Appendices

These appendices are unedited and published as supplied by the author.

Appendix 1. Nepean ADHD Project Symptom Scale.

Child's name: _____ Date: _____

Respondent: _____ Relationship to child: _____

If he/she takes medication, please state medication:_____

Score each item: 0 – not at all; 1 – just a little; 2 – pretty much; 3 – very much.
(score 0–1 as 'No'; 2–3 as 'Yes')

1. Often fails to give close attention to details or makes careless mistakes	0	1	2	3
2. Often has difficulty sustaining attention in tasks or activities (eg difficulty during lectures, conversations or lengthy reading)	0	1	2	3
3. Often does not seem to listen when spoken to directly (eg mind seems elsewhere)	0	1	2	3
4. Often does not follow through on instructions and fails to finish tasks (eg quickly loses focus and is easily sidetracked)	0	1	2	3
5. Often has difficulty organizing tasks or activities (eg difficulty managing sequential tasks, poor time management)	0	1	2	3
6. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (eg schoolwork or homework, writing reports)	0	1	2	3
7. Often loses things necessary for tasks or activities (eg school materials, pencils, books, wallets, keys, paperwork, eyeglasses, mobile telephones)	0	1	2	3
8. Is often easily distracted by extraneous stimuli (may include unrelated thoughts)	0	1	2	3
9. Is often forgetful in daily activities (eg chores, errands, returning calls, keeping appointments)	0	1	2	3
Inattention: Total score Mean score per item				
1. Often fidgets with or taps hands or feet or squirms in seat	0	1	2	3
2. Often leaves seat in situations when remaining seated is expected	0	1	2	3
3. Often runs about or climbs in situations where it is inappropriate (In adolescents or adults, may be limited to feeling of restless)	0	1	2	3
4. Often unable to play or engage in leisure activities quietly	0	1	2	3
5. Is often "on the go," acting as if "driven by a motor"	0	1	2	3
6. Often talks excessively	0	1	2	3
7. Often blurts out an answer before a question has been completed (eg completes people's sentences; cannot wait for turn in conversation)	0	1	2	3
8. Often has difficulty awaiting turn (eg while waiting in a queue)	0	1	2	3
9. Often interrupts or intrudes on others (eg butts into conversations, games, or activities, borrows items without asking)	0	1	2	3
Hyperactivity/impulsivity: Total score Mean score per item				

Appendix 1. Nepean ADHD Project Symptom Scale. (cont)

1. Often loses temper	0	1	2	3
2. Is often touchy or easily annoyed	0	1	2	3
3. Is often angry and resentful	0	1	2	3
4. Often argues with authority figures	0	1	2	3
5. Often actively defies or refuses to comply with requests or rules	0	1	2	3
6. Often deliberately annoys others	0	1	2	3
7. Often blames others for his or her mistakes or misbehaviour	0	1	2	3
8. Has been spiteful or vindictive at least twice within the past 6 months	0	1	2	3
Oppositional/defiant: Total score Mean score per item				
1. Is considered capable of higher achievement – could do better	0	1	2	3
2. Behaviour presents unreasonable stress or disruption in school or work	0	1	2	3
3. Behaviour presents unreasonable stress or disruption in the family	0	1	2	3
4. Behaviour significantly impacts on peer relationships	0	1	2	3
5. Child is aware of difficulties and has low self-esteem	0	1	2	3

Appendix 2. Stimulant medication titration schedule using either dexamphetamine (5 mg) tablets or methylphenidate immediate release (10 mg) tablets.[15]

Child's weight (kg)	Week 1	Week 2	Week 3	Week 4
<25 kg	¼:¼	½:½	¾:¾	1:1
25–35 kg	½:½	1:1	1½:1	1½:1½
>35 kg	½:½	1:1	1½:1½	2:2

Dose (tablets) after breakfast : dose after recess or lunch

The dose is increased every week as tolerated, to find the optimal dose (best balance of beneficial to adverse effects). The optimal dose is continued.

Note: dexamphetamine (5 mg) and methylphenidate (10 mg) are considered equipotent.

Response is monitored with IOWA Conners ratings from the teacher before starting medication and at the end of each week on medication.

Appendix 3. IOWA Conners Teacher Rating

Filled in by _____

Child's name: _____ Date: _____

Please score as best describes the child's behaviour as it appears at present.
Please fill in as quickly as possible.

0 - Not at all Medication name/dose_____

1 - Just a little

2 - Pretty much

3 - Very much

	Inattention/Overactivity	**Morning Score**	**Afternoon Score**
(a)	Fidgeting	0 1 2 3	0 1 2 3
(b)	Hums and makes other odd noises	0 1 2 3	0 1 2 3
(c)	Excitable, impulsive	0 1 2 3	0 1 2 3
(d)	Inattentive, easily distracted	0 1 2 3	0 1 2 3
(e)	Fails to finish things he/she starts (short attention span)	0 1 2 3	0 1 2 3

	Oppositional/Defiant	**Morning Score**	**Afternoon Score**
(a)	Quarrelsome	0 1 2 3	0 1 2 3
(b)	Acts "smart"	0 1 2 3	0 1 2 3
(c)	Temper outbursts (explosive unpredictable behaviour)	0 1 2 3	0 1 2 3
(d)	Defiant	0 1 2 3	0 1 2 3
(e)	Uncooperative	0 1 2 3	0 1 2 3

Appendix 3. IOWA Conners Teacher Rating (cont)

For children on medication:

1. Do you have any concerns about this child's medication?

2. Does the medication appear to be wearing off? If so, please indicate the times this happens.

3. Do you have any other observations regarding the effect of medication?

Pelham W, Milich R, Murphy D, Murphy H. Normative data on the IOWA Conners teacher rating scale. J Clin Child Psychology. 1989;18(3):259-62.

Appendix 4. Additional information requested from child's teacher for initial assessment for ADHD

How does this student compare to other students of the same age?

	Much less	Average	Slightly less	Slightly more	Much more
Concentration					
Enthusiasm					
Ability					
Achievement					
Appropriate behaviour					

Does this student have any learning difficulties? Please give details.

Has he/she ever required remedial teaching?

What are your main concerns about this student?