

AT4A1	AD1 Let me ask you about what you were like in school, say from age 6 to age 10. This would be from the first through fourth grade. During this period, was there ever at least 6 months when	6 MONTH DURATION <u>NO</u> <u>YES</u>
AT4A1G	1. you were <u>always</u> losing things like assignments, notebooks, homework or other things you needed?.....1	5 AD1_1
	A. Did your mom or the teacher complain that you were always losing things?.....1	5 AD1a1
AT4A1A	2. you made a lot of careless mistakes in your schoolwork or jobs at home because you rushed through them without checking?1	5 AD1_2
AT4A1I	3. you <u>often</u> forgot what you were supposed to be doing or what you had planned to do?1	5 AD1_3
AT4A1C	4. people would tell you something and it seemed as though you weren't listening?.....1	5 AD1_4
AT4A1B	5. you <u>quickly</u> lost interest in games you were playing or in work you were doing?1	5 AD1_5
AT4A1H	6. you were easily distracted from schoolwork or from other things you were doing because every little thing would grab your attention?..1	5 AD1_6
	A. When something little was going on around you, did you often stop what you were doing and pay attention to that?.....1	5 AD1a6
AT4A1F	7. you <u>disliked</u> or <u>avoided</u> doing schoolwork or homework because it was so hard to pay attention?1	5 AD1_7
AT4A1E	8. you <u>often</u> had difficulty organizing your things and activities?.....1	5 AD1_8
AT4A1D	9. you found it really hard to follow through on instructions even when you knew what you were supposed to do and meant to do it?1	5 AD1_9
ADHD3RA8	10. you often started doing one thing and then changed to something else without finishing the first thing?.....1	5 AD1_10

**BOX AD1 IF THREE OR MORE 5'S CODED IN AD1.1-10, CONTINUE.
OTHERS SKIP TO AD6.**

REVIEW SX AS NEEDED

AD2	Did these difficulties cause problems for you . . .	<u>NO</u>	<u>YES</u>
1.	at school?	1	5 AD2_1
2.	at home?	1	5 AD2_2
3.	with your friends?	1	5 AD2_3
4.	other places?.....	1	5 AD2_4

IF ALL CODED 1, SKIP TO AD3

A.	Did any of these difficulties keep on causing problems for you (at school/at home/with friends/in other places) for a month or longer?	AD2a NO 1 YES 5
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AD3	How old were you the (first/last) time you had any of these problems? REVIEW SX CODED 5 IN AD1.1-10	AGE ONS: ____/____ AD_ao3
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IF AGE ONS WITHIN 2 YEARS OF AGE REC, SKIP TO AD4.

AGE REC: ____/____ [AD_ar3](#)
REC: 1 5 [AD_r3](#)

A.	Between (AGE ONS) and (AGE REC), was there any full year when you were not having special difficulty paying attention or completing things?	AD3a NO 1 YES 5
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AD4	Did you or a parent ever talk to a doctor about your trouble completing things or paying attention?	AD4 NO 1 YES 5
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AD5	Were you ever given any medication to improve your ability to pay attention?	AD5 NO (SKIP TO AD6)..... 1 YES 5
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How old were you when you first started taking the medicine(s)?
____ AGE [AD_ao5](#)

SPECIFY: What medications?

1.	_____ AD5Drug1	CODE: ____ ____ AD5cd1
2.	_____ AD5Drug2	CODE: ____ ____ AD5cd2
3.	_____ AD5Drug3	CODE: ____ ____ AD5cd3

		AD5_dk NO 1 YES 5 DK 9
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IF DK NAME OF MEDS, ASK: Do you think you took Ritalin, Adderall, Concerta, Dexadrine or Cylert?

A.	Are you still taking the medicine?	AD5a NO 1 YES.....(SKIP TO C)..... 5
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B.	How old were you when you stopped taking the medicine(s)?	____ AGE AD5b
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C.	After you started taking the medicine, did these problems start to get better?	AD5c NO 1 YES 5
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AT4A2	AD6	Now I'd like to ask you some more questions about what you were like in your first few years at school, age 6 to age 10, or first to fourth grade. During this period, was there ever at least 6 months when	6 MONTH DURATION	
			<u>NO</u>	<u>YES</u>
AT4A2C	1.	you were <u>always</u> climbing on things or running around, when you were not supposed to?	1	5 AD6_1
AT4A2E	2.	you kept going <u>all</u> the time?	1	5 AD6_2
AT4A2D	3.	you had a really hard time doing things quietly, like reading a book, either by yourself or in school?	1	5 AD6_3
AT4A2A	4.	you <u>often</u> fidgeted and squirmed in your seat?.....	1	5 AD6_4
AT4A2B	5.	you got up from your seat <u>a lot</u> when you were not supposed to, for example at dinner, school, or religious services?	1	5 AD6_5
AT4A2F	6.	you were very talkative?	1	5 AD6_6
	A.	Did people tell you that you talked all the time?	1	5 AD6a6
AT4A2G	7.	you <u>often</u> blurted out the answer to a question before someone had finished asking it?.....	1	5 AD6_7
AT4A2I	8.	you <u>often</u> interrupted other people when they were talking?	1	5 AD6_8
AT4A2H	9.	you had <u>more trouble</u> than most children with waiting for your turn, or waiting in line?	1	5 AD6_9
AT4A2I	10.	you <u>often</u> tried to butt into games or other activities without being asked?.....	1	5 AD6_10
ADHD3RA14	11.	you <u>often</u> did careless things like running into the street without looking or running into things because you didn't look where you were going?	1	5 AD6_11

BOX AD6 IF THREE OR MORE 5'S CODED IN AD6.1-11, CONTINUE. OTHERS SKIP TO OD1.

REVIEW SX AS NEEDED

AD7	Did these difficulties cause problems for you . . .	<u>NO</u>	<u>YES</u>
1.	at school?.....	1	5 AD7_1
2.	at home?	1	5 AD7_2
3.	with your friends?	1	5 AD7_3
4.	other places?.....	1	5 AD7_4

IF ALL CODED 1, SKIP TO AD8

A.	Did these behaviors ever cause <u>serious</u> problems for you (at school/at home/with friends/other places) for a month or longer?	AD7a NO 1 YES..... 5
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AD8	How old were you the (first/last) time you did any of these things? REVIEW SX CODED 5 IN AD6.1-11	AGE ONS: ____/____ AD_ao8
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IF AGE ONS WITHIN 2 YEARS OF AGE REC, SKIP TO AD9. AGE REC: ____/____ [AD_ar8](#)
REC: 1 5 [AD_r8](#)

A.	Between (AGE ONS) and (AGE REC), was there any full year when you were not overly active, fidgety or impatient?	AD8a NO..... 1 YES..... 5
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AD9	Did you or a parent ever talk to a doctor because of your being overly fidgety or active?	AD9 NO..... 1 YES..... 5
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AD10	Were you ever given any medication to make you less active or fidgety?	AD10 NO..... (SKIP TO OD1)..... 1 YES..... 5
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How old were you when you first started taking the medicine(s)? ____ ____ AGE [AD_ao10](#)

SPECIFY:

1.	_____ AD10Drug1	CODE: ____ ____ AD10cd1
2.	_____ AD10Drug2	CODE: ____ ____ AD10cd2
3.	_____ AD10Drug3	CODE: ____ ____ AD10cd3

IF DK NAME OF MEDS, ASK: Do you think you took Ritalin, Adderall, Concerta, Dexadrine or Cylert?

[AD10_dk](#)
NO..... 1
YES..... 5
DK..... 9

A.	Are you still taking the medicine?	AD10a NO..... 1 YES..... (SKIP TO C)..... 5
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B.	How old were you when you stopped taking the medicine(s)?	____ ____ AGE AD10b
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C.	After you started taking the medicine, did these problems start to get better?	AD10c NO..... 1 YES..... 5
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