\_ADDRESS\_CONF]

(99) REFUSED [GO TO ADHD\_ADDRESS\_CONF]

**ADHD \_H3\_Q06**

**Universe: Respondents who don’t know or refuse to report income initially, then report income of less than $100,000**

 Was your total family income from all sources less than $75,000 or $75,000 or more?

(1) LESS THAN $75,000

(2) $75,000 OR MORE

(77) DON’T KNOW

(99) REFUSED

**ADHD Medication Follow-Up**

CPGOGETMED\_ADHD

IF TS\_ELIG=1 AND  TS\_C1\_4= 77 GO TO GOGETMED\_TS. IF TS\_ELIG=0 AND ADHD\_C1\_4=77 GO TO GOGETMED\_ADHD.  ELSE GO TO ADDRESS CONFIRMATION

GOGETMED\_TS

Earlier you told me that [S.C.] has taken medication for [TS AND/OR ADHD] in the past week, however you did not know the name of the medication.  Before we finish the interview, can you please take a moment to get [S.C.]'s medication so we may record the name of the medication?

**READ IF NECESSARY**: If [S.C.] takes more than one medication for [TS AND/OR ADHD], please get all the medications so we can record each name.

(1) YES                                  **[SKIP TO GOGETMED\_CNFM]**

(99) REFUSED                     **[GO TO ADDRESS CONFIRMATION]**

GOGETMED\_CNFM

**READ AS NECESSARY**: Please read the name of each medication that [S.C.] takes for TS.

**READ AS NECESSARY**: Thank you for taking the time to get the medication.

**INTERVIEWER INSTRUCTIONS**: MARK ALL THAT APPLY AMONG 1-18.  DO NOT READ LIST.

(1) Abilify, Abilify Maintena, Abilify Discmelt

(2) Apo-Metoclop

(3) Apokyn

(4) Apomorphine

(5) Aricept, Aricept ODT

(6) Aripiprazole

(7) Baclofen

(8) Botulinum toxin, Botox

(9) Clonazepam

(10) Clonidine, Clonidine ER

(11) Catapres, Catapres-TTS

(12) Deltanyne

(13) Donepezil

(14) Dronabinol

(15) Duraclon

(16) Dysport

(17) Fluphenazine

(18) Gablofen

(19) Geodon

(20) Guanfacine

(21) Haloperidol, Haldol, Haldol Decanoate

(22) Intuniv

(23) Kapvay

(24) Keppra, Keppra XR

(25) Kemstro

(26) Klonopin, Klonopin Wafer

(27) Levetiracetam

(28) Lioresal

(29) Marinol

(30) Metoclopramide, Metoclopramide Hydrochloride Injection, Metoclopramide Omega, Nu-Metoclopramide, PMS-Metoclopramide

(31) Mirapex, Mirapex ER

(32) NAC

(33) Neurobloc

(34) Nexiclon

(35) Olanzapine

(36) Ondansetron

(37) Orap

(38) Pergolide

(39) Permax

(40) Permitil

(41) Pimozide

(42) Pramipexole

(43) Prolixin, Prolixin Decanoate, Prolixin Enanthate

(44) Quetiapine

(45) Requip

(46) Risperidone, Risperdal, Risperdal Consta, Risperdal M-Tab

(47) Ropinirole

(48) Sativex

(49) Seroquel, Seroquel XR

(50) Tenex

(51) Tetrabenazine

(52) Tetrahydrocannabinol, Δ-9-THC

(53) Topamax, Topamax Sprinkle

(54) Topiramate, Topiragen

(55) Xenazine

(56) Ziprasidone

(57) Zofran

(58) Zyprexa, Zyprexa Zydis, Zyprexa Relprevv, Zyprexa Intramuscular

(59) OTHER [GO TO GOGETMED\_TS\_VERBATIM]

(60) NOT CURRENTLY TAKING MEDICATION

(77) DON’T KNOW

(99) REFUSED

GOGETMED\_TS\_VERBATIM

ENTER OTHER MEDICATION.  IF MORE THAN ONE MEDICATION IS GIVEN ENTER ALL MEDICATIONS ON ONE LINE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ENTER TEXT

GOGETMED\_ADHD

Earlier you told me that [S.C.] has taken medication for ADHD in the past week, however you did not know the name of the medication.  Before we finish the interview, can you please take a moment to get [S.C.]'s medication so we may record the name of the medication?

**READ IF NECESSARY**: If [S.C.] takes more than one medication for ADHD, please get all the medications so we can record each name.

(1) YES                                  **[SKIP TO GOGETMED\_CNFM]**

(99) REFUSED                     **[GO TO ADDRESS CONFIRMATION]**

GOGETMED\_ADHD\_CNFM

**READ AS NECESSARY**: Please read the name of each medication that [S.C.] takes for AHDH.

**READ AS NECESSARY**: Thank you for taking the time to get the medication.

**INTERVIEWER INSTRUCTIONS**: MARK ALL THAT APPLY AMONG 1-18.  DO NOT READ LIST.

(1) ABILIFY, ARIPIPRAZOLE

(2) AMPHETAMINE (am-FET-a-meen)

(3) ADDERALL (ADD-ur-all)

(4) ADDERALL XR

(5) BUPROPRION, WELLBUTRIN

(6) CELEXA, CITALOPRAM (si-TAL-o-pram)

(7) CLONIDINE, KAPVAY

(8) CONCERTA

(9) DEXEDRINE, DEXEDRINE SPANSULE, DEXTROSTAT, DEXTRO-AMPHETAMINE

(10) DEXMETHYLPHENIDATE

(11) FLUOXETINE (floo-ox-e-teen)

(12) FOCALIN

(13) FOCALIN XR

(14) GUANFACINE, INTUNIV, TENEX

(15) METADATE, METADATE CD

(16) METHYLIN

(17) METHYLPHENIDATE

(18) METHYLPHENIDATE PATCH (DAYTRANA)

(19) QUILLIVANT

(20) PROZAC

(21) RISPERDAL, RISPERIDONE, RISPERIDOL

(22) RITALIN

(23) RITALIN LA, RITALIN SR

(24) SERTRALINE (SER-tra-leen)

(25) STRATTERA, ATOMOXETINE (AT-oh-mox-e-teen)

(26) VYVANSE, LISDEXAMFETAMINE (lis-dex-am-FET-a-meen)

(27) ZOLOFT

(28) OTHER (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[GO TO ADHD\_C1\_4\_VERBATIM]

(66) NOT CURRENTLY TAKING MEDICATION

 (77) DON’T KNOW

(66) (99) REFUSED

GOGETMED\_ADHD\_VERBATIM

ENTER OTHER MEDICATION.  IF MORE THAN ONE MEDICATION IS GIVEN ENTER ALL MEDICATIONS ON ONE LINE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ENTER TEXT

**[TIMESTAMP\_GOGET\_END]**

**ADHD Address Confirmation**

ADHD\_ADDRESS\_CONF IF ( NSDATA\_INCENT\_FLAG = 2 OR NSDATA\_PASSIVE in (1,2) )AND NSDATA\_LETTER\_FLG = 2 AND TS\_END=1 THEN FILL MONEY\_4 = $45;

ELSE IF (NSDATA\_INCENT\_FLAG=1 OR NSDATA\_PASSIVE=0) AND TS\_END=1 FILL MONEY\_3 = $40;

 ELSE IF (NSDATA\_INCENT\_FLAG = 2 OR NSDATA\_PASSIVE in (1,2) )AND NSDATA\_LETTER\_FLG = 2 AND TS\_END=0 THEN FILL MONEY\_2 = $25;

ELSE FILL MONEY\_1= $20;

 Those are all the questions I have.

[IF TS\_ELIG=0 DISPLAY: Before I go, I'll need your mailing address so we can send you $ [MONEY\_1 / MONEY\_2/MONEY\_3/MONEY\_4] as a token of our appreciation for taking the time to answer our questions.

[IF TS\_ELIG=1 DISPLAY: I would like to again confirm your mailing address to ensure you receive $ [MONEY\_1 / MONEY\_2/MONEY\_3/MONEY\_4] as a token of our appreciation for taking the time to answer our questions.

GO TO AC\_NAME AND PROCEED THROUGH ADDRESS COLLECTION OR VERIFICATION

(1) Address correct and confirmed

(99) Refused to give/confirm address

ADHD\_END

Those are all the questions I have. You may be re-contacted in the future to participate in related studies. If you are contacted to participate in future surveys, you have the right to refuse. I’d like to thank you on behalf of the CDC’s National Center for Health Statistics for the time and effort you’ve spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1-877-346-9982. If you have questions about your rights as a survey participant, you may call the chairman of the Research Ethics Review Board at 1-800-223-8118. Thank you again.

NSDATA\_END\_TIME

**CALLBACK AND ANSWERING MACHINE SCRIPTS**

INTRO\_CB USE INTRO\_CB ONLY IF INTRO3=1, 2, 77, OR 99; ELSE USE INTRO1

Hello, my name is \_\_\_\_. I’m calling on behalf of the CDC's National Center for Health Statistics [(NSDATA\_INCENT\_FLAG = 2 AND NSDATA\_LTR\_FLAG = 1 THEN, "to follow up on a letter that was sent to your home"/ ELSE NO FILL]. Earlier, we contacted your household to participate in a survey about children with ADHD or Tourette Syndrome. I’m calling back to continue the interview. For quality assurance, this call may be monitored or recorded. May I please speak with [SC]'s [RELATION]?

 (IF NAME WAS GIVEN FOR APPOINTMENT, ASK FOR THAT PERSON.)

CONFIRM THAT YOU ARE SPEAKING WITH THE SAME PERSON WHO STARTED THE INTERVIEW. THE PERSON WHO STARTED THE INTERVIEW MUST COMPLETE THIS INTERVIEW.

(1) YES, SPEAKING WITH THAT PERSON, RECORDING OK <IF RDD\_NCCELL\_CCELL=1 THEN GO TO INTRO3; IF RDD\_NCCELL\_CCELL=2,3 THEN GO TO S\_WARM>

(2) YES, SPEAKING WITH THAT PERSON, RECORDING REFUSED <IRDD\_NCCELL\_CCELL=1 THEN GO TO INTRO3; IF RDD\_NCCELL\_CCELL=2,3 THEN GO TO S\_WARM>

 (3) YES, NEW PERSON COMES TO PHONE <REPEAT INTRO\_CB>

 (4) NO, NOT AVAILABLE NOW <SET GCB AND TERMINATE>

 (5) TERMINATE INTERVIEW => GO TO T1

(6) NO, PERSON HAS MOVED OR HAS NEW PHONE NUMBER <IF RDD\_NCCELL\_CCELL=1 THEN GO TO LOC\_A; ELSE IF RDD\_NCCELL\_CCELL=2,3 THEN GO TO S\_WARM>

 (7) NO, PERSON IS DECEASED <GO TO DECEASED>

 (8) NO, CHILD IS DECEASED <GO TO DECEASED>

REMIND1 I want to remind you that we will be asking questions about [SC] for the rest of this interview, and we will send you $[MONEY] for completing the interview.

*FOR ALL CASES THAT HAVE NOT YET MADE CONTACT WITH A LIVE PERSON IN NS-DATA:*

MSG\_FIRST (PLEASE READ SLOWLY AND CLEARLY.) Hello, my name is \_\_\_\_. I’m calling on behalf of the CDC's National Center for Health Statistics [IF APPROPRIATE: “to follow up on a letter that was sent to your home”]. On [INTERVIEW DATE], we conducted a telephone survey on children’s health with an adult at this phone number about a [Male/Female] child who would now be about [ESTIMATED AGE] years old. The person we spoke with told us [he was/she was/they were] the child’s [RELATION]. We are interested in speaking with this person again, or a knowledge parent or guardian to complete a survey on children with specific special health care needs. If you would like to participate right away, please call our toll-free number, at [NUMBER]. In appreciation for your time, we will send you [MONEY AMOUNT] in cash once the interview is completed. Again, our toll-free number is [NUMBER]. Thank you.

*FOR ALL CASES IN THE NS-DATA INTERVIEW:*

MSG\_NSDATA (PLEASE READ SLOWLY AND CLEARLY.) Hello. I’m calling on behalf of the CDC's National Center for Health Statistics [(NS\_DATA\_INCENT\_FLAG = 2 OR NS\_DATA\_PASSIVE = 1 or 2) AND NS\_DATA\_LTR\_FLAG = 1 THEN, "to follow up on a letter that was sent to your home"/ ELSE NO FILL]. We recently contacted you and began a survey on children with specific special health care needs. I’m calling back to continue the interview (IF INCENTIVE CASE, DISPLAY: "In appreciation for your time, we will send you $[MONEY\_4/MONEY\_5] for completing the interview."). Thank you.

*FOR SCHEDULED NSDATA APPTS WHERE RESPONDENT DOES NOT ANSWER PHONE:*

MSG\_Y\_APPT (PLEASE READ SLOWLY AND CLEARLY.) Hello. I am calling on behalf of the CDC's National Center for Health Statistics regarding a survey about children with specific special health care needs. I'm sorry that we've missed you. When we spoke previously about this important study, you requested that we call you back at this time. We'll try to contact you again soon but please feel free to return our call anytime at [NUMBER]. In appreciation for your time, we will send you $[MONEY] for completing the interview. Thank you.