

# **2014 NATIONAL SURVEY OF THE DIAGNOSIS AND TREATMENT OF ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AND TOURETTE SYNDROME**

Sponsored by the National Center on Birth Defects and Developmental Disabilities  
Conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention

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

*NOTES: This questionnaire reflects the survey as administered. All questions have Don't Know (DK) and Refused (RF) as answer options, whether or not those choices are specifically included in this questionnaire.*

*Data users should not rely on the coding system reflected in this questionnaire. Data files from the survey use an alternative coding system, such as zero for No, six for Don't Know, seven for Refused, and other numeric codes for selected verbatim responses. Data users should refer to the assigned labels in the data files to verify the codes used for each question.*

## **INTRODUCTION**

INTRO 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]. In [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?

IF YES AND SPEAKING ON A LANDLINE, CATI WILL GO TO INTRO\_3.

IF YES AND SPEAKING ON A CELL PHONE, CATI WILL GO TO QUESTIONS ABOUT RESPONDENT'S SAFETY BEFORE GOING TO INTRO\_3.

IF NEW PERSON COMES TO PHONE, CATI WILL REPEAT INTRO. NEW PERSON IS ALSO ASKED IF THEY ARE KNOWLEDGABLE ABOUT THE CHILD'S HEALTH.

IF PERSON HAS MOVED OR HAS NEW PHONE NUMBER, CATI WILL GO TO QUESTIONS THAT COLLECT LOCATING INFORMATION.

IF PERSON OR CHILD IS DECEASED, A POLITE EXIT SCRIPT IS READ.

IF PERSON IS UNKNOWN OR IF SOMEONE ANSWERING THE PHONE INDICATES THAT A BUSINESS HAS BEEN REACHED, AN EXIT SCRIPT IS READ.

## ELIGIBILITY CONFIRMATION

INTRO\_3 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.

### COND\_CONFIRM

We are calling you because you 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) YES, CONTINUE
- (2) CHILD DOES NOT HAVE CONDITION(S)
- (77) DON'T KNOW
- (99) REFUSED

COND\_CHK 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 ADHD 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 [IF SPANISH=0 FLAG FOR TS MODULE (TS\_ELIG=1) AND GO TO AGE ELSE IF COND\_A=1 GO TO AGE, ELSE GO TO COND\_EXIT]
- (2) NO [IF COND\_A=1 GO TO AGE, ELSE GO TO COND\_EXIT]
- (77) DON'T KNOW [IF COND\_A=1 GO TO AGE, ELSE GO TO COND\_EXIT]
- (99) REFUSED [IF COND\_A=1 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 CDC's National Center for Health Statistics for the time and effort you've spent answering these questions.

AGE

When we last spoke, your child was [AGEYR\_CHILD] years old. How old is [he/she] now?

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

IF CHILD IS NOT UNDER 18, GO TO AGE\_EXIT

AGE\_EXIT

We are only interviewing parents or guardians whose child is less than 18 years old. 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. Have a good day.

TERMINATE

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?

IF YES GO TO CONSENT. IF CHILD IS NOT CURRENTLY LIVING IN HOUSEHOLD, RESPONDENT SHOULD BE ASKED LOCATING QUESTIONS IF APPROPRIATE.

**INFORMED CONSENT**

CONSENT Based on your responses, you are eligible to complete a survey on [S.C.]’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. In appreciation for your time, we will send you \$[MONEY\_1/MONEY\_2]. The survey will take about a half hour. 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. [IF TS MODULE IS NOT FLAGGED (TS\_ELIG=0) SKIP TO ADHD\_A1\_AGE AFTER NAME\_PROMPT]

NAME\_PROMPT

In the last survey, your child was referred to as [IF REF\_NAME1 NOT BLANK USE REF\_NAME1, ELSE USE AGE]. I can continue to do so or can refer to them as something else if you’d like.

- (1) CONTINUE TO USE CURRENT REFERENCE [GO TO TS\_A1\_AGE]
- (2) USE SOMETHING ELSE [GO TO NAME\_PROMPT\_NEW]

NAME\_PROMPT\_NEW

How would you like me to refer to your [S.C.] for the remainder of the interview?  
RECORD VERBATIM RESPONSE \_\_\_\_\_

## **TOURETTE SYNDROME MODULE**

### **DIAGNOSIS**

#### **PREVIOUS TOURETTE SYNDROME DIAGNOSIS**

TS\_A1\_AGE

Thank you for confirming that a doctor or other health care provider once told you that [S.C.] had Tourette syndrome. The first set of questions will ask about [S.C.]'s Tourette syndrome diagnosis.

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

RECORD VALUE \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

SKIP TO TS\_A1\_1\_NEW, ELSE GO TO TS\_A1\_AGE\_MY

TS\_A1\_AGE\_MY

- (1) YEARS
- (2) MONTHS

TS\_A1\_1\_NEW

What type of doctor or other health care provider FIRST told you that [S.C.] had Tourette syndrome?

- (1) DEVELOPMENTAL OR BEHAVIORAL PEDIATRICIAN
- (2) FAMILY PRACTICE DOCTOR
- (3) NEUROLOGIST
- (4) NURSE PRACTITIONER
- (5) OCCUPATIONAL THERAPIST
- (6) PEDIATRICIAN (GENERAL)
- (7) PHYSICAL THERAPIST
- (8) PHYSICIAN'S ASSISTANT
- (9) PSYCHIATRIST
- (10) PSYCHOLOGIST OUTSIDE OF SCHOOL
- (11) SCHOOL COUNSELOR
- (12) SCHOOL NURSE
- (13) SCHOOL PSYCHOLOGIST
- (14) SPEECH THERAPIST
- (15) TEAM OF PROFESSIONALS/MULTIDISCIPLINARY TEAM
- (16) OTHER [GO TO TS\_A1\_1\_VERBATIM\_NEW]
- (66) NO HEALTH CARE PROVIDER HAS EVER TOLD ME MY CHILD HAS THIS CONDITION
- (77) DON'T KNOW
- (99) REFUSED

TS\_A1\_1\_VERBATIM\_NEW

RECORD VERBATIM RESPONSE \_\_\_\_\_

TS\_A1\_2 Besides the doctor or other health care provider that first told you that [S.C.] had TS, how many doctors or other healthcare providers saw did [S.C.] see about [his/her] tics before [he/she] was diagnosed with Tourette syndrome?

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

TS\_A1\_3\_INTRO

Now I would like you to think about the time before [S.C.]'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.

READ IF NECESSARY: Some common tics are eye blinking; facial movements; shoulder shrugging; coughing; throat clearing; sniffing; humming; barking, and blurting out words Tics can be suppressed for short periods of time, but eventually come out. Tics come and go and often change over time.

TS\_A1\_3 Who first noticed that [S.C.] had tics? Was it you or another family member, someone at your child's school or daycare, a doctor or health care professional not at your child's school or someone else?

- (1) RESPONDENT 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
- (4) SOMEONE ELSE
- (77) DON'T KNOW
- (99) REFUSED

TS\_A1\_4\_AGE

How old was [S.C.] when someone first noticed that [S.C.] had tics?

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

TS\_A1\_4\_AGE\_MY

- (1) YEARS
- (2) MONTHS



TS\_A1\_5A What type of tics did [S.C.] have when someone first noticed [he/she] had tics?  
Were they motor tics, vocal or phonic tics, or some other kind of tics?

READ IF NECESSARY: Motor tics include movements such as eye-blinking and shoulder shrugging. Vocal or phonic tics are noises that the child makes such as humming, making animal noises, or blurting out words.

- (1) MOTOR TIC
- (2) VOCAL OR PHONIC TIC
- (3) BOTH
- (4) OTHER
- (77) DON'T KNOW
- (99) REFUSED

TS\_A1\_5B Do you believe that [S.C.]'s tics were caused by a stressful life event?

INTERVIEWER INSTRUCTION: DO NOT PROBE "DON'T KNOW"  
RESPONSES FOR THIS QUESTION

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_A1\_5C Do you believe that [S.C.]'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).

INTERVIEWER INSTRUCTION: DO NOT PROBE "DON'T KNOW"  
RESPONSES FOR THIS QUESTION

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_A1\_5D How old was [S.C.] when you first asked a doctor or other health care provider for help because of the tics?

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW [GO TO TS\_A2\_1]  
ENTER 99 FOR REFUSED [GO TO TS\_A2\_1]

TS\_A1\_5D\_MY

- (1) YEARS
- (2) MONTHS

## CURRENT TOURETTE SYNDROME AND SEVERITY

TS\_A2\_1 Does [S.C.] currently have Tourette syndrome?

- (1) YES [GO TO TS\_A2\_2]
- (2) NO [GO TO TS\_A2\_3]
- (77) DON'T KNOW [GO TO TS\_A2\_3]
- (99) REFUSED [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
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) MILD
- (2) MODERATE
- (3) SEVERE
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_A2\_6 How old was [S.C.] when the Tourette syndrome was at its worst?

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN AGE RANGE, ASK THEM TO CHOOSE SINGLE AGE.

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

TS\_A2\_6\_MY

- (1) YEARS
- (2) MONTHS

IF CHILD CURRENTLY HAS TS [TS\_A2\_1 = YES, DK, RF], SKIP TO B1\_1.  
ELSE ASK TS\_A2\_7

TS\_A2\_7

Did treatment help [S.C.]’s tics go away or did the tics seem to go away on their own?

INTERVIEWER INSTRUCTION: 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 [GO TO TS\_A2\_8]
- (2) TICS WENT AWAY ON THEIR OWN [GO TO TS\_A2\_8]
- (3) CHILD NEVER HAD TICS [GO TO TS\_B1\_1\_INTRO]
- (77) DON’T KNOW [GO TO TS\_A2\_8]
- (99) REFUSED [GO TO TS\_A2\_8]

TS\_A2\_8

Does [S.C.] currently have tics?

- (1) YES
- (2) NO
- (77) DON’T KNOW
- (99) REFUSED

## **CO-OCCURRING DISORDERS**

### TS\_B1\_INTRO

Now I'm going to ask you about other conditions your child might have been diagnosed with by a doctor or other healthcare provider.

TS\_B1\_1\_1 Has a doctor or health care provider ever told you that [S.C.] had oppositional defiant disorder or ODD?

HELP TEXT: Oppositional defiant disorder is an ongoing pattern of defiant and hostile behavior that interferes with a child's life and daily activities.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_2 Has a doctor or health care provider ever told you that [S.C.] had conduct disorder?

HELP TEXT: Children with conduct disorder may be aggressive to people or animals, destroy property, steal, and violate rules.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_3 Has a doctor or health care provider ever told you that [S.C.] had Autism Spectrum Disorder or Pervasive Developmental Disorder?

HELP TEXT: Children with autism spectrum disorder have delays in language, communication, and social skills. They often have an intense interest in a single subject or topic. Children with pervasive developmental disorder have severe and persistent delays in language, communication, and social skills.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_4 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

A sleep disorder?

HELP TEXT: Sleep apnea, insomnia, and narcolepsy are examples of sleep disorders.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_5 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had....

An intellectual disability?

HELP TEXT: Children with intellectual disabilities learn and develop more slowly than a typical child. Intellectual disability can include mental retardation or Down syndrome.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_6 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

A learning disorder?

HELP TEXT: Dyslexia and mathematical learning disabilities are examples of learning disorders.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_7 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

A language disorder?

HELP TEXT: Children with language disorders have trouble getting their meaning or message across to others, or understanding the message coming from others, or both. Stuttering and communication disorders are examples of a language disorder.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_8 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Obsessive compulsive disorder or OCD?

HELP TEXT: Children with OCD feel the need to check things repeatedly, or have certain thoughts or perform routines and rituals over and over.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_9 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Post-traumatic stress disorder or PTSD?

HELP TEXT: Children with PTSD develop this disorder after experiencing a traumatic event. Due to the emotional distress, children with PTSD continue to feel stressed and afraid even after the danger is over.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_10 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Another anxiety disorder, such as generalized anxiety disorder, panic disorder, or a phobia?

HELP TEXT: Anxiety is a feeling of constant worrying. Children with severe anxiety problems may be diagnosed as having anxiety disorders.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_11 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Bipolar disorder?

HELP TEXT: Bipolar disorder is a mood disorder where a person experiences periods of depression and periods of being extremely happy or being cross or irritable.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_12 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Intermittent explosive disorder?

HELP TEXT: Intermittent explosive disorder is a behavioral disorder characterized by extreme expression of anger, often to the point of uncontrollable rage that is disproportionate to the situation at hand.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_13 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Another mood disorder, such as depression, or major depressive disorder

HELP TEXT: Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a child feels, and the way a child eats, sleeps, and functions.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_14 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

An eating disorder, such as anorexia or bulimia?

HELP TEXT: Children with eating disorders exhibit extreme emotions, attitudes, and behaviors about weight and food issues.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_1\_15 READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Substance use disorder?

HELP TEXT: Substance abuse is the frequent use of substances such as drugs that can be physically dangerous and can potentially lead to legal problems and frequent social or interpersonal problems.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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



TS\_B1\_2\_1 [IF TS\_B1\_1\_1=1 ASK, ELSE SKIP TO TS\_B1\_2\_2]  
Earlier you told me that [S.C.] has been diagnosed with oppositional defiant disorder or ODD.

Does [S.C.] currently have oppositional defiant disorder or ODD?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_2 [IF TS\_B1\_1\_2=1 ASK, ELSE SKIP TO TS\_B1\_2\_3]  
Earlier you told me that [S.C.] has been diagnosed with conduct disorder.

Does [S.C.] currently have conduct disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_3 [IF TS\_B1\_1\_3=1 ASK, ELSE SKIP TO TS\_B1\_2\_4]  
Earlier you told me that [S.C.] has been diagnosed with Autism Spectrum Disorder or Pervasive Developmental Disorder.

Does [S.C.] currently have Autism Spectrum Disorder or Pervasive Developmental Disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_4 [IF TS\_B1\_1\_4=1 ASK, ELSE SKIP TO TS\_B1\_2\_5]  
Earlier you told me that [S.C.] has been diagnosed with a sleep disorder.

Does [S.C.] currently have a sleep disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_5 [IF TS\_B1\_1\_5=1 ASK, ELSE SKIP TO TS\_B1\_2\_6]  
Earlier you told me that [S.C.] has been diagnosed with an intellectual disorder.

Does [S.C.] currently have an intellectual disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_6 [IF TS\_B1\_1\_6=1 ASK, ELSE SKIP TO TS\_B1\_2\_7]  
Earlier you told me that [S.C.] has been diagnosed with a learning disorder.

Does [S.C.] currently have a learning disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_7 [IF TS\_B1\_1\_7=1 ASK, ELSE SKIP TO TS\_B1\_2\_8]  
Earlier you told me that [S.C.] has been diagnosed with a language disorder.

Does [S.C.] currently have a language disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_8 [IF TS\_B1\_1\_8=1 ASK, ELSE SKIP TO TS\_B1\_2\_9]  
Earlier you told me that [S.C.] has been diagnosed with obsessive compulsive disorder or OCD.

Does [S.C.] currently have obsessive compulsive disorder or OCD?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_9 [IF TS\_B1\_1\_9=1 ASK, ELSE SKIP TO TS\_B1\_2\_10]  
Earlier you told me that [S.C.] has been diagnosed with post-traumatic stress disorder or PTSD.

Does [S.C.] currently have post-traumatic stress disorder or PTSD?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_10 [IF TS\_B1\_1\_10=1 ASK, ELSE SKIP TO TS\_B1\_2\_11]  
Earlier you told me that [S.C.] has been diagnosed with another anxiety disorder, such as generalized anxiety disorder, panic disorder, or a phobia.

Does [S.C.] currently have another anxiety disorder, such as generalized anxiety disorder, panic disorder, or a phobia?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_11 [IF TS\_B1\_1\_11=1 ASK, ELSE SKIP TO TS\_B1\_2\_12]  
Earlier you told me that [S.C.] has been diagnosed with bipolar disorder.

Does [S.C.] currently have bipolar disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_12 [IF TS\_B1\_1\_12=1 ASK, ELSE SKIP TO TS\_B1\_2\_13]  
Earlier you told me that [S.C.] has been diagnosed with intermittent explosive disorder.

Does [S.C.] currently have intermittent explosive disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_13 [IF TS\_B1\_1\_13=1 ASK, ELSE SKIP TO TS\_B1\_2\_14]

Earlier you told me that [S.C.] has been diagnosed with another mood disorder, such as depression, or major depressive disorder.

Does [S.C.] currently have another mood disorder, such as depression, or major depressive disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_14 [IF TS\_B1\_1\_14=1 ASK, ELSE SKIP TO TS\_B1\_2\_15]

Earlier you told me that [S.C.] has been diagnosed with an eating disorder, such as anorexia or bulimia.

Does [S.C.] currently have an eating disorder, such as anorexia or bulimia?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_B1\_2\_15 [IF TS\_B1\_1\_15=1 ASK, ELSE SKIP TO TS\_C1\_INTRO]

Earlier you told me that [S.C.] has been diagnosed with substance use disorder.

Does [S.C.] currently have substance use disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

## **TREATMENT**

### **MEDICATION**

#### TS\_C1\_INTRO

I will now be asking you some questions about medications [S.C.] may be taking for [his/her] Tourette syndrome.

TS\_C1\_1 Has [S.C.] ever taken medication for Tourette syndrome?

- (1) YES [Go to TS\_C1\_2]
- (2) NO [Go to TS\_C3\_1]
- (77) DON'T KNOW [Go to TS\_C3\_1]
- (99) REFUSED [Go to TS\_C3\_1]

TS\_C1\_2 At what age did [S.C.] first start taking Tourette syndrome medication?

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW [GO TO TS\_C1\_5]  
ENTER 99 FOR REFUSED [GO TO TS\_C1\_5]

#### TS\_C1\_2\_MY

- (1) YEARS
- (2) MONTHS

[IF CHILD DOES NOT CURRENTLY HAVE TS [TS\_A2\_1 = (2) NO], SKIP TO TS\_C1\_5]

TS\_C1\_3 Is [S.C.] currently taking medication for Tourette syndrome?

- (1) YES [Go to TS\_C1\_4]
- (2) NO [Go to TS\_C1\_5]
- (77) DON'T KNOW [Go to TS\_C1\_5]
- (99) REFUSED [Go to TS\_C1\_5]

#### TS\_C1\_4\_NEW

What medications does [S.C.] currently take for Tourette syndrome?  
[SELECT ALL THAT APPLY]  
PROBE: Does [he/she] take any other medications for TS?

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 [S.C.]'s medication so we may record the name of it.

- (1) ABILIFY, ABILIFY MAINTENA, ABILIFY DISCMELT
- (2) ADDERALL (ADD-UR-ALL)
- (3) ADDERALL XR
- (4) AMPHETAMINE (AM-FET-A-MEEN)
- (5) APO-METOCLOP

- (6) APOKYN
- (7) APOMORPHINE
- (8) ARICEPT, ARICEPT ODT
- (9) ARIPIRAZOLE
- (10) ATOMOXETINE (AT-OH-MOX-E-TEEN)
- (11) BUPROPION
- (12) BACLOFEN
- (13) BOTULINUM TOXIN, BOTOX
- (14) CATAPRES, CATAPRES-TTS
- (15) CELEXA
- (16) CITALOPRAM (SI-TAL-O-PRAM)
- (17) CLONAZEPAM
- (18) CLONIDINE, CLONIDINE ER
- (19) CONCERTA
- (20) DELTANYNE
- (21) DEXEDRINE, DEXEDRINE SPANSULE
- (22) DEXTROSTAT, DEXTRO-AMPHETAMINE
- (23) DEXMETHYLPHENIDATE
- (24) DONEPEZIL
- (25) DRONABINOL
- (26) DURACLON
- (27) DYSPORT
- (28) FLUOXETINE (FLOO-OX-E-TEEN)
- (29) FLUPHENAZINE
- (30) FOCALIN
- (31) FOCALIN XR
- (32) GABLOFEN
- (33) GEODON
- (34) GUANFACINE,
- (35) HALOPERIDOL, HALDOL, HALDOL DECANOATE
- (36) INTUNIV
- (37) KAPVAY
- (38) KEPPRA, KEPPRA XR
- (39) KEMSTRO
- (40) KLONOPIN, KLONOPIN WAFER
- (41) LEVETIRACETAM
- (42) LIORESAL
- (43) LISDEXAMFETAMINE (LIS-DEX-AM-FET-A-MEEN)
- (44) MARINOL
- (45) METADATE, METADATE CD
- (46) METHYLIN
- (47) METHYLPHENIDATE
- (48) METHYLPHENIDATE PATCH (DAYTRANA)
- (49) METOCLOPRAMIDE, METOCLOPRAMIDE HYDROCHLORIDE  
INJECTION, METOCLOPRAMIDE OMEGA
- (50) MIRAPEX, MIRAPEX ER
- (51) NAC
- (52) NEUROBLOC

- (53) NEXICLON
- (54) NU-METOCLOPRAMIDE,
- (55) OLANZAPINE
- (56) ONDANSETRON
- (57) ORAP
- (58) PERGOLIDE
- (59) PERMAX
- (60) PERMITIL
- (61) PIMOZIDE
- (62) PMS-METOCLOPRAMIDE
- (63) PRAMIPEXOLE
- (64) PROLIXIN, PROLIXIN DECANOATE, PROLIXIN ENANTHATE
- (65) PROZAC
- (67) QUETIAPINE
- (68) QUILLIVANT
- (69) REQUIP
- (70) RISPERDAL, RISPERDAL CONSTA, RISPERDAL M-TAB,  
RISPERIDONE, RISPERIDOL
- (71) RITALIN
- (72) RITALIN LA, RITALIN SR
- (73) ROPINIROLE
- (74) SATIVEX
- (75) SEROQUEL, SEROQUEL XR
- (76) SERTRALINE (SER-TRA-LEEN)
- (78) STRATTERA
- (79) TENEX
- (80) TETRABENAZINE
- (81) TETRAHYDROCANNABINOL, Δ DELTA-9-THC
- (82) TOPAMAX, TOPAMAX SPRINKLE
- (83) TOPIRAMATE, TOPIRAGEN
- (84) VYVANSE
- (85) WELLBUTRIN
- (86) XENAZINE
- (87) ZIPRASIDONE
- (88) ZOFRAN
- (89) ZOLOFT
- (90) ZYPREXA, ZYPREXA ZYDIS, ZYPREXA RELPREVV, ZYPREXA  
INTRAMUSCULAR
- (91) OTHER [GO TO TS\_C1\_4\_VERBATIM]
  
- (666) NOT CURRENTLY TAKING MEDICATION (GO TO TS\_C2\_1]
- (777) DON'T KNOW [GO TO TS\_C2\_1]
- (999) REFUSED [GO TO TS\_C2\_1]

TS\_C1\_4\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

TS\_C1\_5\_INTRO

I will now be asking you about any side effects to the Tourette syndrome medication that [S.C.] may have experienced. Please think about side effects from medications that [S.C.] has ever taken for Tourette syndrome, even if [he/she] does not currently take them now.

TS\_C1\_5A Due to Tourette syndrome medication, has [S.C.] ever experienced weight gain?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the TS medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C1\_5B Due to Tourette syndrome medication, has [S.C.] experienced being physically slowed down or sluggish, such as moving slowly?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the TS medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C1\_5C Due to Tourette syndrome medication, has [S.C.] experienced being mentally slowed down or sluggish, for example, thinking slowly or being less attentive?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the TS medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED



TS\_C1\_5D READ IF NECESSARY: Due to Tourette syndrome medication, has [S.C.] experienced...

Sleep problems or insomnia, such as trouble getting to sleep or staying asleep?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the TS medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C1\_5E READ IF NECESSARY: Due to Tourette syndrome medication, has [S.C.] experienced...

Body twisting, squirming, or other new body movements, not including tics?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the TS medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C1\_5F Due to Tourette syndrome medication, has [S.C.] experienced ever experienced any other side effects?

- (1) YES [GO TO TS\_C1\_5F\_VERBATIM]
- (2) NO [GO TO TS\_C1\_6]
- (77) DON'T KNOW [GO TO TS\_C1\_6]
- (99) REFUSED [GO TO TS\_C1\_6]

TS\_C1\_5F\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

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
- (77) DON'T KNOW
- (99) REFUSED

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.

## **MEDICATION ADHERENCE**

TS\_C2\_1 Who usually makes sure [S.C.] takes [his/her] Tourette syndrome medication?

- (1) A PARENT OR GUARDIAN
- (2) ANOTHER FAMILY MEMBER
- (3) SOMEONE AT SCHOOL
- (4) A BABYSITTER OR NANNY
- (5) THE CHILD
- (6) OTHER PERSON
- (77) DON'T KNOW
- (99) REFUSED

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

READ IF NECESSARY: Do not include resistance solely due to physical reasons such as being unable to swallow a pill.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

## **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]

TS\_C3\_INTRO

Now I will be asking you about other treatments for Tourette syndrome.

TS\_C3\_1 Has [S.C.] ever received comprehensive behavioral intervention for tics (CBIT) or habit reversal therapy for Tourette syndrome?

- (1) YES [IF TS\_A2\_1=1 GO TO TS\_C3\_1A; ELSE IF TS\_A2\_1=2, 77, 99 GO TO TS\_C3\_2]
- (2) NO [GO TO TS\_C3\_2]
- (77) DON'T KNOW [GO TO TS\_C3\_2]
- (99) REFUSED [GO TO TS\_C3\_2]

TS\_C3\_1A Is [S.C.] currently receiving comprehensive behavior 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]
- (77) DON'T KNOW [GO TO TS\_C3\_2]
- (99) REFUSED [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) OTHER [GO TO TS\_C3\_1B\_VERBATIM]
- (77) DON'T KNOW
- (99) REFUSED

TS\_C3\_1B\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

TS\_C3\_2 Has [S.C.] ever received school-based behavioral treatment, support, or accommodation for Tourette syndrome?

READ IF NECESSARY: Do not include CBIT or habit reversal therapy.

- (1) YES [GO TO TS\_C3\_2A]
- (2) NO [GO TO TS\_C3\_3]
- (77) DON'T KNOW [GO TO TS\_C3\_3]
- (99) REFUSED [GO TO TS\_C3\_3]

TS\_C3\_2A Is [S.C.] currently receiving school-based behavioral treatment, support, or accommodation for Tourette syndrome?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C3\_3 Has [S.C.] ever received behavioral treatment based outside of school for Tourette syndrome?

- (1) YES [GO TO TS\_C3\_3A]
- (2) NO [GO TO TS\_C3\_4]
- (77) DON'T KNOW [GO TO TS\_C3\_4]
- (99) REFUSED [GO TO TS\_C3\_4]

TS\_C3\_3A Is [S.C.] currently receiving behavior treatment based outside of school for Tourette syndrome?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C3\_4 Has [S.C.] ever received any other treatment for Tourette syndrome?

- (1) YES [GO TO TS\_C3\_4\_VERBATIM]
- (2) NO [GO TO TS\_C3\_5]
- (77) DON'T KNOW [GO TO TS\_C3\_5]
- (99) REFUSED [GO TO TS\_C3\_5]

TS\_C3\_4\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

TS\_C3\_4A Is [S.C.] currently receiving [other treatment] for Tourette syndrome?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C3\_5 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 [GO TO TS\_C6]
- (2) NO [GO TO TS\_C4\_INTRO]
- (77) DON'T KNOW [GO TO TS\_C4\_INTRO]
- (99) REFUSED [GO TO TS\_C4\_INTRO]

TS\_C3\_6 Which one is it, an IEP or a 504 plan?

- (1) IEP
- (2) 504
- (3) SOMETHING ELSE [GO TO TS\_C3\_6\_VERBATIM]
- (4) BOTH IEP AND 504 PLAN
- (77) DON'T KNOW
- (99) REFUSED

TS\_C3\_6\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

### **TREATMENT BARRIERS AND SATISFACTION**

IF CHILD DOES NOT CURRENTLY HAVE TS [TS\_A2\_1=NO], SKIP TO TS\_D1\_1 ELSE ASK]

TS\_C4\_INTRO

I will now ask you about your satisfaction with [S.C.]'s treatment and any treatment barriers you may have experienced.

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\_2A]
- (2) NO [GO TO TS\_C4\_3]
- (77) DON'T KNOW [GO TO TS\_C4\_3]
- (99) REFUSED [GO TO TS\_C4\_3]

TS\_C4\_2A Was the treatment [S.C.] needed but couldn't get....

Medication?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C4\_2B Was the treatment [S.C.] needed but couldn't get...

Comprehensive behavioral intervention for tics (CBIT) or habit reversal therapy?

- (1) YES [GO TO TS\_C4\_2BA]
- (2) NO [GO TO TS\_C4\_2C]
- (77) DON'T KNOW [GO TO TS\_C4\_2C]
- (99) REFUSED [GO TO TS\_C4\_2C]

TS\_C4\_2BA Why couldn't [S.C.] get comprehensive behavioral intervention for tics (CBIT) or habit reversal therapy? [SELECT ALL THAT APPLY]

- (1) COST WAS TOO MUCH
- (2) NOT AVAILABLE IN CHILD'S AREA OR SCHOOL
- (3) WAITING LISTS, BACKLOGS, DRUG SHORTAGES OR OTHER DELAYS
- (4) CHILD WAS NOT ELIGIBLE FOR THE TREATMENT/SERVICE
- (5) PARENT/DOCTOR/SCHOOL DID NOT KNOW ABOUT TREATMENT OR HAD TROUBLE GETTING INFORMATION NEEDED
- (6) DOCTOR/SCHOOL REFUSED TO PROVIDE TREATMENT OR DID NOT FOLLOW THROUGH
- (7) CHILD OR OTHER FAMILY MEMBER DID NOT WANT TREATMENT/SERVICE
- (8) OTHER [GO TO TS\_C4\_2BA\_VERBATIM]
- (77) DON'T KNOW
- (99) REFUSED

TS\_C4\_2BA\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

TS\_C4\_2C Was the treatment [S.C.] needed but couldn't get...

School-based behavioral treatment, support or accommodation?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C4\_2D Was the treatment [S.C.] needed but couldn't get...

Behavioral treatment outside of school?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_C4\_2E Were there any other types of treatment that [S.C.] needed but could not get?

- (1) YES [GO TO TS\_C4\_2E\_VERBATIM]
- (2) NO [GO TO TS\_C4\_3]
- (77) DON'T KNOW [GO TO TS\_C4\_3]
- (99) REFUSED [GO TO TS\_C4\_3]

TS\_C4\_2E\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

TS\_C4\_3

Overall, how satisfied are you with [S.C.]'s Tourette syndrome treatment and management? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

- (1) VERY SATISFIED
- (2) SOMEWHAT SATISFIED
- (3) SOMEWHAT DISSATISFIED
- (4) VERY DISSATISFIED
- (77) DON'T KNOW
- (99) REFUSED

## **SYMPTOMS AND PERFORMANCE/IMPAIRMENT**

### TS\_D1\_INTRO

Next I would like you to think about [S.C.]’s behavior and performance. When answering, please think about your child’s behaviors in the past 6 months when he is not taking any medication for Tourette syndrome, ADHD, or any other medication for other difficulties with his emotions, concentration or behavior. For each question, please say whether [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent.

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 morning or when a dose is missed.

TS\_D1\_1 How would you describe [S.C.]’s overall school performance?

Would you say that [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (6) CHILD NOT YET IN SCHOOL, PRESCHOOL OR DAYCARE
- (77) DON’T KNOW
- (99) REFUSED

TS\_D1\_2 How would you describe [S.C.]’s performance in reading?

Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT READ YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED



TS\_D1\_3 How would you describe [S.C.]’s performance writing?

Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT READ YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

TS\_D1\_4 How would you describe [S.C.]’s performance mathematics?

READ IF NECESSARY: Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT DO MATH YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

TS\_D1\_5 How would you describe [S.C.]’s relationship with [his/her] parents, caregivers or guardians?

READ IF NECESSARY: Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

TS\_D1\_6 How would you describe [S.C.]’s relationships with siblings?

READ IF NECESSARY: Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (6) CHILD DOES NOT HAVE SIBLINGS
- (77) DON’T KNOW
- (99) REFUSED

TS\_D1\_7 How would you describe [S.C.]’s relationships with peers?

READ IF NECESSARY: Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

TS\_D1\_8 How would you describe [S.C.]’s participation in organized activities such as teams?

READ IF NECESSARY: Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT PARTICIPATE IN ORGANIZED ACTIVITIES YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (6) CHILD DOES NOT PARTICIPATE IN ORGANIZED ACTIVITIES
- (77) DON’T KNOW
- (99) REFUSED

TS\_D1\_9 How would you describe [S.C.]’s handwriting, that is, his/her ability to form letters and numbers that are clear and can be recognized?

READ IF NECESSARY: Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT WRITE YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

**ACADEMIC HEALTH AND DISCIPLINE**

TS\_E\_INTRO

I'd now like to ask you a few questions about [S.C.]'s school experience.

TS\_E1

What kind of school is [S.C.] currently enrolled in? Is it a public school, private school, or is [S.C.] home-schooled?

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 SCHOOLS THAT THE CHILD HAS MOST RECENTLY ATTENDED.

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: CODE CHARTER SCHOOLS AS "PUBLIC".

- (1) PUBLIC
- (2) PRIVATE
- (3) HOME-SCHOOLED
- (4) [S.C.] IS NOT ENROLLED IN SCHOOL
- (77) DON'T KNOW
- (99) REFUSED

TS\_E1\_1

Is the school that [S.C.] is enrolled in a specialty school for children with learning and behavior differences?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_E2

Overall, would you consider [S.C.] an [READ RESPONSES]:

HELP TEXT: SCHOOL INCLUDES PRESCHOOL, DAYCARE AND HOME-SCHOOLING.

READ IF NECESSARY: Please use the following guideline:

- A = Exceptional
- B = Above average
- C = Average
- D = Below average
- F = Failing

- (1) A STUDENT
- (2) B STUDENT
- (3) C STUDENT
- (4) D STUDENT
- (5) F STUDENT
- (6) CHILD NOT ENROLLED IN ANY SCHOOLING
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES [GO TO TS\_E4]
- (2) NO [GO TO TS\_E5]
- (3) CHILD HAS NOT YET ENTERED KINDERGARTEN [GO TO TS\_E5]
- (77) DON'T KNOW [GO TO TS\_E5]
- (99) REFUSED [GO TO TS\_E5]

TS\_E4 Which grade or grades did [he/she] repeat? [SELECT ALL THAT APPLY]

- (1) KINDERGARTEN
- (2) 1<sup>ST</sup> GRADE
- (3) 2<sup>ND</sup> GRADE
- (4) 3<sup>RD</sup> GRADE
- (5) 4<sup>TH</sup> GRADE
- (6) 5<sup>TH</sup> GRADE
- (7) 6<sup>TH</sup> GRADE
- (8) 7<sup>TH</sup> GRADE
- (9) 8<sup>TH</sup> GRADE
- (10) 9<sup>TH</sup> GRADE
- (11) 10<sup>TH</sup> GRADE
- (12) 11<sup>TH</sup> GRADE
- (13) 12<sup>TH</sup> GRADE
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES [GO TO TS\_E\_6]
- (2) NO [GO TO TS\_E\_7]
- (77) DON'T KNOW [GO TO TS\_E\_7]
- (99) REFUSED [GO TO TS\_E\_7]

TS\_E6 In what grade or grades was [S.C.] expelled or asked not to return to school?  
[SELECT ALL THAT APPLY]

- (1) CHILDCARE (BIRTH THROUGH AGE 2)
- (2) PRESCHOOL (AGE 3 TO AGE 5)
- (3) KINDERGARTEN
- (4) 1<sup>ST</sup> GRADE
- (5) 2<sup>ND</sup> GRADE
- (6) 3<sup>RD</sup> GRADE
- (7) 4<sup>TH</sup> GRADE
- (8) 5<sup>TH</sup> GRADE
- (9) 6<sup>TH</sup> GRADE
- (10) 7<sup>TH</sup> GRADE
- (11) 8<sup>TH</sup> GRADE
- (12) 9<sup>TH</sup> GRADE
- (13) 10<sup>TH</sup> GRADE
- (14) 11<sup>TH</sup> GRADE
- (15) 12<sup>TH</sup> GRADE
- (77) DON'T KNOW
- (99) REFUSED

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]
- (77) DON'T KNOW [GO TO TS\_E\_8]
- (99) REFUSED [GO TO TS\_E\_8]

TS\_E\_7A Who has discriminated against or bullied the child? Were they siblings, other children, business owners or employees, teachers, family members or some other adults? [SELECT ALL THAT APPLY]

- (1) SIBLINGS
- (2) OTHER CHILDREN
- (3) BUSINESS OWNERS OR EMPLOYEES
- (4) TEACHERS
- (5) FAMILY MEMBERS
- (6) SOME OTHER ADULTS
- (77) DON'T KNOW
- (99) REFUSED

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

Sometimes certain things seem to make tics better or worse. Please tell me if the following activities make [S.C.]'s tics better, worse or if they have no impact.

TS\_E\_8A Do major transitions like starting a new school or moving into a new class seem to make [S.C.]’s tics better or worse, or is there no impact?

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) NOT APPLICABLE
- (77) DON’T KNOW
- (99) REFUSED

TS\_E\_8B Do minor transitions like switching activities or changing locations seem to make [S.C.]’s tics better or worse, or is there no impact?

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) NOT APPLICABLE
- (77) DON’T KNOW
- (99) REFUSED

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) NOT APPLICABLE
- (77) DON’T KNOW
- (99) REFUSED

TS\_E\_8D READ IF NECESSARY: Please tell me if the following activity makes [S.C.]’s tics better, worse or if it has no impact.

Talking about tics.

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) CHILD DOES NOT DO THAT ACTIVITY
- (77) DON’T KNOW
- (99) REFUSED

TS\_E\_8E READ IF NECESSARY: Please tell me if the following activity makes [S.C.]’s tics better, worse or if it has no impact.

Doing homework.

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) CHILD DOES NOT DO THAT ACTIVITY/CHILD NOT IN SCHOOL
- (77) DON’T KNOW
- (99) REFUSED

TS\_E\_8F READ IF NECESSARY: Please tell me if the following activity makes [S.C.]’s tics better, worse or if it has no impact.

Playing music or singing.

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) CHILD DOES NOT DO THAT ACTIVITY
- (77) DON’T KNOW
- (99) REFUSED

TS\_E\_8G READ IF NECESSARY: Please tell me if the following activity makes [S.C.]’s tics better, worse or if it has no impact.

Exercising or doing an individual sport, like running or swimming.

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) CHILD DOES NOT DO THAT ACTIVITY
- (77) DON’T KNOW
- (99) REFUSED



TS\_E\_8H READ IF NECESSARY: Please tell me if the following activity makes [S.C.]’s tics better, worse or if it has no impact.

Playing team sports, like soccer, baseball or volleyball.

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) CHILD DOES NOT DO THAT ACTIVITY
- (77) DON’T KNOW
- (99) REFUSED

TS\_E8IJ READ IF NECESSARY: Please tell me if following activity makes [S.C.]’s tics better, worse or if it has no impact.

Other quiet hobbies, such as listening to music or reading for pleasure.

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) CHILD DOES NOT DO THAT ACTIVITY
- (77) DON'T KNOW
- (99) REFUSED

TS\_E\_8K READ IF NECESSARY: Please tell me if the following activity makes [S.C.]’s tics better, worse or if it has no impact.

Watching TV.

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) CHILD DOES NOT DO THAT ACTIVITY
- (77) DON’T KNOW
- (99) REFUSED

TS\_E\_8L READ IF NECESSARY: Please tell me if the following activity makes [S.C.]'s tics better, worse or if it has no impact.

Playing video games or other computer games.

- (1) BETTER
- (2) WORSE
- (3) DEPENDS
- (4) NO IMPACT
- (5) CHILD DOES NOT DO THAT ACTIVITY
- (77) DON'T KNOW
- (99) REFUSED

## **FAMILY IMPACT**

TS\_F\_INTRO

Now I'd like to ask you about [S.C.] and your family.

TS\_F1\_1 Has [S.C.]'s Tourette syndrome caused financial problems for your family?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

HELP TEXT: CODE 2 IF NO ONE IN HOUSEHOLD WORKS

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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 [S.C.]'s Tourette syndrome?

HELP TEXT: CODE 2 IF NO ONE IN HOUSEHOLD WORKS

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

HELP TEXT: CODE 2 IF NO ONE IN HOUSEHOLD WORKS

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

## AMERICAN COMMUNITY SURVEY QUESTIONS

### TS\_G\_INTRO

Now I have a few more general questions about [S.C.] and your household. These questions may seem similar to other questions I have previously asked.

TS\_G1\_1 How well does [S.C.] speak English? Would you say very well, well, not well or not at all?

- (1) VERY WELL
- (2) WELL
- (3) NOT WELL
- (4) NOT AT ALL
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

HELP TEXT: ANY PHYSICAL, MENTAL OR EMOTIONAL CONDITION (INCLUDING TS) CAN BE CONSIDERED.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_G1\_5 Does [S.C.] have serious difficulty walking or climbing stairs?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_G1\_6 Does [S.C.] have difficulty dressing or bathing?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_G1\_7 [IF AGE < 15 SKIP TO TS\_H1\_Q01]  
Because of a physical, mental or emotional condition, does [S.C.] have difficulty doing errands alone such as visiting a doctor's office or shopping?

HELP TEXT: ANY PHYSICAL, MENTAL OR EMOTIONAL CONDITION  
(INCLUDING TS) CAN BE CONSIDERED

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

## **HOUSEHOLD AND DEMOGRAPHICS**

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

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

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

TS\_H1\_Q03 IF TS\_H1\_Q02=2, 77, 99 OR IF R\_TYPE=2, 77, 99 THEN DISPLAY:  
What is your relationship to [S.C.]?

IF TS\_H1\_Q02=1 AND C10Q02A=1 THEN DISPLAY:  
Are you [S.C.]'s biological, adoptive, step, or foster mother?

IF TS\_H1\_Q02=1 AND C10Q02A=2 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 = 77 or 99, 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?

- (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\_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\_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 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\_Q02 For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in 2013. 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 CPGOGETMED\_TS]
- (99) REFUSED [GO TO CPGOGETMED\_TS]

TS\_H3\_Q03 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 CPGOGETMED\_TS]
- (77) DON'T KNOW [GO TO CPGOGETMED\_TS]
- (99) REFUSED [GO TO CPGOGETMED\_TS]

TS\_H3\_Q04 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 CPGOGETMED\_TS]
- (2) [FILL: Poverty threshold for household of size TS\_H3\_Q01] OR MORE [GO TO CPGOGETMED\_TS]
- (77) DON'T KNOW [GO TO CPGOGETMED\_TS]
- (99) REFUSED [GO TO CPGOGETMED\_TS]

TS\_H3\_Q05 Was your total family income from all sources less than \$100,000 or \$100,000 or more?

- (1) LESS THAN \$100,000 [GO TO TS\_H3\_Q06]
- (2) \$100,000 OR MORE [GO TO CPGOGETMED\_TS]
- (77) DON'T KNOW [GO TO CPGOGETMED\_TS]
- (99) REFUSED [GO TO CPGOGETMED\_TS]

TS\_H3\_Q06 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

IF RESPONDENT INDICATED NEEDING TO LOOK FOR MEDICATIONS EARLIER IN INTERVIEW THEY WERE GIVEN THE OPPORTUNITY (CPGOGETMED\_TS) TO GATHER THE MEDICATIONS TO ANSWER TS\_C1\_4\_NEW BEFORE CONCLUDING INTERVIEW.

TS\_ADDRESS\_CONF

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. Please note that your money will arrive in a standard white "Department of Health and Human Services" envelope.

(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 [S.C.] 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 [S.C.] and ADHD. The survey will take approximately 20 minutes, and we will send you an additional \$20 for your time. 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.

INTERVIEWER INSTRUCTION: IF RESPONDENT DOESN'T WANT TO CONTINUE BECAUSE OF TIME ESTIMATE: We really appreciate the time you have already spent with us on the phone. Is there a more convenient time for us to call you back?

(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.

# **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER MODULE**

## **DIAGNOSIS**

### **PREVIOUS ADHD DIAGNOSIS**

#### ADHD\_A1\_AGE

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

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

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

#### ADHD\_A1\_AGE\_MY

- (1) YEARS
- (2) MONTHS

#### ADHD\_A1\_1\_NEW

What type of doctor or other health care provider FIRST told you that [S.C.] had ADHD?

- (1) DEVELOPMENTAL OR BEHAVIORAL PEDIATRICIAN
- (2) FAMILY PRACTICE DOCTOR
- (3) NEUROLOGIST
- (4) NURSE PRACTITIONER
- (5) OCCUPATIONAL THERAPIST
- (6) PEDIATRICIAN (GENERAL)
- (7) PHYSICAL THERAPIST
- (8) PHYSICIAN'S ASSISTANT
- (9) PSYCHIATRIST
- (10) PSYCHOLOGIST OUTSIDE OF SCHOOL
- (11) SCHOOL COUNSELOR
- (12) SCHOOL NURSE
- (13) SCHOOL PSYCHOLOGIST
- (14) SPEECH THERAPIST
- (15) TEAM OF PROFESSIONALS/MULTIDISCIPLINARY TEAM
- (16) OTHER [GO TO ADHD\_A1\_1\_VERBATIM\_NEW]
- (17) TEACHER
- (66) NO HEALTH CARE PROVIDER HAS EVER TOLD ME MY CHILD HAS THIS CONDITION
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A1\_1\_VERBATIM\_NEW  
RECORD VERBATIM RESPONSE \_\_\_\_\_

ADHD\_A1\_2 Besides the doctor or other health care provider that first told you that [S.C.] had ADHD, did any other doctor, health care provider, or school professional also tell you that [S.C.] had ADHD?

- (1) YES [GO TO ADHD\_A1\_3]
- (2) NO [GO TO ADHD\_A1\_4]
- (77) DON'T KNOW [GO TO ADHD\_A1\_4]
- (99) REFUSED [GO TO ADHD\_A1\_4]

ADHD\_A1\_3\_NEW  
Who was that? [SELECT ALL THAT APPLY]

READ IF NECESSARY: What types of other doctors, health care providers, or school professionals told you that [S.C.] had ADHD?

INTERVIEW PROMPT: Was there anyone else?

- (1) DEVELOPMENTAL OR BEHAVIORAL PEDIATRICIAN
- (2) FAMILY PRACTICE DOCTOR
- (3) NEUROLOGIST
- (4) NURSE PRACTITIONER
- (5) OCCUPATIONAL THERAPIST
- (6) PEDIATRICIAN (GENERAL)
- (7) PHYSICAL THERAPIST
- (8) PHYSICIAN'S ASSISTANT
- (9) PSYCHIATRIST
- (10) PSYCHOLOGIST OUTSIDE OF SCHOOL
- (11) SCHOOL COUNSELOR
- (12) SCHOOL NURSE
- (13) SCHOOL PSYCHOLOGIST
- (14) SPEECH THERAPIST
- (15) TEAM OF PROFESSIONALS/MULTIDISCIPLINARY TEAM
- (16) OTHER [GO TO ADHD\_A1\_3\_VERBATIM\_NEW]
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A1\_3\_VERBATIM\_NEW  
RECORD VERBATIM RESPONSE \_\_\_\_\_

ADHD\_A1\_4 Now I'd like you to think about the time before [S.C.]'s ADHD diagnosis. Who was FIRST person who was concerned with [child's] behavior, attention, or performance?

- (1) YOU OR ANOTHER FAMILY MEMBER
- (2) SOMEONE AT YOUR CHILD'S SCHOOL OR DAYCARE
- (3) A DOCTOR OR HEALTHCARE PROFESSIONAL NOT AT CHILD'S SCHOOL
- (4) SOMEONE ELSE
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A1\_4\_AGE

How old was [S.C.] when [FILL RESPONSE FROM A1\_4] was first concerned with his/her behavior, attention, or performance?

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

ADHD\_A1\_4\_AGE\_MY

- (1) YEARS
- (2) MONTHS

ADHD\_A1\_5A

Before [S.C.] received an ADHD diagnosis, were you or other people concerned about...

Behavior at home, such as completing chores or getting along with parents

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A1\_5B

Before [S.C.] received an ADHD diagnosis, were you or other people concerned about...

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
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A1\_5C

Before [S.C.] received an ADHD diagnosis, were you or other people concerned about...

School performance, such as grades or test scores, or completing assignments

HELP TEXT: School includes preschool or daycare.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A1\_5D

Before [S.C.] received an ADHD diagnosis, were you or other people concerned about...

Relationships with other children, such as playing together, or making or keeping friends?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

**DIAGNOSTIC CONTEXT**

ADHD\_A2\_INTRO

Now I'd like you to think about the time when [S.C.] 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\_1A

Different health and school professionals are sometimes involved in conducting an ADHD assessment. Who was involved in conducting [S.C.]'s ADHD assessment?

Were medical doctors involved?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED



ADHD\_A2\_1B

Were school psychologists or school counselors involved?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_1C

Were teachers or other educational staff involved?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_1D

Were clinical psychologists or other psychologists not at your school involved?

INTERVIEWER INSTRUCTIONS: INCLUDE PSYCHOLOGISTS AS  
OUTSIDE OF THE SCHOOL EVEN IF REFERRED TO BY SCHOOL.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_1E

Were any other health care professionals involved?

- (1) YES [GO TO ADHD\_A2\_1E\_VERBATIM]
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_1E\_VERBATIM

Who was that other person?

RECORD VERBATIM RESPONSE \_\_\_\_\_

ADHD\_A2\_2A

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?

A rating scale or checklist about the child's behavior.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_2B

A conversation with you about the child's behavior.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_2C

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

READ IF NECESSARY: Please include continuous performance tests.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_2D

Medical tests, such as an EEG, CT scan, MRI, or blood tests to test for lead exposure

HELP TEXT: An EEG is recording of the brain's electrical activity along the scalp. A CT or CAT scan can provide a computed picture of an individuals' brain. An MRI or magnetic resonance imaging can also provide a picture of an individual's brain.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_3A

Did the doctor, health care provider, or school professional who diagnosed [S.C.] with ADHD collect information from...

[S.C.] [himself/herself]?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_3B

Did the doctor, health care provider, or school professional who diagnosed [S.C.] with ADHD collect information from...

Other family members?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_3C

Did the doctor, health care provider, or school professional who diagnosed [S.C.] with ADHD collect information from...

[S.C.]'s school teachers or other school staff?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_3D

READ IF NECESSARY: Did the doctor, health care provider, or school professional who diagnosed [S.C.] with ADHD collect information from...

Childcare provider, such as a daycare teacher, nanny, or babysitter?

**INTERVIEWER INSTRUCTION: MAY ALSO BE REFERRED TO AS AN EARLY CHILDHOOD EDUCATOR.**

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_3E

READ IF NECESSARY: Did the doctor, health care provider, or school professional who diagnosed [S.C.] with ADHD collect information from...

Other community members, such as a coach, music or dance teacher, religious leader, scout leader, or other group leader?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A2\_5 How involved were you in [S.C.]'s ADHD assessment? Were you very involved, somewhat involved, not very involved or not at all involved?

- (1) VERY INVOLVED
- (2) SOMEWHAT INVOLVED
- (3) NOT VERY INVOLVED
- (4) NOT AT ALL INVOLVED
- (77) DON'T KNOW
- (99) REFUSED

### **CURRENT ADHD AND SEVERITY**

ADHD\_A3\_1 Does [S.C.] currently have ADHD?

- (1) YES
- (2) NO [GO TO ADHD\_A3\_3]
- (77) DON'T KNOW [GO TO ADHD\_A3\_3]
- (99) REFUSED [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
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) MILD
- (2) MODERATE
- (3) SEVERE
- (77) DON’T KNOW
- (99) REFUSED

**EVER BUT NOT CURRENT ADHD**

IF CHILD CURRENTLY HAS ADHD [ADHD\_A3\_1 = 1, 77, 99], GO TO ADHD\_B1\_INTRO.

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 [S.C.].

ADHD\_A4\_1A

Condition seemed to go away on its own as the child outgrew the ADHD.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A4\_1B

Treatment helped the condition to go away.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A4\_1C

A doctor or health care provider changed the diagnosis.

- (1) YES [GO TO ADHD\_A4\_1CA]
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A4\_1D

Is there another reason that you think [S.C.] no longer has ADHD?

- (1) YES [GO TO ADHD\_A4\_1D\_VERBATIM ]
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A4\_1D\_VERBATIM

RECORD VERBATIM RESPONSE\_\_\_\_\_

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

ADHD\_A4\_1CA

What was the diagnosis changed to? [SELECT ALL THAT APPLY]

- (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 [GO TO ADHD\_A4\_1CA\_VERBATIM]
- (66) ADHD DIAGNOSIS REMOVED – NOT CHANGED TO ANOTHER DISORDER [GO TO ADHD\_A4\_1D]
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_A4\_1CA\_VERBATIM

RECORD VERBATIM RESPONSE\_\_\_\_\_

## **CO-OCCURRING DISORDERS**

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

### ADHD\_B1\_INTRO

Now I'm going to ask you about other conditions your child might have been diagnosed with by a doctor or other healthcare provider.

### ADHD\_B1\_1\_1

Has a doctor or health care provider ever told you that [S.C.] had oppositional defiant disorder or ODD?

HELP TEXT: Oppositional defiant disorder is an ongoing pattern of defiant and hostile behavior that interferes with a child's life and daily activities.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

### ADHD\_B1\_1\_2

Has a doctor or health care provider ever told you that [S.C.] had conduct disorder?

HELP TEXT: Children with conduct disorder may be aggressive to people or animals, destroy property, steal, and violate rules.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

### ADHD\_B1\_1\_3

Has a doctor or health care provider ever told you that [S.C.] had Autism Spectrum Disorder Or Pervasive Developmental Disorder?

HELP TEXT: Children with autism spectrum disorder have delays in language, communication, and social skills. They often have an intense interest in a single subject or topic. Children with pervasive developmental disorder have severe and persistent delays in language, communication, and social skills.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_4

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had a...

Sleep disorder?

HELP TEXT: Sleep apnea, insomnia, and narcolepsy are examples of sleep disorders.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_5

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

An intellectual disability?

HELP TEXT: Children with intellectual disabilities learn and develop more slowly than a typical child. Intellectual disability can include mental retardation or Down syndrome.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_6

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had a...

Learning disorder?

HELP TEXT: Dyslexia and mathematical learning disabilities are examples of learning disorders.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED



ADHD\_B1\_1\_7

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

A language disorder?

HELP TEXT: Children with language disorders have trouble getting their meaning or message across to others, or understanding the message coming from others, or both. Stuttering and communication disorders are examples of a language disorder.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_8

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Obsessive compulsive disorder or OCD?

HELP TEXT: Children with OCD feel the need to check things repeatedly, or have certain thoughts or perform routines and rituals over and over.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_9

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had ...

Post-traumatic stress disorder or PTSD?

HELP TEXT: Children with PTSD develop this disorder after experiencing a traumatic event. Due to the emotional distress, children with PTSD continue to feel stressed and afraid even after the danger is over.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_10

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Another anxiety disorder, such as generalized anxiety disorder, panic disorder, or a phobia?

HELP TEXT: Anxiety is a feeling of constant worrying. Children with severe anxiety problems may be diagnosed as having anxiety disorders.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_11

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had ...

Bipolar disorder?

HELP TEXT: Bipolar disorder is a mood disorder where a person experiences periods of depression and periods of being extremely happy or being cross or irritable.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_12

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Intermittent explosive disorder?

HELP TEXT: Intermittent explosive disorder is a behavioral disorder characterized by extreme expression of anger, often to the point of uncontrollable rage, that are disproportionate to the situation at hand.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_13

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Another mood disorder, such as depression or major depressive disorder?

HELP TEXT: Depression is an illness that involves the body, mood, and thoughts. It is marked by persistent sadness or an anxious or empty mood. It affects how a child feels, and the way a child eats, sleeps, and functions.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_14

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

An eating disorder, such as anorexia or bulimia?

HELP TEXT: Children with eating disorders exhibit extreme emotions, attitudes, and behaviors about weight and food issues.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_1\_15

READ IF NECESSARY: Has a doctor or health care provider ever told you that [S.C.] had...

Substance use disorder?

HELP TEXT: Substance abuse is the frequent use of substances such as drugs that can be physically dangerous and can potentially lead to legal problems and frequent social or interpersonal problems.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF NONE OF B1\_1\_1-B1\_1\_15 ARE YES, THEN SKIP TO SECTION ADHD\_B2.

ADHD\_B1\_2\_1

[IF ADHD\_B1\_1\_1=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_2]

Earlier you told me that [S.C.] has been diagnosed with oppositional defiant disorder or ODD.

Does [S.C.] currently have oppositional defiant disorder or ODD?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_2

[IF ADHD\_B1\_1\_2=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_3]

Earlier you told me that [S.C.] has been diagnosed with conduct disorder.

Does [S.C.] currently have conduct disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_3

[IF ADHD\_B1\_1\_3=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_4]

Earlier you told me that [S.C.] has been diagnosed with Autism Spectrum Disorder or Pervasive Developmental Disorder.

Does [S.C.] currently have Autism Spectrum Disorder or Pervasive Developmental Disorder?"

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_4

[IF ADHD\_B1\_1\_4=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_5]

Earlier you told me that [S.C.] has been diagnosed with a sleep disorder.

Does [S.C.] currently have a sleep disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_5

[IF ADHD\_B1\_1\_5=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_6]

Earlier you told me that [S.C.] has been diagnosed with an intellectual disorder.

Does [S.C.] currently have an intellectual disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_6

[IF ADHD\_B1\_1\_6=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_7]

Earlier you told me that [S.C.] has been diagnosed with a learning disorder.

Does [S.C.] currently have a learning disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_7

[IF ADHD\_B1\_1\_7=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_8]

Earlier you told me that [S.C.] has been diagnosed with a language disorder.

Does [S.C.] currently have a language disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_8

[IF ADHD\_B1\_1\_8=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_9]

Earlier you told me that [S.C.] has been diagnosed with obsessive compulsive disorder or OCD.

Does [S.C.] currently have obsessive compulsive disorder or OCD?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_9

[IF ADHD\_B1\_1\_9=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_10]

Earlier you told me that [S.C.] has been diagnosed with post-traumatic stress disorder or PTSD.

Does [S.C.] currently have post-traumatic stress disorder or PTSD?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_10

[IF ADHD\_B1\_1\_10=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_11]

Earlier you told me that [S.C.] has been diagnosed with another anxiety disorder, such as generalized anxiety disorder, panic disorder, or a phobia.

Does [S.C.] currently have another anxiety disorder, such as generalized anxiety disorder, panic disorder, or a phobia?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_11

[IF ADHD\_B1\_1\_11=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_12]

Earlier you told me that [S.C.] has been diagnosed with bipolar disorder.

Does [S.C.] currently have bipolar disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_12

[IF ADHD\_B1\_1\_12=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_13]

Earlier you told me that [S.C.] has been diagnosed with intermittent explosive disorder.

Does [S.C.] currently have intermittent explosive disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_13

[IF ADHD\_B1\_1\_13=1 ASK, ELSE SKIP TO ADHD\_B1\_2\_14]

Earlier you told me that [S.C.] has been diagnosed with another mood disorder, such as depression, or major depressive disorder.

Does [S.C.] currently have another mood disorder, such as depression, or major depressive disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_14

[IF ADHD\_B1\_1\_14=1ASK, ELSE SKIP TO ADHD\_B1\_2\_15]

Earlier you told me that [S.C.] has been diagnosed with an eating disorder, such as anorexia or bulimia.

Does [S.C.] currently have an eating disorder, such as anorexia, or bulimia?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B1\_2\_15

[IF ADHD\_B1\_1\_15=1 ASK, ELSE SKIP TO ADHD\_B2]

Earlier you told me that [S.C.] has been diagnosed with substance use disorder.

Does [S.C.] currently have substance use disorder?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_B2 Now I have a question about tics.

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; barking, and blurting out words. Tics can be suppressed for short periods of time, but eventually come out. Tics come and go and often change over time. Has [S.C.] ever had tics?

- (1) YES [GO TO B3]
- (2) NO [GO TO C1\_INTRO]
- (77) DON'T KNOW [GO TO C1\_INTRO]
- (99) REFUSED [GO TO C1\_INTRO]

ADHD\_B3 Does [S.C.] currently have tics?

(1) YES

(2) NO

(77) DON'T KNOW

(99) REFUSED



**TREATMENT**

**MEDICATION**

ADHD\_C1\_INTRO

I will now be asking you some questions about medications [S.C.] may be taking.

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

- (1) YES
- (2) NO [GO TO ADHD\_C3]
- (77) DON'T KNOW [GO TO ADHD\_C3]
- (99) REFUSED [GO TO ADHD\_C3]

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

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

ADHD\_C1\_2\_MY

- (1) YEARS
- (2) MONTHS

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

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

- (1) YES
- (2) NO [GO TO ADHD\_C1\_]
- (77) DON'T KNOW [GO TO ADHD\_C1\_5]
- (99) REFUSED [GO TO ADHD\_C1\_5]

ADHD\_C1\_4\_NEW

What medications does [S.C.] currently take for ADHD? [SELECT ALL THAT APPLY]

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

INTERVIEWER INSTRUCTION: 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 [S.C.]'s medication so  
we may record the name of it."

- (1) ABILIFY, ABILIFY MAINTENA, ABILIFY DISCMELT
- (2) ADDERALL (ADD-UR-ALL)
- (3) ADDERALL XR
- (4) AMPHETAMINE (AM-FET-A-MEEN)
- (5) APO-METOCLOP
- (6) APOKYN

- (7) APOMORPHINE
- (8) ARICEPT, ARICEPT ODT
- (9) ARIPIRAZOLE
- (10) ATOMOXETINE (AT-OH-MOX-E-TEEN)
- (11) BUPROPRION
- (12) BACLOFEN
- (13) BOTULINUM TOXIN, BOTOX
- (14) CATAPRES, CATAPRES-TTS
- (15) CELEXA
- (16) CITALOPRAM (SI-TAL-O-PRAM)
- (17) CLONAZEPAM
- (18) CLONIDINE, CLONIDINE ER
- (19) CONCERTA
- (20) DELTANYNE
- (21) DEXEDRINE, DEXEDRINE SPANSULE
- (22) DEXTROSTAT, DEXTRO-AMPHETAMINE
- (23) DEXMETHYLPHENIDATE
- (24) DONEPEZIL
- (25) DRONABINOL
- (26) DURACLON
- (27) DYSPORT
- (28) FLUOXETINE (FLOO-OX-E-TEEN)
- (29) FLUPHENAZINE
- (30) FOCALIN
- (31) FOCALIN XR
- (32) GABLOFEN
- (33) GEODON
- (34) GUANFACINE,
- (35) HALOPERIDOL, HALDOL, HALDOL DECANOATE
- (36) INTUNIV
- (37) KAPVAY
- (38) KEPPRA, KEPPRA XR
- (39) KEMSTRO
- (40) KLONOPIN, KLONOPIN WAFER
- (41) LEVETIRACETAM
- (42) LIORESAL
- (43) LISDEXAMFETAMINE (LIS-DEX-AM-FET-A-MEEN)
- (44) MARINOL
- (45) METADATE, METADATE CD
- (46) METHYLIN
- (47) METHYLPHENIDATE
- (48) METHYLPHENIDATE PATCH (DAYTRANA)
- (49) METOCLOPRAMIDE, METOCLOPRAMIDE HYDROCHLORIDE INJECTION,  
METOCLOPRAMIDE OMEGA
- (50) MIRAPEX, MIRAPEX ER
- (51) NAC
- (52) NEUROBLOC
- (53) NEXICLON

- (54) NU-METOCLOPRAMIDE,
  - (55) OLANZAPINE
  - (56) ONDANSETRON
  - (57) ORAP
  - (58) PERGOLIDE
  - (59) PERMAX
  - (60) PERMITIL
  - (61) PIMOZIDE
  - (62) PMS-METOCLOPRAMIDE
  - (63) PRAMIPEXOLE
  - (64) PROLIXIN, PROLIXIN DECANOATE, PROLIXIN ENANTHATE
  - (65) PROZAC
  - (67) QUETIAPINE
  - (68) QUILLIVANT
  - (69) REQUIP
  - (70) RISPERDAL, RISPERDAL CONSTA, RISPERDAL M-TAB, RISPERIDONE,  
RISPERIDOL
  - (71) RITALIN
  - (72) RITALIN LA, RITALIN SR
  - (73) ROPINIROLE
  - (74) SATIVEX
  - (75) SEROQUEL, SEROQUEL XR
  - (76) SERTRALINE (SER-TRA-LEEN)
  - (78) STRATTERA
  - (79) TENEX
  - (80) TETRABENAZINE
  - (81) TETRAHYDROCANNABINOL, Δ DELTA-9-THC
  - (82) TOPAMAX, TOPAMAX SPRINKLE
  - (83) TOPIRAMATE, TOPIRAGEN
  - (84) VYVANSE
  - (85) WELLBUTRIN
  - (86) XENAZINE
  - (87) ZIPRASIDONE
  - (88) ZOFRAN
  - (89) ZOLOFT
  - (90) ZYPREXA, ZYPREXA ZYDIS, ZYPREXA RELPREVV, ZYPREXA  
INTRAMUSCULAR
  - (91) OTHER [GO TO ADHD\_C1\_4\_VERBATIM]
- (666) NOT CURRENTLY TAKING MEDICATION [GO TO ADHD\_C2\_1]  
(777) DON'T KNOW [GO TO ADHD\_C2\_1]  
(999) REFUSED [GO TO ADHD\_C2\_1]

[IF TS\_END=1 THEN DISPLAY:

INTERVIEWER INSTRUCTION: MEDICATIONS THAT WERE REPORTED BY R  
IN THE TOURETTE SURVEY CAN BE CODED HERE AGAIN IF THEY ARE

ALSO USED TO TREAT ADHD. ALLOW R TO OFFER THIS INFORMATION; DO NOT PROBE.

ADHD\_C1\_4\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

ADHD\_C1\_5\_INTRO

I will now be asking you about any side effects to the ADHD medication that [S.C.] may have experienced. Please think about side effects from medications that [S.C.] has ever taken for ADHD, even if [he/she] does not currently take them now.

ADHD\_C1\_5A

Due to ADHD medication has [S.C.] experienced headaches?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5B

Has [S.C.] experienced stomach problems, such as stomachache, nausea, or vomiting?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5C

Has [S.C.] experienced weight gain?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5D

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...

Weight loss?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5E

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...

Slowed growth?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5F

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...

Acting dazed, including long periods of staring, having a glassy-eyed appearance, or being slow to respond?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5G

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...

Change in personality or mood?

HELP TEXT: Examples include irritability, increased anxiety or agitation, extreme sadness or unusual crying, dull, tired, listless behavior, change in personality, socially withdrawn or decreased interaction with others.

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5H

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...

Sleep problems/insomnia, such as trouble getting to sleep, staying asleep?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5I

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...

Repetitive movements, tics, jerking, twitching, eye blinking?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5J

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...

Feeling shaky or jittery?

READ IF NECESSARY: Remember, we are asking if the child has experienced this symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5K

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...  
Increased blood pressure or heart rate?

READ IF NECESSARY: Remember, we are asking if the child has experienced this  
symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5L

READ IF NECESSARY: Due to ADHD medication has [S.C.] ever experienced...  
Any other side effects?

READ IF NECESSARY: Remember, we are asking if the child has experienced this  
symptom as a side effect of the ADHD medication.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_5L\_VERBATIM

RECORD VERBATIM RESPONSE\_\_\_\_\_

IF ANY ADHD\_C1\_5A- ADHD\_C1\_5L = 1, THEN GO TO ADHD\_C1\_6.  
ELSE, IF CHILD IS CURRENTLY TAKING MEDS (ADHD\_C1\_3 = 1), GO TO  
ADHD\_C1\_7.  
IF CHILD IS NOT CURRENTLY TAKING MEDS (ADHD\_C1\_3 = 2, 77, 99), GO TO  
ADHD\_C3\_1.

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

IF CHILD IS CURRENTLY TAKING MEDS (ADHD\_C1\_3 = 1), GO TO  
ADHD\_C1\_7.  
IF CHILD IS NOT CURRENTLY TAKING MEDS (ADHD\_C1\_3 = 2, 77, 99), GO TO  
ADHD\_C3\_1.

ADHD\_C1\_7 Other than medications for ADHD, how many other medications is [S.C.] currently taking for difficulties with [his/her] emotions, concentration, or behavior? [IF TS\_ELIG=1 DISPLAY: Please include medication [S.C.] currently takes for Tourette syndrome.]

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

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

READ IF NECESSARY: Include both medication-focused visits or other visits (well or sick visits) where medication may have been discussed as well.

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

RECORD VALUE: \_\_\_\_\_  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

ADHD\_C1\_9\_NEW

What type of doctor or other health care provider currently manages [S.C.]'s ADHD medication?

READ IF NECESSARY: Managed means doing things like increasing or decreasing dosages of a medication or changing medications.

- (1) DEVELOPMENTAL OR BEHAVIORAL PEDIATRICIAN
- (2) FAMILY PRACTICE DOCTOR
- (3) NEUROLOGIST
- (4) NURSE PRACTITIONER
- (5) PEDIATRICIAN (GENERAL)
- (6) PHYSICIAN'S ASSISTANT
- (7) PSYCHIATRIST
- (8) TEAM OF MEDICAL PROFESSIONALS
- (9) OTHER [GO TO ADHD\_C1\_9\_NEW\_VERBATIM]
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C1\_9\_NEW\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_



ADHD\_C1\_10 In a regular school week, how much does [S.C.]’s medication help [S.C.] with schoolwork and academics? Would you say not at all, a little, some or a lot?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

HELP TEXT: REGULAR SCHOOL WEEK REFERS TO MONDAY THROUGH FRIDAY.

- (1) NOT AT ALL
- (2) A LITTLE
- (3) SOME
- (4) A LOT
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_C1\_11

In a regular school week, how much does [S.C.]’s medication help [S.C.] with [his/her] classroom and home behavior? Would you say not at all, a little, some or a lot?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

HELP TEXT: REGULAR SCHOOL WEEK REFERS TO MONDAY THROUGH FRIDAY.

- (1) NOT AT ALL
- (2) A LITTLE
- (3) SOME
- (4) A LOT
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_C1\_12

In a regular school week, how much does [S.C.]’s medication help [S.C.] with [his/her] interactions with friends and adults? Would you say not at all, a little, some or a lot?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

HELP TEXT: REGULAR SCHOOL WEEK REFERS TO MONDAY THROUGH FRIDAY.

- (1) NOT AT ALL
- (2) A LITTLE
- (3) SOME
- (4) A LOT
- (77) DON’T KNOW
- (99) REFUSED

## **MEDICATION ADHERENCE**

ADHD\_C2\_1 I want you to think about [S.C.]’s last school week.

How many of the five days in the most recent school week did [S.C.] take medication for ADHD?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

HELP TEXT: REGULAR SCHOOL WEEK REFERS TO MONDAY THROUGH FRIDAY.

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

ADHD\_C2\_2 Now I want you to think about last weekend, which would be last Saturday and Sunday.

How many of the two days in the last weekend did [S.C.] take medication for ADHD?

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

ADHD\_C2\_3 On a typical school day, when does [S.C.] usually take medication for ADHD? Is it before school, during school, or after school? [SELECT ALL THAT APPLY]

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

- (1) BEFORE SCHOOL
- (2) DURING SCHOOL
- (3) AFTER SCHOOL
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_C2\_4 Does [S.C.] take regularly scheduled breaks from [his/her] ADHD medication, such as on weekends or over the summer? This is sometimes referred to as a drug-holiday.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C2\_5 Who usually makes sure [S.C.] takes [his/her] ADHD medication?

READ IF RESPONDENT SAYS MULTIPLE PEOPLE: Who does it most often?

- (1) A PARENT OR GUARDIAN
- (2) ANOTHER FAMILY MEMBER
- (3) SOMEONE AT SCHOOL
- (4) A BABYSITTER OR NANNY
- (5) THE CHILD
- (6) OTHER PERSON
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C2\_6 In the past 12 months, was there a time when [S.C.] resisted taking [his/her] ADHD medication?

READ IF NECESSARY: Do not include resistance solely due to physical reasons such as being unable to swallow a pill.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C2\_7 To the best of your knowledge, has [S.C.]'s ADHD medication ever been taken or used by someone else, including a family member?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

## **OTHER TREATMENT**

ADHD\_C3\_INTRO

Now I will be asking you about other treatments for ADHD or difficulties with [S.C.]'s emotions, concentration, or behavior.

ADHD\_C3\_1 Has [S.C.] ever received school-based educational support, intervention, or accommodation, such as tutoring, extra help from a teacher, preferential seating, extra time to complete work or being enrolled in special education?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

HELP TEXT: IF CHILD HAS NEVER BEEN ENROLLED IN A SCHOOL, PRESCHOOL, OR DAYCARE, CHOOSE "NO".

- (1) YES [GO TO ADHD\_C3\_1A]
- (2) NO [GO TO ADHD\_C3\_2]
- (77) DON'T KNOW [GO TO ADHD\_C3\_2]
- (99) REFUSED [GO TO ADHD\_C3\_2]

ADHD\_C3\_1A

Is [S.C.] currently receiving school-based educational support, intervention, or accommodation?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_2 Has [S.C.] ever received classroom management, such as reward systems, behavioral modification, or a daily report card?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

HELP TEXT: IF CHILD HAS NEVER BEEN ENROLLED IN A SCHOOL, PRESCHOOL, OR DAYCARE, CHOOSE "NO".

- (1) YES [GO TO ADHD\_C3\_2A]
- (2) NO [GO TO ADHD\_C3\_3]
- (77) DON'T KNOW [GO TO ADHD\_C3\_3]
- (99) REFUSED [GO TO ADHD\_C3\_3]

ADHD\_C3\_2A

Is [S.C.] currently receiving treatment through classroom management?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_3 Has [S.C.] ever received peer interventions, such as peer tutoring or the Good Behavior Game?

READ IF NECESSARY: The Good Behavior game is an approach that teachers use to manage classrooms and that rewards children for appropriate behaviors during class time.

HELP TEXT: IF CHILD HAS NEVER BEEN ENROLLED IN A SCHOOL, PRESCHOOL, OR DAYCARE, CHOOSE "NO".

- (1) YES [GO TO ADHD\_C3\_3A]
- (2) NO [GO TO ADHD\_C3\_4]
- (77) DON'T KNOW [GO TO ADHD\_C3\_4]
- (99) REFUSED [GO TO ADHD\_C3\_4]

ADHD\_C3\_3A

s [S.C.] currently receiving treatment through peer interventions?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_4 Has [S.C.] ever received social skills training, such as support in how to interact with others?

- (1) YES [GO TO ADHD\_C3\_4A]
- (2) NO [GO TO ADHD\_C3\_5]
- (77) DON'T KNOW [GO TO ADHD\_C3\_5]
- (99) REFUSED [GO TO ADHD\_C3\_5]

ADHD\_C3\_4A

Is [S.C.] currently receiving social skills training?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_5 Has [S.C.] ever received Cognitive Behavioral Therapy also known as CBT?

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

- (1) YES [GO TO ADHD\_C3\_5A]
- (2) NO [GO TO ADHD\_C3\_6]
- (77) DON'T KNOW [GO TO ADHD\_C3\_6]
- (99) REFUSED [GO TO ADHD\_C3\_6]

ADHD\_C3\_5A

Is [S.C.] currently receiving cognitive behavioral therapy?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_6 Has [S.C.] ever received dietary supplements, herbal supplements, and other non-prescription medications for ADHD or for other difficulties with [his/her] emotions, concentration or behavior?

- (1) YES [GO TO ADHD\_C3\_6A]
- (2) NO [GO TO ADHD\_C3\_7]
- (77) DON'T KNOW [GO TO ADHD\_C3\_7]
- (99) REFUSED [GO TO ADHD\_C3\_7]

ADHD\_C3\_6A

Is [S.C.] currently receiving dietary supplements, herbal supplements, or non-prescription medications for ADHD or for other difficulties with [his/her] emotions, concentration or behavior?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_7 Has [S.C.] ever received EEG neurofeedback or other kinds of biofeedback?

HELP TEXT: An EEG is recording of the brain's electrical activity along the scalp.

- (1) YES [GO TO ADHD\_C3\_7A]
- (2) NO [GO TO ADHD\_C3\_8]
- (77) DON'T KNOW [GO TO ADHD\_C3\_8]
- (99) REFUSED [GO TO ADHD\_C3\_8]

ADHD\_C3\_7A

Is [S.C.] currently receiving EEG neurofeedback or other kinds of biofeedback for ADHD?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_8 Has [S.C.] ever received *any* other treatment for ADHD or for other difficulties with [his/her] emotions, concentration or behavior?

- (1) YES [GO TO ADHD\_C3\_VA]
- (2) NO [GO TO ADHD\_C3\_9]
- (77) DON'T KNOW [GO TO ADHD\_C3\_9]
- (99) REFUSED [GO TO ADHD\_C3\_9]

ADHD\_C3\_8\_VA

What other treatment has [S.C.] received?

INTERVIEWER INSTRUCTION: PROBE UP TO THREE OTHER TREATMENTS.  
YOU MUST ENTER SOMETHING INTO EACH FIELD.

ENTER 66 IF THERE ARE NO TREATMENTS  
ENTER 77 FOR DON'T KNOW  
ENTER 99 FOR REFUSED

RECORD VERBATIM RESPONSE\_\_\_\_\_

ADHD\_C3\_8\_VB

What other treatment has [S.C.] received?

RECORD VERBATIM RESPONSE\_\_\_\_\_

ADHD\_C3\_8\_VC

What other treatment has [S.C.] received?

RECORD VERBATIM RESPONSE\_\_\_\_\_

ADHD\_C3\_8A

Is [S.C.] currently receiving [other treatment from ADHD\_C3\_8\_VA] for ADHD or for other difficulties with [his/her] emotions, concentration or behavior?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_8B

[IF ADHD\_C3\_VB=66, 77, 99 SKIP TO ADHD\_C3\_8C]

Is [S.C.] currently receiving [other treatment from ADHD\_C3\_8\_VB] for ADHD or for other difficulties with [his/her] emotions, concentration or behavior?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C3\_8C

[IF ADHD\_C3\_VC=66, 77, 99 SKIP TO ADHD\_C3\_9]

Is [S.C.] currently receiving [other treatment from ADHD\_C3\_8\_VC] for ADHD or for other difficulties with [his/her] emotions, concentration or behavior?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

[SKIP ADHD\_C3\_9 AND ADHD\_C3\_10 IF THE TS MODULE WAS COMPLETED.  
GO TO ADHD\_C4\_1]

ADHD\_C3\_9 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]
- (77) DON'T KNOW [GO TO ADHD\_C4]
- (99) REFUSED [GO TO ADHD\_C4]

ADHD\_C3\_10 Is it an IEP, a 504 plan, or something else?

- (1) IEP
- (2) 504 PLAN
- (3) SOMETHING ELSE [GO TO ADHD\_CE\_10\_VERBATIM]
- (4) BOTH IEP AND 504 PLAN
- (77) DON'T KNOW
- (99) REFUSED

**TREATMENT BARRIERS AND SATISFACTION**

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

ADHD\_C4\_INTRO

I will now ask you about your satisfaction with [S.C.]’s treatment and any treatment barriers you may have experienced.

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\_2A]
- (2) NO [GO TO ADHD\_C4\_3]
- (77) DON'T KNOW [GO TO ADHD\_C4\_3]
- (99) REFUSED [GO TO ADHD\_C4\_3]



ADHD\_C4\_2A

Was the treatment [S.C.] needed but couldn't get ...

Medication?

- (1) YES [GO TO ADHD\_C4\_2AA]
- (2) NO [GO TO ADHD\_C4\_2B]
- (77) DON'T KNOW [GO TO ADHD\_C4\_2B]
- (99) REFUSED [GO TO ADHD\_C4\_2B]

ADHD\_C4\_2AA

Why was [S.C.] unable to get medication? [SELECT ALL THAT APPLY]

- (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 OR CHILD DOES NOT CURRENTLY HAVE A PROVIDER
- (7) FAMILY ISSUES: CHILD OR OTHER FAMILY MEMBERS DID NOT WANT THE TREATMENT/SERVICE
- (8) OTHER [GO TO ADHD\_C4\_2AA\_VERBATIM]
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C4\_2AA\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

ADHD\_C4\_2B

Was the treatment [S.C.] needed but couldn't get ...

School-based behavioral treatment, support, or accommodation?

INTERVIEWER INSTRUCTION: IF CHILD IS NOT ENROLLED IN SCHOOL, PRESCHOOL OR DAYCARE, CHOOSE "NO".

- (1) YES [GO TO ADHD\_C4\_2BA]
- (2) NO [GO TO ADHD\_C4\_2C]
- (77) DON'T KNOW [GO TO ADHD\_C4\_2C]
- (99) REFUSED [GO TO ADHD\_C4\_2C]

ADHD\_C4\_2BA

Why couldn't [S.C.] get school-based behavioral treatment, intervention, or accommodation? [SELECT ALL THAT APPLY]

- (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 OR CHILD DOES NOT CURRENTLY HAVE A PROVIDER
- (7) FAMILY ISSUES: CHILD OR OTHER FAMILY MEMBERS DID NOT WANT THE TREATMENT/SERVICE
- (8) CHILD NOT YET IN SCHOOL
- (9) OTHER [GO TO ADHD\_C4\_2BA\_VERBATIM]
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C4\_2BA\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

ADHD\_C4\_2C

Was the treatment [S.C.] needed but couldn't get...

Behavioral treatment based outside of school?

- (1) YES [GO TO ADHD\_C4\_2CA]
- (2) NO [GO TO ADHD\_C4\_2D]
- (77) DON'T KNOW [GO TO ADHD\_C4\_2D]
- (99) REFUSED [GO TO ADHD\_C4\_2D]

ADHD\_C4\_2CA

Why couldn't [S.C.] get behavioral treatment based outside of school? [SELECT ALL THAT APPLY]

- (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 OR CHILD DOES NOT CURRENTLY HAVE A PROVIDER
- (7) FAMILY ISSUES: CHILD OR OTHER FAMILY MEMBERS DID NOT WANT THE TREATMENT/SERVICE
- (8) OTHER GO TO ADHD\_C4\_2CA\_VERBATIM]
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_C4\_2CA\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

ADHD\_C4\_2D

Was the treatment [S.C.] needed but couldn't get some other treatment outside of school?

- (1) YES [GO TO ADHD\_C4\_2D\_VERBATIM]
- (2) NO [GO TO ADHD\_C4\_3]
- (77) DON'T KNOW [GO TO AGO TO ADHD\_C4\_3]
- (99) REFUSED [GO TO GO TO ADHD\_C4\_3]

ADHD\_C4\_2D\_VERBATIM

RECORD VERBATIM RESPONSE \_\_\_\_\_

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

ADHD\_C4\_3 Overall, how satisfied are you with [S.C.]'s ADHD treatment and management? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- (1) VERY SATISFIED
- (2) SOMEWHAT SATISFIED
- (3) SOMEWHAT DISSATISFIED
- (4) VERY DISSATISFIED
- (77) DON'T KNOW
- (99) REFUSED

## 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 [S.C.]'s ADHD?

HELP TEXT: Do not include self-training, such as internet research that the parent or guardian does on his/her own.

- (1) YES [GO TO ADHD\_C5\_2]
- (2) NO [GO TO ADHD\_C5\_3]
- (77) DON'T KNOW [GO TO ADHD\_C5\_3]
- (99) REFUSED [GO TO ADHD\_C5\_3]

ADHD\_C5\_2 Are you currently receiving parent training to help you manage [S.C.]'s ADHD?

- (1) YES [GO TO ADHD\_C5\_3]
- (2) NO [GO TO ADHD\_C5\_3]
- (77) DON'T KNOW [GO TO ADHD\_C5\_3]
- (99) REFUSED [GO TO ADHD\_C5\_3]

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

- (1) YES [GO TO ADHD\_D1\_INTRO]
- (2) NO [GO TO ADHD\_D1\_INTRO]
- (77) DON'T KNOW [GO TO ADHD\_D1\_INTRO]
- (99) REFUSED [GO TO ADHD\_D1\_INTRO]

## **SYMPTOMS AND PERFORMANCE/IMPAIRMENT**

### **VANDERBILT ADHD-18**

#### **ADHD\_D1\_INTRO**

Now I'd like to ask you about [S.C.]'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 when [he/she] is not taking medication for ADHD. [IF TS\_END=1 DISPLAY ", Tourette syndrome,"] or any other medication for other difficulties with [his/her] emotions, concentration or behavior.

For each behavior, please tell me how frequently the behavior happens: Never, Occasionally, Often, or Very Often.

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.

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

Would you say this behavior happens never, occasionally, often or very often?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

HELP TEXT: IF RESPONDENT STATES THAT CHILD IS NOT IN SCHOOL, ASK R TO THINK ABOUT SCENARIOS IN WHICH CHILD MAY NOT PAY ATTENTION OR MAY MAKE CARELESS MISTAKES.

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

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

Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

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

Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

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

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE

HELP TEXT: IF RESPONDENT STATES THAT CHILD IS NOT IN SCHOOL, ASK R TO THINK ABOUT SCENARIOS IN WHICH CHILD MAY NOT FOLLOW INSTRUCTIONS OR MAY FAIL TO FINISH A TASK.

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_5 Has difficulty organizing tasks and activities

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

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

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

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

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

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

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_9 Is forgetful in daily activities.

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_10

Fidgets with hands or feet or squirms in seat.

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_11

Leaves seat when remaining seated is expected

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_12

Runs about or climbs excessively in situations when remaining seated is expected

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED



ADHD\_D1\_13

Has difficulty playing or engaging in leisure activities quietly

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_14

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

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_15

Talks too much.

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_16

Blurts out answers before questions have been completed.

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_17

Has difficulty waiting [his/her] turn.

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D1\_18

Interrupts or intrudes on others (butts into conversations or games).

READ IF NECESSARY: Would you say this behavior happens never, occasionally, often or very often?

- (1) NEVER
- (2) OCCASIONALLY
- (3) OFTEN
- (4) VERY OFTEN
- (77) DON'T KNOW
- (99) REFUSED

## **PERFORMANCE**

IF TS\_END=1, SKIP TO ADHD\_E7, ELSE ASK

ADHD\_D2A\_INTRO

Next I would like you to think about [S.C.]'s academic performance.

Just as a reminder, please think about your child's behaviors in the past 6 months when he/she is not taking medication for ADHD or any other medication for other difficulties with [his/her] emotions, concentration or behavior.

For each question, please say whether [S.C.]'s performance is problematic, somewhat problematic, average, above average or excellent.

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.

ADHD\_D2A\_1

How would you describe [S.C.]'s overall school performance? Would you say that [S.C.]'s performance is problematic, somewhat problematic, average, above average, or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D2A\_2

How would you describe [S.C.]'s performance in reading? Would you say that [S.C.]'s performance is problematic, somewhat problematic, average, above average, or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT READ YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_D2A\_3

How would you describe [S.C.]’s performance in mathematics? Would you say that [S.C.]’s performance is problematic, somewhat problematic, average, above average, or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT DO MATH YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_D2A\_4

How would you describe [S.C.]’s performance in writing?

READ IF NECESSARY: Would you say [S.C.]’s performance is problematic, somewhat problematic, average, above average or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT WRITE YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_D2B\_INTRO

Next I would like you to think about [S.C.]’s relationships. For each question, please say whether [S.C.]’s relationship is problematic, somewhat problematic, average, above average or excellent.

ADHD\_D2B\_1

How would you describe [S.C.]’s relationship with [his/her] parents, caregivers, or guardians? Would you say [S.C.]’s relationship is problematic, somewhat problematic, average, above average or excellent?

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_D2B\_2

How about relationships with siblings? Would you say [S.C.]’s relationship is problematic, somewhat problematic, average, above average or excellent?

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (6) CHILD DOES NOT HAVE SIBLINGS
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_D2B\_3

How would you describe [S.C.]’s relationship with peers? Would you say [S.C.]’s relationship is problematic, somewhat problematic, average, above average or excellent?

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_ D2B\_4

How would you describe [S.C.]’s participation in organized activities such as teams?

READ IF NECESSARY: Would you say [S.C.]’s relationship is problematic, somewhat problematic, average, above average or excellent?

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (6) CHILD DOES NOT PARTICIPATE IN ORGANIZED ACTIVITIES
- (77) DON’T KNOW
- (99) REFUSED

ADHD\_ D2C\_1

How would you describe [S.C.]’s handwriting, that is, [his/her] ability to form letters and numbers that are clear and can be recognized?

READ IF NECESSARY: Would you say [S.C.]’s handwriting is problematic, somewhat problematic, average, above average or excellent?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: IF RESPONDENT STATES THAT CHILD DOES NOT WRITE YET, READ: Please consider what you this is appropriate for the age of your child.

- (1) PROBLEMATIC
- (2) SOMEWHAT PROBLEMATIC
- (3) AVERAGE
- (4) ABOVE AVERAGE
- (5) EXCELLENT
- (77) DON’T KNOW
- (99) REFUSED

**ACADEMIC HEALTH AND DISCIPLINE**

ADHD\_E\_INTRO

I'd now like to ask you a few questions about [S.C.]'s school experience.

ADHD\_E1 What kind of school is [S.C.] currently enrolled in? Is it a public school, a private school, or is [S.C.] home-schooled?

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.

HELP TEXT: SCHOOL INCLUDES PRESCHOOL OR DAYCARE.

INTERVIEWER INSTRUCTION: CODE CHARTER SCHOOLS AS "PUBLIC".

- |                                      |                   |
|--------------------------------------|-------------------|
| (1) PUBLIC                           | [GO TO ADHD_E1_1] |
| (2) PRIVATE                          | [GO TO ADHD_E1_1] |
| (3) HOME-SCHOOLED                    | [GO TO ADHD_E2]   |
| (4) [S.C.] IS NOT ENROLLED IN SCHOOL | [GO TO ADHD_E2]   |
| (77) DON'T KNOW                      | [GO TO ADHD_E2]   |
| (99) REFUSED                         | [GO TO ADHD_E2]   |

ADHD\_E1\_1 Is the school that [S.C.] is enrolled in a specialty school for children with learning and behavior differences?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_E2 Overall, would you consider [S.C.] an A student, B student, C student, D student, or F student?

HELP TEXT: SCHOOL INCLUDES PRESCHOOL, DAYCARE AND HOME-SCHOOLING.

READ IF NECESSARY: Please use the following guideline:

- A = Exceptional
- B = Above average
- C = Average
- D = Below average
- F = Failing

- (1) A STUDENT
- (2) B STUDENT
- (3) C STUDENT
- (4) D STUDENT
- (5) F STUDENT
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO [GO TO ADHD\_E5]
- (3) CHILD HAS NOT YET ENTERED KINDERGARTEN [GO TO ADHD\_E5].
- (77) DON'T KNOW [GO TO ADHD\_E5]
- (99) REFUSED [GO TO ADHD\_E5]

ADHD\_E4 Which grade or grades did [he/she] repeat? [SELECT ALL THAT APPLY]

- (1) KINDERGARTEN
- (2) 1<sup>ST</sup> GRADE
- (3) 2<sup>ND</sup> GRADE
- (4) 3<sup>RD</sup> GRADE
- (5) 4<sup>TH</sup> GRADE
- (6) 5<sup>TH</sup> GRADE
- (7) 6<sup>TH</sup> GRADE
- (8) 7<sup>TH</sup> GRADE
- (9) 8<sup>TH</sup> GRADE
- (10) 9<sup>TH</sup> GRADE
- (11) 10<sup>TH</sup> GRADE
- (12) 11<sup>TH</sup> GRADE
- (13) 12<sup>TH</sup> GRADE
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES [GO TO ADHD\_E6]
- (2) NO [GO TO ADHD\_E7]
- (77) DON'T KNOW [GO TO ADHD\_E7]
- (99) REFUSED [GO TO ADHD\_E7]



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

- (1) CHILDCARE (BIRTH TO AGE 2)
- (2) PRESCHOOL (AGE 3 TO AGE 5)
- (3) KINDERGARTEN
- (4) 1<sup>ST</sup> GRADE
- (5) 2<sup>ND</sup> GRADE
- (6) 3<sup>RD</sup> GRADE
- (7) 4<sup>TH</sup> GRADE
- (8) 5<sup>TH</sup> GRADE
- (9) 6<sup>TH</sup> GRADE
- (10) 7<sup>TH</sup> GRADE
- (11) 8<sup>TH</sup> GRADE
- (12) 9<sup>TH</sup> GRADE
- (13) 10<sup>TH</sup> GRADE
- (14) 11<sup>TH</sup> GRADE
- (15) 12<sup>TH</sup> GRADE
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

## **FAMILY IMPACT**

### ADHD\_F\_INTRO

Now I'd like to ask you about [S.C.] and your family.

ADHD\_F1\_1 Has [S.C.]'s ADHD caused financial problems for your family?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_F1\_2 Have you or other family members stopped working because of [S.C.]'s ADHD?

HELP TEXT: CODE 2 IF NO ONE IN HOUSEHOLD WORKS.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_F1\_3 [IF ADHD\_F1\_2 = 1, THEN DISPLAY: Not including the family members who stopped working...] Have you or other family members cut down on the hours you work because of [S.C.]'s ADHD?

HELP TEXT: CODE 2 IF NO ONE IN HOUSEHOLD WORKS

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

HELP TEXT: CODE 2 IF NO ONE IN HOUSEHOLD WORKS

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

## AMERICAN COMMUNITY SURVEY QUESTIONS

[IF TS\_END=1 SKIP TO ADHD\_H1\_Q01\_CHK, ELSE ASK:]

### ADHD\_G\_INTRO

Thank you for your answers. Now I have a few more general questions about [S.C.] and your household. These questions may seem similar to other questions I have previously asked.

ADHD\_G1\_1 How well does [S.C.] speak English?

- (1) VERY WELL
- (2) WELL
- (3) NOT WELL
- (4) NOT AT ALL
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

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

HELP TEXT: ANY PHYSICAL, MENTAL OR EMOTIONAL CONDITION  
(INCLUDING ADHD) CAN BE CONSIDERED.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_G1\_5 Does [S.C.] have serious difficulty walking or climbing stairs?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

ADHD\_G1\_6 Does [S.C.] have difficulty dressing or bathing?

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

[IF AGE < 15 SKIP TO ADHD\_H1\_Q01]

ADHD\_G1\_7 Because of a physical, mental or emotional condition, does [S.C.] have difficulty doing errands alone such as visiting a doctor's office or shopping?

HELP TEXT: ANY PHYSICAL, MENTAL OR EMOTIONAL CONDITION  
(INCLUDING ADHD) CAN BE CONSIDERED.

- (1) YES
- (2) NO
- (77) DON'T KNOW
- (99) REFUSED

## HOUSEHOLD AND DEMOGRAPHICS

ADHD \_H1\_Q01

Including the adults and all the children, how many people live in this household?

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

ADHD \_H1\_Q02

IF TS\_END=1 THEN DISPLAY: Just to confirm once again,] I have that you are [S.C.]'s [FILL FROM RELATION]. Is that correct?

READ IF NECESSARY: I have to re-ask this question for statistical reasons

READ IF NECESSARY: We want to ensure we have your relationship with the child correct.

- (1) YES [GO TO ADHD \_H1\_Q2\_CHK]
- (2) NO [GO TO ADHD \_H1\_Q3]
- (77) DON'T KNOW [GO TO ADHD \_H1\_Q3]
- (99) REFUSED [GO TO ADHD \_H1\_Q3]

ADHD \_H1\_Q03

IF ADHD \_H1\_Q02=2, 77, 99 OR IF R TYPE=2, 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=1 AND C10Q02A=1,2, 3,4,5 THEN DISPLAY: Are you [S.C.]'s biological, adoptive, step, or foster mother?

IF ADHD \_H1\_Q02=1 AND C10Q02A =6,7,8,9,10 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

IF TS\_END=1 FILL ADHD\_H1\_Q4 WITH TS\_H1\_Q4 AND GO TO CPGOGETMED\_ADHD, ELSE GO TO ADHD\_H1\_Q04.

#### ADHD\_H1\_Q04

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

IF ADHD\_H1\_Q01 = 77, 99, THEN READ: For the other people that live in your household with you and [S.C.], what is their relationship to [S.C.]? [SELECT 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.]? [SELECT 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?

- (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\_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\_Q01\_CONF]
- (99) REFUSED [SKIP TO ADHD\_H2\_Q01\_CONF]

ADHD\_H2\_Q02

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 [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\_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: \_\_\_\_\_  
[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\_Q02

For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in 2013. 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 CPGOGETMED\_ADHD]
- (99) REFUSED [GO TO CPGOGETMED\_ADHD]

ADHD\_H3\_Q03

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 CPGOGETMED\_ADHD]
- (77) DON'T KNOW [GO TO CPGOGETMED\_ADHD]
- (99) REFUSED [GO TO CPGOGETMED\_ADHD]

ADHD\_H3\_Q04

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 CPGOGETMED\_ADHD]
- (2) [FILL: Poverty threshold for household of size ADHD\_H1\_Q01] OR MORE [GO TO CPGOGETMED\_ADHD]
- (77) DON'T KNOW [GO TO CPGOGETMED\_ADHD]
- (99) REFUSED [GO TO CPGOGETMED\_ADHD]

ADHD\_H3\_Q05

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

- (1) LESS THAN \$100,000 [GO TO ADHD\_H3\_Q06]
- (2) \$100,000 OR MORE [GO TO CPGOGETMED\_ADHD]
- (77) DON'T KNOW [GO TO CPGOGETMED\_ADHD]
- (99) REFUSED [GO TO CPGOGETMED\_ADHD]

ADHD\_H3\_Q06

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

- (1) LESS THAN \$75,000 [GO TO CPGOGETMED\_ADHD]
- (2) \$75,000 OR MORE [GO TO CPGOGETMED\_ADHD]
- (77) DON'T KNOW [GO TO CPGOGETMED\_ADHD]
- (99) REFUSED [GO TO CPGOGETMED\_ADHD]

IF RESPONDENT INDICATED NEEDING TO LOOK FOR MEDICATIONS EARLIER IN INTERVIEW THEY WERE GIVEN THE OPPORTUNITY (CPGOGETMED\_ADHD) TO GATHER THE MEDICATIONS TO ANSWER ADHD\_C1\_4\_NEW BEFORE CONCLUDING INTERVIEW.

ADHD\_ADDRESS\_CONF

TEXT 1:

[IF TS\_END=0 DISPLAY: Those are all the questions I have. Before I go, I'll need your mailing address so we can send you \$ [25 / 20] as a token of our appreciation for taking the time to answer our questions.]

TEXT 2:

[IF TS\_END=1 DISPLAY: Those are all the questions I have. Before I go, I'll need your mailing address so we can send you an additional \$20, for a total of \$[45 / 40] 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.