



Created:
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Quality Improvement Guidelines

Revised:
August 2018

Attention-Deficit Hyperactivity Disorder (ADHD)

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August 2020

Purpose

To provide a guide for primary care providers in screening, diagnosis and treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children, adolescents, and adult patients.

Scope

These guidelines are intended to be used as a resource by all primary care physicians in the BSWQA.

Guideline

Definitions

Attention-deficit/hyperactivity disorder (ADHD) is a neurobehavioral syndrome characterized by disorders in attention, concentration, and impulse control.

Screening

Patients should be screened for ADHD when they have signs and symptoms of ADHD. Universal screening is not recommended for children, adolescents or adults. There are several validated screening tools available for children/adolescents and adults, including:

Children/Adolescent Screening Tools

- NICHQ Vanderbilt ADHD Primary Care Initial Evaluation Form (Appendix A)

Adult Screening Tool

- Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist (Appendix B)

Diagnosis of ADHD¹⁻⁴ **314.0X (F90.X)**

DSM-5 diagnostic criteria for ADHD are described below. These criteria are used to diagnose ADHD in children, adolescents, and adults. ADHD is a clinical diagnosis. Diagnosis is based on screening tools (see *Appendix A—Vanderbilt* or *Appendix B—ASRSv1.1*) and clinical interview. A physical exam should also be performed to rule out other possible causes of symptoms.

Note: It is recommended that patients be referred for diagnostic interview and assessment by a behavioral health specialist if confirmation of diagnosis is warranted.

Criteria for Diagnosis:

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

- 1. Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

- a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
- b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
- c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
- d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
- e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
- f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
- g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
- i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

- 2. Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

- a. Often fidgets with or taps hands or feet or squirms in seat.
 - b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
 - c. Often runs about or climbs in situations where it is inappropriate. (*Note:* In adolescents or adults, may be limited to feeling restless.)
 - d. Often unable to play or engage in leisure activities quietly.
 - e. Is often “on the go,” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
 - f. Often talks excessively.
 - g. Often blurts out an answer before a question has been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).
 - h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
 - i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people’s things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).
- B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.**
- C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).**
- D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.**
- E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).**

Specify whether:

314.01 (F90.2) Combined presentation: If both Criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) are met for the past 6 months.

314.00 (F90.0) Predominantly inattentive presentation: If Criterion A1 (inattention) is met but Criterion A2 (hyperactivity-impulsivity) is not met for the past 6 months.

314.01 (F90.1) Predominantly hyperactive/impulsive presentation: If Criterion A2 (hyperactivityimpulsivity) is met but Criterion A1 (inattention) is not met over the past 6 months.

Specify if:

In partial remission: When full criteria were previously met, fewer than the full criteria have been met for the past 6 months, and the symptoms still result in impairment in social, academic, or occupational functioning.

Specify current severity:

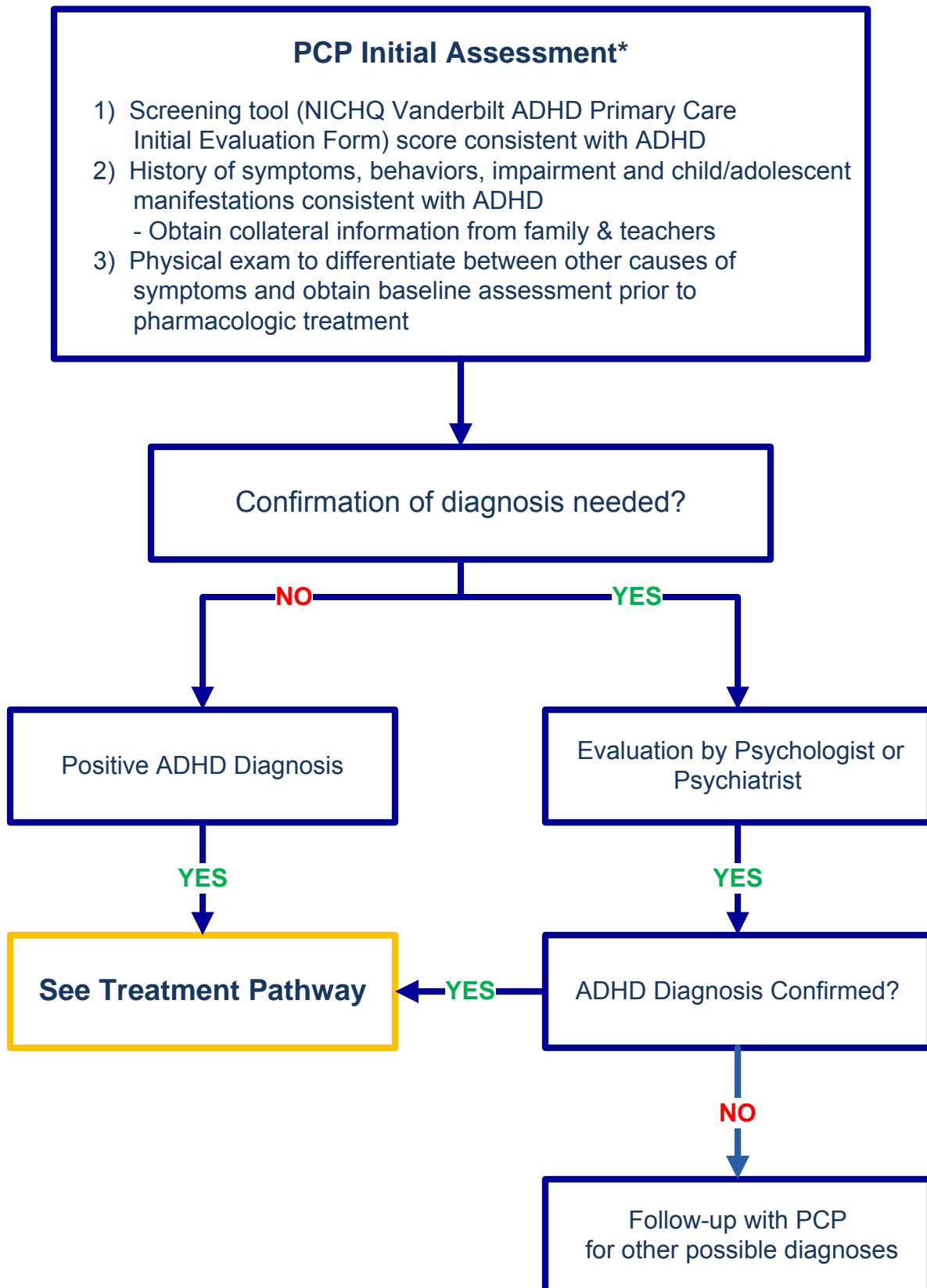
Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in only minor functional impairments.

Moderate: Symptoms or functional impairment between “mild” and “severe” are present.

Severe: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

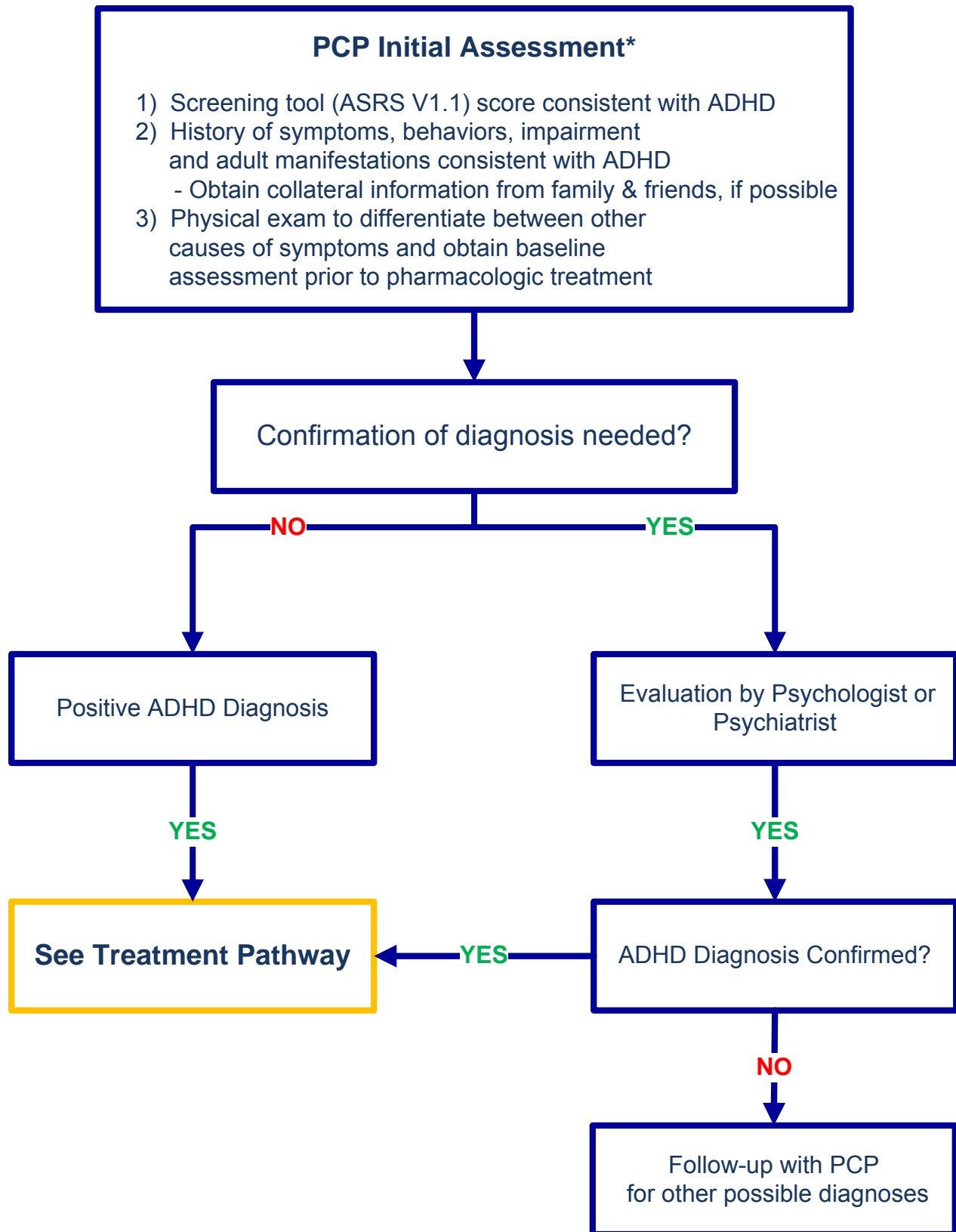
See ADHD Diagnosis Pathways (pg. 5-6)

Children & Adolescent ADHD Diagnosis Pathway



***Note:** If a patient presents with a confirmed ADHD diagnosis and/or neuropsychology testing previously completed, it is under the discretion of the provider to determine if further assessment is needed

Adult ADHD Diagnosis Pathway



***Note:** If a patient presents with a confirmed ADHD diagnosis and/or neuropsychology testing previously completed, it is under the discretion of the provider to determine if further assessment is needed

Management of ADHD

The same medications are used in children/adolescents and adults. Primary care providers, patients, parents/caregivers should collaboratively select first line pharmacologic treatment based on preferences, potential side effects, pharmacokinetics (onset, duration of action), formulary availability, and cost. **See Treatment Pathway (pgs. 9-11) and Appendix E for more medication information.**

Pharmacogenetic Testing⁵⁻¹⁰

Pharmacogenetic testing is not recommended for ADHD medication therapy at this time. This is an area of ongoing research, variants in several genes have been associated with individual patient response to ADHD therapies. However, additional studies are needed to confirm benefit and provide guidance for use. Guideline and FDA labeling information is regularly updated and may be found at <https://cpicpgx.org/guidelines/> <https://www.fda.gov/Drugs/ScienceResearch/ucm572698.htm> and <https://www.pharmgkb.org/page/drugLabelLegend>

First Line Treatment Options

Preschool-aged Children (4-5 years of age)

- Initiate Behavior Therapy (parent and/or teacher)

Elementary school-aged children (6-11 years of age)

- Start Stimulant: methylphenidate, amphetamine mixed salts, or dextroamphetamine and maximize dose
- Initiate Behavior Therapy (parent and/or teacher)

Adolescents (12-18 years of age)

- Start Stimulant: methylphenidate, amphetamine mixed salts, or dextroamphetamine and maximize dose
- Initiate Behavior Therapy (parent and/or teacher)

Adults

- Start Stimulant: methylphenidate, amphetamine mixed salts, or dextroamphetamine and maximize dose
- Consider initiation of Cognitive Behavioral Therapy (CBT) in addition to or instead of stimulant per patient preference

Second line Treatment

Preschool-aged Children (4-5 years of age)

- Start methylphenidate if Behavior Therapy insufficient

Elementary school-aged children (6-11 years of age)

- Change to a different first line stimulant, not already tried (methylphenidate, amphetamine mixed salts, or dextroamphetamine and maximize dose)

Adolescents (12-18 years of age)

- Change to a different first line stimulant, not already tried (methylphenidate, amphetamine mixed salts, or dextroamphetamine and maximize dose)

Adults

- Change to a different first line stimulant, not already tried (methylphenidate, amphetamine mixed salts, or dextroamphetamine and maximize dose)
- Consider initiation or continuation of CBT in addition to or instead of stimulant per patient preference

Third Line Treatment

Preschool-aged Children (4-5 years of age)

- Change to a different stimulant not already tried and maximize dose

Elementary school-aged children (6-11 years of age)

- Switch to dexamethylphenidate or lisdexamfetamine

Adolescents (12-18 years of age)

- Switch to dexamethylphenidate or lisdexamfetamine

Adults

- Switch to dexamethylphenidate or lisdexamfetamine
- Consider initiation or continuation of CBT in addition to or instead of stimulant per patient preference

Non- Stimulant Treatment

Elementary school-aged children (6-11 years of age)

- Consider atomoxetine, guanfacine, or clonidine (in this order)

Adolescents (12-18 years of age)

- Consider atomoxetine, guanfacine, or clonidine (in this order)

Adults

- Consider atomoxetine or bupropion
- Tricyclic antidepressants (desipramine) have shown efficacy in adult ADHD, however are less effective and more poorly tolerated than stimulants, atomoxetine or bupropion
- Clinical trials have not shown efficacy of alpha-2 adrenergic agonists (clonidine and guanfacine) in adults with ADHD

Clinical Follow-Up

It is suggested that patients are followed as clinically indicated based on patient characteristics and response to therapy. Upon initiation of treatment, follow-up visit should occur within 1 month. Thereafter, patients may be seen every 1 to 6 months. Follow-up considerations:

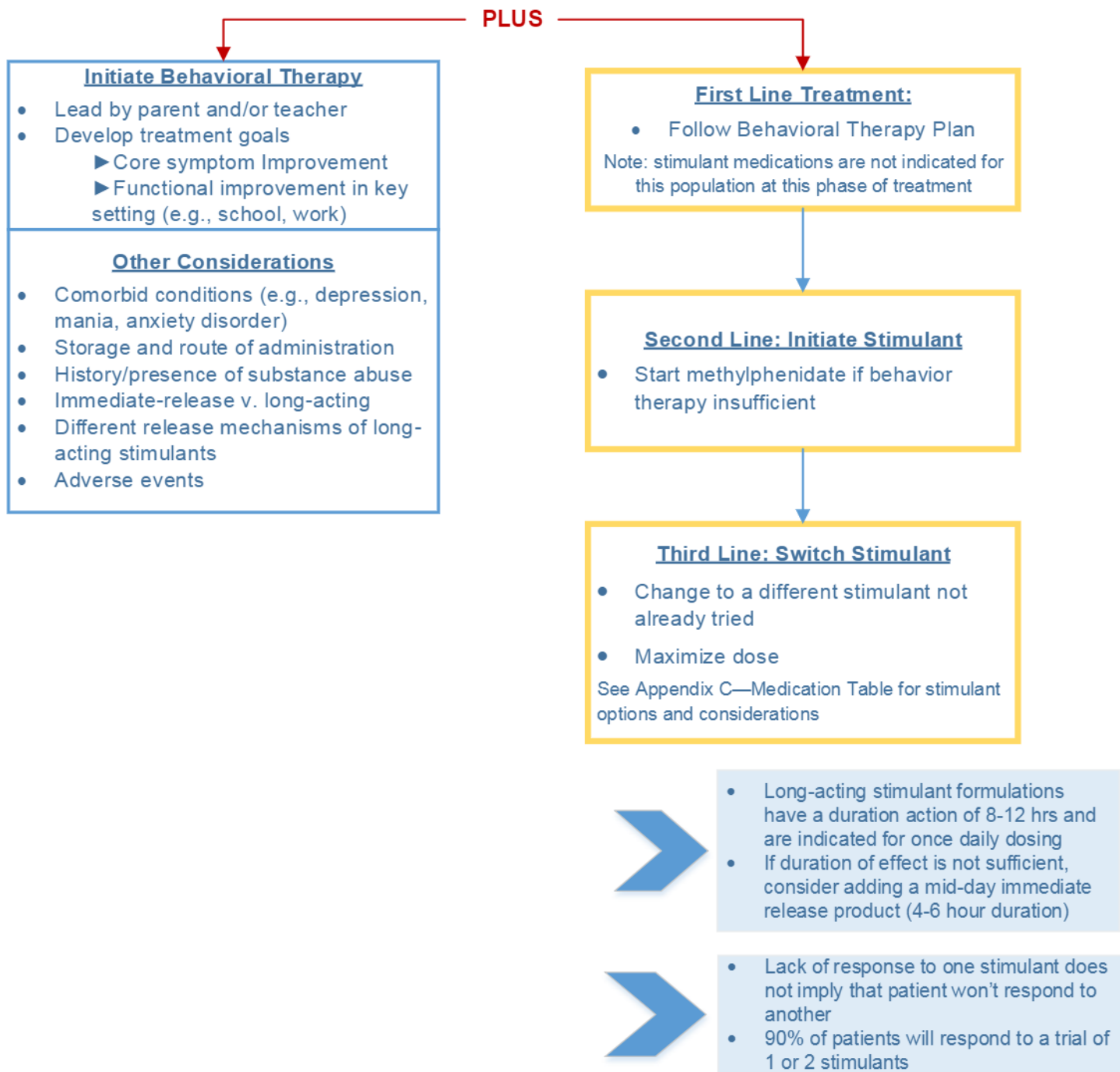
Children and Adolescents:

- NICHQ Vanderbilt Assessment Follow-Up
 - NICHQ Vanderbilt Assessment Follow-up: Parent Informant (Appendix C)
 - NICHQ Vanderbilt Assessment Follow-up: Teacher Informant (Appendix D)
- Benefit and tolerability of treatment
- Physical examination for cardiac symptoms and other side effects

Adults:

- Benefit and tolerability of treatment
- Physical examination for cardiac symptoms and other side effects

Medication Treatment Pathway (Ages 4-5)



Medication Treatment Pathway (Ages 6-18)

PLUS

Initiate Behavioral Therapy

- Lead by parent and/or teacher
- Develop treatment goals
 - ▶ Core symptom Improvement
 - ▶ Functional improvement in key setting (e.g., school, work)

Other Considerations

- Comorbid conditions (e.g., depression, mania, anxiety disorder)
- Storage and route of administration
- History/presence of substance abuse
- Immediate-release v. long-acting
- Different release mechanisms of long-acting stimulants
- Adverse events

First Line: Initiate Stimulant

- Methylphenidate, amphetamine mixed salts, or dextroamphetamine
- Maximize dose

Note: switching between formulations of the same drug is not considered a change

- Long-acting stimulant formulations have a duration action of 8-12 hrs and are indicated for once daily dosing
- If duration of effect is not sufficient, consider adding a mid-day immediate release product (4-6 hour duration)

Ineffective despite max dose or not tolerated (see Appendix C— Medication Table)

Second Line: Change Stimulant

Change to a stimulant that was not already tried

- Methylphenidate, amphetamine mixed salts, or dextroamphetamine
- Maximize dose

- Lack of response to one stimulant does not imply that patient won't respond to another
- 90% of patients will respond to a trial of 1 or 2 stimulants

Ineffective despite max dose or not tolerated (see Appendix C— Medication Table)

Third Line Therapy Consideration

Switch Stimulant

- Dexmethylphenidate
- Lisdexamfetamine

Non-Stimulant
(Less effective than stimulants)

- Consider atomoxetine, guanfacine, or clonidine (in this order)

Medication Treatment Pathway (>18 Years Old)

PLUS

Initiate Cognitive Behavioral Therapy

- Develop treatment goals
 - ▶ Core symptom Improvement
 - ▶ Functional improvement in key setting (e.g., school, work)

Other Considerations

- Comorbid conditions (e.g., depression, mania, anxiety disorder)
- Storage and route of administration
- History/presence of substance abuse
- Immediate-release v. long-acting
- Different release mechanisms of long-acting stimulants
- Adverse events
- Stimulants are considered high risk medications in elderly

First Line: Initiate Stimulant

- Methylphenidate, amphetamine mixed salts, or dextroamphetamine
- Maximize dose

Note: switching between formulations of the same drug is not considered a change

- Long-acting stimulant formulations have a duration action of 8-12 hrs and are indicated for once daily dosing
- If duration of effect is not sufficient, consider adding a mid-day immediate release product (4-6 hour duration)

Ineffective despite max dose or not tolerated (see Appendix C— Medication Table)

Second Line: Change Stimulant

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- Methylphenidate, amphetamine mixed salts, or dextroamphetamine
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- 90% of patients will respond to a trial of 1 or 2 stimulants

Ineffective despite max dose or not tolerated (see Appendix C— Medication Table)

Third Line Therapy Consideration

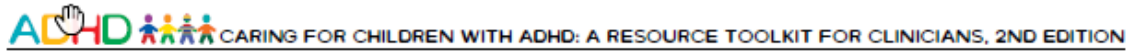
Switch Stimulant

- Dexmethylphenidate
- Lisdexamfetamine

Non-Stimulant
(Less effective than stimulants)

- Consider atomoxetine or bupropion
- Tricyclic antidepressants (desipramine) have shown efficacy in adult ADHD, however are less effective and more poorly tolerated than stimulants, atomoxetine or bupropion
- Clinical trials have not shown efficacy of alpha-2 adrenergic agonists (clonidine and guanfacine) in adults with ADHD.

Appendix A: Children & Adolescent Screening Tools



NICHQ Vanderbilt ADHD Primary Care Initial Evaluation Form

Patient Name _____

Date of Birth _____ Date of Evaluation _____

Information From: Parent(s) Patient Teacher Current School/Grade

Teacher Name(s) _____ Phone #(s) _____

Counselor Name(s) _____ Phone #(s) _____

Chief Concerns

Significant Past Medical History

- | | |
|----------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Birth history _____ | <input type="checkbox"/> Developmental/behavioral history _____ |
| <input type="checkbox"/> Health history _____ | <input type="checkbox"/> Family medical history _____ |
| <input type="checkbox"/> Current medications _____ | <input type="checkbox"/> Prior ADHD diagnosis and/or treatment _____ |
| <input type="checkbox"/> Stressors _____ | <input type="checkbox"/> School history _____ |

Review of Systems

- | | | | |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Problems with sleep onset or maintenance | <input type="checkbox"/> Mood instability | <input type="checkbox"/> Disruptive behaviors | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Snoring, breathing pauses during sleep, or restless sleep | <input type="checkbox"/> Tics | <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Substance abuse (including cigarettes, alcohol, drugs including prescription drugs) | | | |

Physical Examination

Height _____ Weight _____ BP _____

HEENT/NECK: _____ CHEST/COR/LUNGS: _____

ABD: _____ GU: _____

NEURO: _____

LAB/EVALUATIONS: Vision _____ Hearing _____

NOTES:

ADHD Diagnostic Assessment: Rating scale used? Yes No If yes, scale used: NICHQ Vanderbilt Other

ADHD Subtype Score, Impairment, and Performance: <i>Parent Report</i>	Total Number of Positive Symptoms	Criteria	Meets DSM-IV Criteria?
Inattentive (questions 1–9); scores of 2 or 3 are positive.	<input type="text"/> /9	6/9 + 1 positive impairment score	<input type="checkbox"/> Y <input type="checkbox"/> N
Hyperactive/Impulsive (questions 10–18); scores of 2 or 3 are positive.	<input type="text"/> /9	6/9 + 1 positive impairment score	<input type="checkbox"/> Y <input type="checkbox"/> N
Performance (questions 48–54); scores of 4 on at least 2, or 5 on at least 1, are positive.	<input type="text"/> /7		

ADHD Subtype Score, Impairment, and Performance: <i>Teacher Report</i>	Total Number of Positive Symptoms	Criteria	Meets DSM-IV Criteria?
Inattentive (questions 1–9); scores of 2 or 3 are positive.	<input type="text"/> /9	6/9 + 1 positive impairment score	<input type="checkbox"/> Y <input type="checkbox"/> N
Hyperactive/Impulsive (questions 10–18); scores of 2 or 3 are positive.	<input type="text"/> /9	6/9 + 1 positive impairment score	<input type="checkbox"/> Y <input type="checkbox"/> N
Performance (questions 36–43); scores of 4 on at least 2, or 5 on at least 1, are positive.	<input type="text"/> /8		

Symptoms present >6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N
Symptoms present to some degree <7 years old?	<input type="checkbox"/> Y <input type="checkbox"/> N

Screening for Comorbidities

From Parent NICHQ Vanderbilt:

- Oppositional-defiant disorder is screened by 4 of 8 symptoms (scores of 2 or 3 are positive) (questions 19–26) AND a score of 4 on at least 2, or 5 on at least 1, of the 7 performance items (questions 48–54).
- Conduct disorder is screened by 3 of 14 symptoms (scores of 2 or 3 are positive) (questions 27–40) AND a score of 4 on at least 2, or 5 on at least 1, of the 7 performance items (questions 48–54).
- Anxiety/depression are screened by 3 of 7 symptoms (scores of 2 or 3 are positive) (questions 41–47) AND a score of 4 on at least 2, or 5 on at least 1, of the 7 performance items (questions 48–54).

From Teacher NICHQ Vanderbilt: Scores of 2 or 3 on a single item reflect *often-occurring* behaviors.

- Oppositional-defiant/conduct disorder are screened by 3 of 10 items (scores of 2 or 3 are positive) (questions 19–28) AND a score of 4 on at least 2, or 5 on at least 1, of the 8 performance items (questions 36–43).
- Anxiety/depression are screened by 3 of 7 items (scores of 2 or 3 are positive) (questions 29–35) AND a score of 4 on at least 2, or 5 on at least 1, of the 8 performance items (questions 36–43).
- Learning disabilities are screened by examining questions 36 (reading) and 38 (written expression); scores of 4 on both, or 5 on 1, suggest the presence of learning disabilities.

From Other Sources:

- Mental health problems
- Learning disabilities
- Other medical conditions

Assessment

- Does not meet criteria for ADHD.
- Predominantly Inattentive subtype** requires 6 out of 9 symptoms (scores of 2 or 3 are positive) on items 1–9 **AND** a performance problem (score of 4 on at least 2, or 5 on at least 1) in the performance section for both the Parent and Teacher Assessment Scales.
- Predominantly Hyperactive/Impulsive subtype** requires 6 out of 9 symptoms (scores of 2 or 3 are positive) on items 10–18 **AND** a performance problem (score of 4 on at least 2, or 5 on at least 1) in the performance section for both the Parent and Teacher Assessment Scales.
- ADHD Combined Inattention/Hyperactivity** requires the above criteria on both Inattentive and Hyperactive/Impulsive subtypes.
- ADHD not otherwise specified.**

Common Comorbidities

- Oppositional-defiant disorder
- Conduct disorder
- Anxiety/depression
- Learning disabilities

Plan

- Patient provided with a written ADHD Management Medication Plan

Medication

Titration follow-up plan

Behavioral interventions

School interventions

Other specialist referrals

Follow-up office visit scheduled

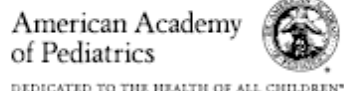
Education re: ADHD

- Goal for measurement at follow-up (specific criteria, eg, homework done, decrease school disciplinary notes)

Coding and Billing

Office Visit: minutes >50% of time spent counseling or coordinating care? Y N

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of Caring for Children with ADHD: A Resource Toolkit for Clinicians, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.



NICHQ Vanderbilt Assessment Scale: Parent Informant

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child

was on medication was not on medication not sure?

Symptoms	Never	Occasionally	Often	Very Often	
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Has difficulty keeping attention to what needs to be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is easily distracted by noises or other stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 2 & 0/9
10. Fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Leaves seat when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Runs about or climbs too much when remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has difficulty playing or beginning quiet play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is "on the go" or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Talks too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Has difficulty waiting his or her turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 2 & 0/9

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Actively defies or refuses to go along with adults' requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Deliberately annoys people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Blames others for his or her mistakes or misbehaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Is touchy or easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Is angry or resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Is spiteful and wants to get even	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 2 & 0/8
27. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Starts physical fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Is truant from school (skips school) without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Is physically cruel to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Has stolen things that have value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Deliberately destroys others' property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Is physically cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Has deliberately set fires to cause damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Has broken into someone else's home, business, or car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Has stayed out at night without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Has run away from home overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Has forced someone into sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 2&3s0 /4
41. Is fearful, anxious, or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Feels worthless or inferior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Blames self for problems, feels guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Is sad, unhappy, or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Is self-conscious or easily embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 2 & 0/7

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
48. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 4s: 0 /3
50. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 5s: 0 /3
51. Relationship with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. Relationship with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 4s: 0 /4
54. Participation in organized activities (eg, teams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office use Only 5s: 0 /4

Other Conditions

Tic Behaviors: To the best of your knowledge, please indicate if this child displays the following behaviors:

1. **Motor Tics:** Rapid, repetitive movements such as eye blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, or rapid kicks.
 No tics present. Yes, they occur nearly every day but go unnoticed by most people. Yes, noticeable tics occur nearly every day.
2. **Phonic (Vocal) Tics:** Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, or repetition of words or short phrases.
 No tics present. Yes, they occur nearly every day but go unnoticed by most people. Yes, noticeable tics occur nearly every day.
3. If **YES** to 1 or 2, do these tics interfere with the child's activities (like reading, writing, walking, talking, or eating)? No Yes

Previous Diagnosis and Treatment: To the best of your knowledge, please answer the following questions:

- | | | |
|----------------------------------------------------------------------------|-----------------------------|------------------------------|
| 1. Has your child been diagnosed with a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is your child on medication for a tic disorder or Tourette syndrome? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Has your child been diagnosed with depression? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is your child on medication for depression? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Has your child been diagnosed with an anxiety disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is your child on medication for an anxiety disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Has your child been diagnosed with a learning or language disorder? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 in questions 48–50: _____

Total number of questions scored 5 in questions 48–50: _____

Total number of questions scored 4 in questions 51–54: _____

Total number of questions scored 5 in questions 51–54: _____

Submit Information

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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NICHQ Vanderbilt Assessment Scale: Teacher Informant

Child's Name:

Child's Date of Birth:

Teacher's Name:

Today's Date:

Class Time:

Class Name/Period:

Grade Level:

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: .

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has difficulty sustaining attention to tasks or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is easily distracted by extraneous stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>For Office use Only</small>				
10. Fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has difficulty waiting in line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Interrupts or intrudes in on others (eg, butts into conversations/games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>For Office use Only</small>				

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Activity defies or refuses to comply with adults' requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Is angry or resentful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Is spiteful and vindictive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
23. Bullies, threatens, or intimidates others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
24. Initiates physical fights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Is physically cruel to people	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
27. Has stolen items of nontrivial value	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
28. Deliberately destroys others' property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office Use Only <input type="checkbox"/> /10
29. Is fearful, anxious, or worried	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
30. Is self-conscious or easily embarrassed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
31. Is afraid to try new things for fear of making mistakes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Feels worthless or inferior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
33. Blames self for problems; feels guilty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
35. Is sad, unhappy, or depressed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For Office Use Only <input type="checkbox"/> /7

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
36. Reading	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Mathematics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For Office Use Only 4s: /3
38. Written expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office Use Only 5s: /3

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
39. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
40. Following directions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
41. Disrupting class	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Assignment completion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For Office Use Only 4s: /5
43. Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For Office Use Only 5s: /5

Comments:

Please return this form to:

Mailing address:

Fax number:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 in questions 36–38: _____

Total number of questions scored 5 in questions 36–38: _____

Total number of questions scored 4 in questions 39–43: _____

Total number of questions scored 5 in questions 39–43: _____

Submit Information

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date						
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.				Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?								
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?								
3. How often do you have problems remembering appointments or obligations?								
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?								
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?								
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?								
Part A								
7. How often do you make careless mistakes when you have to work on a boring or difficult project?								
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?								
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?								
10. How often do you misplace or have difficulty finding things at home or at work?								
11. How often are you distracted by activity or noise around you?								
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?								
13. How often do you feel restless or fidgety?								
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?								
15. How often do you find yourself talking too much when you are in social situations?								
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?								
17. How often do you have difficulty waiting your turn in situations when turn taking is required?								
18. How often do you interrupt others when they are busy?								
Part B								

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Instructions

The questions on the back page are designed to stimulate dialogue between you and your patients and to help confirm if they may be suffering from the symptoms of attention-deficit/hyperactivity disorder (ADHD).

Description: The Symptom Checklist is an instrument consisting of the eighteen DSM-IV-TR criteria. Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the Symptom Checklist. Part B of the Symptom Checklist contains the remaining twelve questions.

Instructions:

Symptoms

1. Ask the patient to complete both Part A and Part B of the Symptom Checklist by marking an X in the box that most closely represents the frequency of occurrence of each of the symptoms.
2. Score Part A. If four or more marks appear in the darkly shaded boxes within Part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted.
3. The frequency scores on Part B provide additional cues and can serve as further probes into the patient's symptoms. Pay particular attention to marks appearing in the dark shaded boxes. The frequency-based response is more sensitive with certain questions. No total score or diagnostic likelihood is utilized for the twelve questions. It has been found that the six questions in Part A are the most predictive of the disorder and are best for use as a screening instrument.

Impairments

1. Review the entire Symptom Checklist with your patients and evaluate the level of impairment associated with the symptom.
2. Consider work/school, social and family settings.
3. Symptom frequency is often associated with symptom severity, therefore the Symptom Checklist may also aid in the assessment of impairments. If your patients have frequent symptoms, you may want to ask them to describe how these problems have affected the ability to work, take care of things at home, or get along with other people such as their spouse/significant other.

History

1. Assess the presence of these symptoms or similar symptoms in childhood. Adults who have ADHD need not have been formally diagnosed in childhood. In evaluating a patient's history, look for evidence of early-appearing and long-standing problems with attention or self-control. Some significant symptoms should have been present in childhood, but full symptomology is not necessary.

The Value of Screening for Adults With ADHD

Research suggests that the symptoms of ADHD can persist into adulthood, having a significant impact on the relationships, careers, and even the personal safety of your patients who may suffer from it.¹⁻⁴ Because this disorder is often misunderstood, many people who have it do not receive appropriate treatment and, as a result, may never reach their full potential. Part of the problem is that it can be difficult to diagnose, particularly in adults.

The Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist was developed in conjunction with the World Health Organization (WHO), and the Workgroup on Adult ADHD that included the following team of psychiatrists and researchers:

- **Lenard Adler, MD**
Associate Professor of Psychiatry and Neurology
New York University Medical School
- **Ronald C. Kessler, PhD**
Professor, Department of Health Care Policy
Harvard Medical School
- **Thomas Spencer, MD**
Associate Professor of Psychiatry
Harvard Medical School

As a healthcare professional, you can use the ASRS v1.1 as a tool to help screen for ADHD in adult patients. Insights gained through this screening may suggest the need for a more in-depth clinician interview. The questions in the ASRS v1.1 are consistent with DSM-IV criteria and address the manifestations of ADHD symptoms in adults. Content of the questionnaire also reflects the importance that DSM-IV places on symptoms, impairments, and history for a correct diagnosis.⁴

The checklist takes about 5 minutes to complete and can provide information that is critical to supplement the diagnostic process.

References:

1. Schweitzer JB, et al. *Med Clin North Am.* 2001;85(3):10-11, 757-777.
2. Barkley RA. *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment.* 2nd ed. 1998.
3. Biederman J, et al. *Am J Psychiatry.* 1993;150:1792-1798.
4. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.* Washington, DC, American Psychiatric Association. 2000: 85-93.

NICHQ Vanderbilt Assessment Follow-up: Parent Informant

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Please think about your child's behaviors since the last assessment scale was filled out when rating his or her behaviors. Is this evaluation based on a time when the child **was on medication** **was not on medication** **not sure?**

If on medication, please list medication name and dose: _____

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty keeping attention to what needs to be done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (toys, assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by noises or other stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 & 3s: 0 /9</small>				
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs too much when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or beginning quiet play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others' conversations and/or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 & 3s: 0 /9</small>				

Symptoms (continued)	Never	Occasionally	Often	Very Often	
19. Argues with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21. Actively defies or refuses to go along with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22. Deliberately annoys people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Blames others for his or her mistakes or misbehaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Is touchy or easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is spiteful and wants to get even	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2 & 3s: 0/8

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
27. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0/3
29. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0/3
30. Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
31. Relationship with siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0/4
33. Participation in organized activities (eg, teams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0/4

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Side Effects: Has your child experienced any of the following side effect or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomachache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change of appetite—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability in the late morning, late afternoon, or evening—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socially withdrawn—decreased interaction with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme sadness or unusual crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dull, tired, listless behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tremors/feeling shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repetitive movements, tics, jerking, twitching, eye blinking—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sees or hears things that aren't there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain/Comments:

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD. Available for downloading at no cost in expanded format at <http://ccf.FIU.edu>.

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: 0

Total number of questions scored 2 or 3 in questions 10–18: 0

Total number of questions scored 2 or 3 in questions 19–26: 0

Total number of questions scored 4 in questions 27–29: 0

Total number of questions scored 5 in questions 27–29: 0

Total number of questions scored 4 in questions 30–33: 0

Total number of questions scored 5 in questions 30–33: 0

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American Academy
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DEDICATED TO THE HEALTH OF ALL CHILDREN™



NICHQ Vanderbilt Assessment Follow-up: Teacher Informant

Child's Name: _____

Child's Date of Birth: _____

Teacher's Name: _____

Today's Date: _____

Class Time: _____

Class Name/Period: _____

Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the last assessment was filled out. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has difficulty sustaining attention to tasks or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Loses things necessary for tasks or activities (school assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is easily distracted by extraneous stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 & 3s: 0 /9</small>				
10. Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Leaves seat in classroom or in other situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Runs about or climbs excessively in situations in which remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Has difficulty playing or engaging in leisure activities quietly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Talks excessively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Has difficulty waiting in line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Interrupts or intrudes in on others (eg, butts into conversations/games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<small>For Office Use Only 2 & 3s: 0 /9</small>				
19. Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Activity defies or refuses to comply with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Symptoms (continued)	Never	Occasionally	Often	Very Often	
22. Is spiteful and vindictive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23. Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24. Initiates physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26. Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
27. Has stolen items of nontrivial value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28. Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 2&3s: 0 /10

Academic Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
29. Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30. Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /3
31. Written expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /3

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic	
32. Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33. Following directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34. Disrupting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35. Assignment completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 4s: 0 /5
36. Organizational skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For Office Use Only 5s: 0 /5

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Side Effects: Has the child experienced any of the following side effect or problems in the past week?	Are these side effects currently a problem?			
	None	Mild	Moderate	Severe
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomachache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change of appetite—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability in the late morning, late afternoon, or evening—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socially withdrawn—decreased interaction with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme sadness or unusual crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dull, tired, listless behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tremors/feeling shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repetitive movements, tics, jerking, twitching, eye blinking—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picking at skin or fingers, nail biting, lip or cheek chewing—explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sees or hears things that aren't there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Explain/Comments:

Adapted from the Pittsburgh side effects scale, developed by William E. Pelham, Jr, PhD. Available for downloading at no cost in expanded format at <http://ccf.FIU.edu>.

Please return this form to: _____
 Mailing address: _____ Fax number: _____

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Total number of questions scored 2 or 3 in questions 1–9: 0

Total number of questions scored 2 or 3 in questions 10–18: 0

Total number of questions scored 2 or 3 in questions 19–28: 0

Total number of questions scored 4 in questions 29–31: 0

Total number of questions scored 5 in questions 29–31: 0

Total number of questions scored 4 in questions 32–36: 0

Total number of questions scored 5 in questions 32–36: 0

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Original document included as part of *Caring for Children With ADHD: A Resource Toolkit for Clinicians*, 2nd Edition. Copyright © 2012 American Academy of Pediatrics. All Rights Reserved. The American Academy of Pediatrics does not review or endorse any modifications made to this document and in no event shall the AAP be liable for any such changes.

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Appendix E. Medication Table

Below is a list of stimulants brand and generic drugs with usual dosing, titration, and average costs. Costs are based on the average claims paid for the drugs across all BSWQA contracts (Scott & White Health Plan, United Health Care, Cigna, Aetna, Humana Medicare Advantage, and Scott & White Medicare Advantage). The date range is December 2016 to November 2017. When there were no claims for the drug, cost estimate was based on Average Wholesale Price (notated by **).

If safety and efficacy are equivalent, the more cost effective option is preferred

Medication	Brand	Generic	Initial Dose	Frequency	Titration	Maximum Total <u>Daily</u> Dose	Duration of effect (h)	FDA approved children 6-17 yrs	Cost
Immediate Release Products									
Mixed amphetamine salt	Adderall	Yes	2.5 mg	BID-TID	Increase total daily dose by 5 or 10 mg at weekly intervals	60 mg	4-6		\$
*Dextroamphetamine	Dexedrine	Yes	2.5 mg	BID-TID	Increase total daily dose by 5 mg at weekly intervals	40 mg	4-6	Yes	\$\$
Methylphenidate (chewable and solution)	Ritalin	Yes	5 mg	BID-TID	Increase total daily dose by 5 or 10 mg at weekly intervals	60 mg	3-5		\$\$\$
	Methylphenidate chewable	Yes (No branded formulation)	5 mg	BID-TID	Increase total daily dose by 5 or 10 mg at weekly intervals	60 mg	3-5		\$\$\$**
	Methylin Solution	Yes	5 mg	BID-TID	Increase total daily dose by 5 or 10 mg at weekly intervals	60 mg	3-5		\$
Dexmethylphenidate	Focalin	Yes	2.5 mg	BID	Increase totally daily dose by 2.5 to 5 mg at weekly intervals	20 mg	3-5	Yes	\$\$
Intermediate acting									
Methylphenidate	Ritalin SR	Yes	20 mg	Once daily	Increase daily dose by 10 mg at weekly intervals	60 mg	2-8		\$\$\$**
	Metadate ER	Yes	20 mg	Once daily	Increase daily dose by 10 mg at weekly intervals	60 mg	4-8		\$\$

Medication	Brand	Generic	Initial Dose	Frequency	Titration	Maximum Total <u>Daily</u> Dose	Duration of effect (h)	FDA approved children 6-17 yrs	Cost
Long Acting Products									
Mixed amphetamine salt	Adderall XR	Yes	5 mg	Once daily	Increase daily dose by 10 mg at weekly intervals	60 mg	8-10		\$\$\$
*Dextroamphetamine	Dexedrine Spansule	Yes	5 mg	QD-BID	Increase total daily dose by 5 mg at weekly intervals	60 mg	6-8	Yes	\$\$\$
Lisdexamfetamine	Vyvanse	No	20 mg	Once daily	Increase daily dose by 10 or 20 mg at weekly intervals	70 mg	10-12		\$\$\$\$\$
Methylphenidate	Concerta	Yes	18 mg	Once daily	Increase daily dose by 18 mg at weekly intervals	72 mg	10-12		\$\$\$
	Ritalin LA	Yes	10 mg	Once daily	Increase daily dose by 10 mg at weekly intervals	60 mg	6-8		\$\$\$\$\$*
	Metadate CD	Yes	20 mg	Once daily	Increase daily dose by 10 or 20 mg at weekly intervals	60 mg	6-8		\$\$\$
	Daytrana transdermal patch	No	10 mg patch (apply patch 2 hours before needed onset)	One patch daily (on for 9 hours, off for 15 hours)	Increase to next higher patch strength at weekly intervals	30 mg	10-12	Yes	\$\$\$\$
	Aptensio XR	No	10 mg	Once daily	Increase daily dose by 10 mg at weekly intervals	60 mg	16		\$\$\$\$\$**
	Quillivant XR oral suspension	No	20 mg	Once daily	Increase daily dose by 10 or 20 mg at weekly intervals	60 mg	Not available	Yes	\$\$\$
	QuilliChew extended release	No	20 mg	Once daily	Increase daily dose by 10, 15, or 20 mg at weekly intervals	60 mg	Not available		\$\$\$\$
Dexmethylphenidate	Focalin XR	Yes	10 mg	Once daily	Increase daily dose by 10 mg at weekly intervals	40 mg	8-12		\$\$\$

Medication	Brand	Generic	Initial Dose	Frequency	Titration	Maximum Total <u>Daily</u> Dose	Duration of effect (h)	FDA approved children 6-17 yrs	Cost
Non-Stimulants									
Atomoxetine	Strattera	No	40 mg	Once daily	Increase after three or more days to 80 mg; after two to four additional weeks may increase to 100 mg	100 mg	10-12		\$\$\$\$
Bupropion, sustained release	Wellbutrin SR	Yes	150 mg	QD-BID	After several weeks increase to 100 mg twice daily	400 mg (in two divided doses)	12		\$
Bupropion, extended release	Wellbutrin XL	Yes	150 mg	Once daily	After several weeks increase to 300 mg once daily	450 mg	24		\$
Clonidine extended release	Kapvay	Yes	0.1 mg	once daily at bedtime	Increase daily dose by 0.1 mg at weekly intervals	0.4 mg	12		\$\$\$\$**
Guanfacine extended release	Intuniv	Yes	1 mg	Once daily	Increase daily dose by 1 mg at weekly intervals	7 mg	8-14		\$\$\$\$\$**

*FDA approved in children < 6 years of age

**Cost estimate based on AWP (no claims data available)

<p>KEY: <\$50 = \$ \$51-\$100 = \$\$ \$101-200 = \$\$\$ \$201-\$300 = \$\$\$\$ >300 = \$\$\$\$\$</p>

Developed by: Psychopharmacology Quality Improvement Team

Approved by: BSWQ Primary Care Subcommittee, BSWQA Pediatrics Subcommittee, BSWQA Quality Improvement Committee, BSWQA Board of Managers

BSWQA CY18 Related Focus Measures: Generic Fill Rate, Pharmacy Cost/Day, and Pharmacy PMPM

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