Supplemental Table 1: National Survey of the Diagnosis and Treatment of ADHD and Tourette Syndrome (NS-DATA) 2014: Survey items related to ADHD, impact, and functioning.

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| Variable | Survey Item |
| First ADHD diagnosis | How old was [child] when you were first told by a doctor or other healthcare provider that [he/she] had ADHD? (years) |
| First concern | How old was [child] when [you or another parent or guardian/someone at [child]'s school or daycare/a doctor or healthcare professional not at [child]'s school/someone else] was first concerned with [child]'s behavior, attention, or performance? (years) |
| ADHD medication initiation | At what age did [child] first start taking ADHD medication? (years) |
| School behavior  | Before [child] received an ADHD diagnosis, were you concerned about [his/her] behavior at school or daycare, such as staying seated, listening to teachers, disrupting others, having tantrums or meltdowns, or paying attention in class? (Yes/no) |
| Home behavior | Before [child] received an ADHD diagnosis, were you concerned about [his/her] behavior at home, such as completing chores or getting along with parents? (Yes/no) |
| Friends  | Before [child] received an ADHD diagnosis, were you concerned about [his/her] relationships with other children, such as playing together, or making or keeping friends? (Yes/no) |
| Grades, tests, assignments | Before [child] received an ADHD diagnosis, were you concerned about [his/her] school performance, such as grades or test scores, or completing assignments? (Yes/no) |
| Severe ADHD symptoms | Would you describe [his/her] ADHD as mild, moderate, or severe? |
| Symptoms at their worst | When the symptoms were at their worst, how would you describe [child]'s ADHD? (Mild/moderate or severe) |
| ADHD presentation | Now I’d like to ask you about child’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 or any other medication for other difficulties with [his/her] emotions, concentration or behavior. |
| Hyperactive/impulsive | Please tell me how frequently [child]* fidgets with hands or feet or squirms in seat.
* leaves seat when remaining seated is expected.
* runs about or climbs excessively in situations when remaining seated is expected.
* has difficulty playing or engaging in leisure activities quietly.
* is "on the go" or often acts as if "driven by a motor".
* talks too much.
* blurts out answers before questions have been completed.
* has difficulty waiting his or her turn.
* interrupts or intrudes on others (butts into conversations or games).

(Never/occasionally/often/very often) |
| Inattentive | Please tell me how frequently [child]* does not pay attention to details or makes careless mistakes, such as in homework.
* has difficulty sustaining attention to tasks or activities.
* does not seem to listen when spoken to directly.
* does not follow through on instruction and fails to finish schoolwork (not due to oppositional behavior or failure to understand).
* has difficulty organizing tasks and activities.
* avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.
* loses things necessary for tasks or activities (school assignments, pencils, or books).
* is easily distracted by extraneous stimuli.
* is forgetful in daily activities.

(Never/occasionally/often/very often) |
| School-based support  | Has [child] ever received school-based educational support, intervention, or accommodation, such as tutoring, extra help from teacher, preferential seating, or extra time to complete work? (Yes/no) |
| Classroom management  | Has [child] ever received classroom management, such as reward systems, behavioral modification, or a daily report card? (Yes/no) |
| IEP or 504 plan  | Does [child] currently have a formal educational plan, such as an Individualized Education Program, also called an IEP, or a 504 plan? (Yes/no) |
| Peer intervention  | Has [child] ever received peer interventions, such as peer tutoring or the Good Behavior Game? (Yes/no) |
| Social skills training  | Has [child] ever received social skills training, such as support in how to interact with others? (Yes/no) |
| Cognitive-behavioral therapy  | Has [child] ever received cognitive behavioral therapy? (Yes/no) |
| Parent training | Have you ever received parent training to help you manage [child]'s ADHD? (Yes/no)  |
| School difficulties and social impact | 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. |
| Overall school performance | How would you describe [child]'s overall school performance? (Problematic or somewhat problematic/average or above average or excellent) |
| Writing, Reading, Math | How would you describe [child]'s performance in writing/reading/math? (Problematic or somewhat problematic/average or above average or excellent) |
| Handwriting  | How would you describe [child]'s handwriting, that is, [his/her] ability to form letters and numbers that are clear and can be recognized? (Problematic or somewhat problematic/average or above average or excellent) |
| Organized activities | How would you describe [child]'s participation in organized activities such as teams? (Problematic or somewhat problematic/average or above average or excellent) |
| Parental relationships  | How would you describe [child]'s relationship with [his/her] parents, caregivers or guardians? (Problematic or somewhat problematic/average or above average or excellent) |
| Sibling relationships  | How about relationships with siblings? (Problematic or somewhat problematic/average or above average or excellent) |
| Peer relationships  | How would you describe [child]'s relationships with peers? (Problematic or somewhat problematic/average or above average or excellent) |
| Work Stoppage  | Have you or other family members stopped working because of [child]'s ADHD? (Yes/no) |
| Work Reduction | Not including the family members who stopped working, have you or other family members cut down on the hours you work because of [child]’s ADHD? (Yes/no) |
| Financial Impact  | Has [child]'s ADHD caused financial problems for your family? (Yes/no) |