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| Questionnaire  |
| Thank you for agreeing to participate in the National Children’s Study (NCS) and completing the Strengths and Weaknesses of ADHD Symptoms and Normal Behavior Rating Scales (SWAN). This questionnaire will take about 3 minutes to complete. It includes questions about children’s behaviors. If you have more than one child in the NCS, please fill out a separate questionnaire for each child. You may use a pencil or pen to record your answers. Your answers are important to us. We will keep everything that you tell us confidential. |
| Listed below are several points that you may find helpful in completing the questionnaire:  |
| * The SWAN asks about children’s ability to pay attention and other behaviors seen in Attention Deficit/Hyperactive Disorder (ADHD), as well as other more routine behaviors.
* Read each item carefully before you begin and select the answer that best describes how your child compares to other children of the same age. Please select the best rating based on your observations over the PAST MONTH.
* There are no right or wrong answers.
* Please try not to skip any items and please select only one answer for each item.
* If you change your mind about an answer, mark through your original answer and then select your new answer.
* After you have completed the questionnaire, please review the items to make sure that you have answered all of them and that there is only one answer for each item.
* Please follow the instructions on the next page to return this questionnaire to the Regional Operations Center (ROC).
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| If you have any questions, please call the local contact number located on the last page. Thank you for taking the time to complete this questionnaire! |

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| *For Office Use Only:**Instructions for returning the questionnaire to the Regional Operations Center (ROC):**{Local instructions inserted by ROC. Provide the parent/caregiver with ROC-specific instructions for returning the questionnaire to the ROC here, such as instructions about the data collector retrieving the questionnaire at the in-person visit.}* |
| Insert ROC contact information label here.  |