



# ADHD in PAEDIATRIC and CAMHS services: clinicians' EXPERIENCE and PRACTICE

Where multiple options are possible, please tick all that apply

## About you and your practice

What is your **SERVICE & PROFESSIONAL** group:

- **PAEDIATRIC service:**
- Consultant general paediatrician
- Consultant developmental paediatrician
- Consultant community paediatrician
- Consultant neuro paediatrician
- Non Consultant Hospital Doctor
- other: \_\_\_\_\_

- **CAMHS- Child and Adolescent Mental Health service:**
- Consultant child psychiatrist
- Non Consultant Doctor
- other: \_\_\_\_\_

Is your practice: Urban  Rural  Mixed

Numbers of years in practice: ≤5  6-10  11-20  >20

Please provide the **age-range of the patients** you see:  
(please tick **ALL** that apply) toddlers  pre-schoolers  school-age children  adolescents

Specify which sector you work in Private  Public  Both

In which **HSE area** is your service?  
(please tick **ALL** that apply) HSE Dublin Mid-Leinster  HSE Dublin North East   
HSE West  HSE South

Please indicate your **age group**: 25-35  36-45  46-55  56-65  66+

Are you: male  female

Which **ethnic group** do identify yourself? White  Middle Eastern or Arab  Asian  Black  Hispanic

(Note: Ethnic group refers to shared origins, social background, traditions or culture that lead to a sense of identity and group)

Any other ethnic group, please specify: \_\_\_\_\_

In **your service**, do you: (please, tick **ALL** that apply)

- assess children with ADHD
- diagnose children with ADHD
- treat children with ADHD
- None

## A) ADHD OVERALL

1 Do you have a **dedicated ADHD clinic** in your service? Yes  No

2 How many **children with a confirmed ADHD diagnosis** currently attend your practice? **Estimated number: N=** \_\_\_\_\_ Don't Know

3 In your opinion, how many **of those children diagnosed with ADHD** have **comorbidities**? **Estimated percentage:** \_\_\_\_\_ % Don't Know

4 In your view, do the ADHD (inattention, impulsivity, and hyperactivity) **symptoms cause functional impairments** for the children you see?

Yes  No  Don't Know

If **YES**, please **RATE** in what **domains** are the **impairments**:

Please expand on your experience:

	Never	Rarely	S'times	Usually	Always
Family functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social/peer functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Do you believe **ADHD is a valid diagnosis**? Yes  No  Unsure

Please tell us about your view:

6 Do you agree with these statements about ADHD:  
(you can choose multiple options)

- The factors which may cause ADHD are...
- |                                  | Yes                      | No                       | Unsure                   |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| neurological/biological/ genetic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| diet lacking omega-3 oils        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| too much electronic media use    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| current school environments      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| food additives                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| too much sugar consumption       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| poor parenting                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please expand on your experience if you wish:

other: \_\_\_\_\_

## B) ADHD ASSESSMENT

7 In your service, who **usually** carries out the **assessment of ADHD**? Please tick **ALL** that apply:

Doctors  Clinical psychologist  Occupational therapist   
 Speech & language therapist  Other: \_\_\_\_\_

*Please expand on your experience if you wish:*

8 In your experience, who gives a **formal diagnosis of ADHD**? Please tick **ALL** that apply:

Paediatricians  GPs   
 Psychologists  Other primary care clinicians   
 Psychiatrists  All multidisciplinary team together   
 Other: \_\_\_\_\_

9 Regarding the **workup for the assessment of suspected ADHD**, what does your service generally do? Please RATE

	Never	Rarely	S'times	Usually	Always
Individual interview with child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's history from parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collateral information from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuroimaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food diary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Any other, please describe:*

10 In your experience, to what extent are **rating scales** an **essential part** of the full assessment process for ADHD? Never  Rarely  Sometimes  Usually  Always

**And who usually complete them?** Teachers  Parents  Own child/ teen  None

*Please expand on your experience if you wish:*

11 In assessing ADHD, to what extent does your service have **inputs from the schools**? Yes  No  Don't Know

If **YES**, please **RATE** how the information from school is obtained:

	Never	Rarely	S'times	Usually	Always
Questionnaire(s) completed by the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In school observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A <input type="checkbox"/>	other: _____				

*Please expand on your experience if you wish:*

## C) ADHD TREATMENT

12 How confident do you feel in **treating** ADHD in children? Very  Fairly  A little  Not at all

13 In your service, what is the **"FIRST LINE"/ initial ADHD treatment**:  
Please tick **ALL main approaches** that apply for each **AGE-RANGE** and **SEVERITY**:

	Medication	Family/ Parenting intervention	School/ educational support	Therapy for the CHILD (OT, SLT, psychotherapy, etc.)
<b>Severities of ADHD</b>	for <b>PRESCHOOL-AGE</b> CHILDREN:			
	<i>Mild</i> →			
	<i>Severe</i> →			
	for <b>SCHOOL-AGE</b> CHILDREN:			
	<i>Mild</i> →			
	<i>Severe</i> →			
for <b>TEENAGERS</b> :				
<i>Mild</i> →				
<i>Severe</i> →				

14 In children with ADHD, how often does your service **initiate medication**? Never  Rarely  Sometimes  Usually  Always

Please tick **ALL** commonly used as **INITIAL/ 1<sup>st</sup> LINE medication**:  
 Methylphenidate  (Dex)amphetamine  Other stimulants   
 Atomoxetine  Don't know  Other: \_\_\_\_\_

15 Do your patients receive **free medication** e.g. Ritalin, under the **Long Term Illness** scheme? All  Some  None  Not aware of LTI scheme for children

16 In your view, is **medication for ADHD**:  
 (you can choose multiple options if you wish)

**Prescribed...** too often  too little  about right  idiosyncratically   
**And it is...** essential  helpful  not sure  unhelpful  dangerous

17 In your practice, what do you consider the most significant side effects of medication for ADHD?

Answer:

And complete based on your opinion:

	Yes	No	Unsure
"Medication for ADHD... should be withdrawn if side effects emerge"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
side effects are so rare that they are not an issue"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is very safe compared with other medications"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is well tolerated"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 In the treatment of children with ADHD, does your service offer the following family interventions? Please RATE:

Please, expand in your experience if you wish:

	Never	Rarely	S'times	Usually	Always
Group parenting courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual parenting advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family-based therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Links with support group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A <input type="checkbox"/>	other: _____				

19 In the treatment of children with ADHD, does your service offer the following specific advice or supports for schools? Please RATE:

Please expand on your experience if you wish:

	Never	Rarely	S'times	Usually	Always
Provide statement of diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention in teacher-child interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A <input type="checkbox"/>	other: _____				

By letter  or Visiting School

20 Do children with ADHD attending your service receive any of the following types of therapy? Please RATE:

Please expand on your experience if you wish:

	Never	Rarely	S'times	Usually	Always
CBT therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech & language therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A <input type="checkbox"/>	other: _____				

Individual  or Group

21 In your opinion, is complementary and alternative medicine effective for a child with ADHD?

Please RATE → Never  Rarely  Sometimes  Usually  Always

Do parents of children with ADHD use any of the followings:

	Yes	No	Unsure	Yes	No	Unsure
Magnesium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>
Omega 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mindfulness	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
Sugar free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeopathy	<input type="checkbox"/>	<input type="checkbox"/>

22 In your view, would any of these factors improve ADHD care for children in Ireland?

Please expand on your view:

	Yes	No	Unsure
More parenting supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stronger school links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More Peds-CAMHS collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared-Care Guidelines for Peds & CAMHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved child access to CAMHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More GP training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More inter-disciplinary teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheaper medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More behavioural supports for children/teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjustments to teacher classroom practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More teacher's training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced social stigma regarding ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A  other: \_\_\_\_\_

23 Possible treatment barriers: How often do these factors impede a child's ADHD treatment?

Please expand on your experience if you wish:

	Never	Rarely	S'times	Usually	Always
Difficulty accessing CAMHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAMHS poor quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/teacher's negative views about ADHD/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/teen's negative views about ADHD/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/carer's negative views about ADHD/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A <input type="checkbox"/>	other: _____				

**D) ADHD MONITORING AND REFERRAL**

24 How often does your service offer monitoring visits: 3 months  3-6 months  6 months  N/A  other time : \_\_\_\_\_

Which professional(s) is(are) involved? Answer: \_\_\_\_\_

25 Does your service typically refer children with ADHD when they need either further assessment, treatment or follow-up?

Do you have a shared-care arrangement for these referrals? Yes  No

Please RANK 1 – 5, where 1 = Most Frequent

\_\_\_ Do not usually refer

\_\_\_ Refer to educational services (e.g. NEPS)

\_\_\_ Refer to child and adolescent mental health services (CAMHS)

\_\_\_ Refer to GPs

\_\_\_ Refer to community paediatric services

N/A  other: \_\_\_\_\_

## E) ADHD PROGNOSIS AND TRANSITION TO ADULT SERVICES

26	<p>In your experience, what is the prognosis for most children with ADHD? Please RATE:</p> <p><i>Leave your comments:</i></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Never</th> <th style="width: 10%;">Rarely</th> <th style="width: 10%;">S'times</th> <th style="width: 10%;">Usually</th> <th style="width: 10%;">Always</th> </tr> </thead> <tbody> <tr> <td>Symptoms of ADHD change as child grows</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grow out of ADHD by teens</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Grow out of ADHD by adulthood</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Have ADHD as adult, but function well</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Develop other mental health disorders</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td><input type="checkbox"/></td> <td colspan="4">other: _____</td> </tr> </tbody> </table>		Never	Rarely	S'times	Usually	Always	Symptoms of ADHD change as child grows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grow out of ADHD by teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grow out of ADHD by adulthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have ADHD as adult, but function well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop other mental health disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	other: _____			
	Never	Rarely	S'times	Usually	Always																																							
Symptoms of ADHD change as child grows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
Grow out of ADHD by teens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
Grow out of ADHD by adulthood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
Have ADHD as adult, but function well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
Develop other mental health disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
N/A	<input type="checkbox"/>	other: _____																																										
27	<p>For young persons diagnosed with ADHD who are reaching the CAMHS or paediatric boundary, do you: (RATE)</p> <p><i>Please tell us about your reasons(s):</i></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%;">Never</th> <th style="width: 10%;">Rarely</th> <th style="width: 10%;">S'times</th> <th style="width: 10%;">Usually</th> <th style="width: 10%;">Always</th> </tr> </thead> <tbody> <tr> <td>Refer to Adult Mental Health</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Refer to GPs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Refer to a private service</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Treat the young person yourself</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td><input type="checkbox"/></td> <td colspan="4">other: _____</td> </tr> </tbody> </table>		Never	Rarely	S'times	Usually	Always	Refer to Adult Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer to GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refer to a private service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treat the young person yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	<input type="checkbox"/>	other: _____									
	Never	Rarely	S'times	Usually	Always																																							
Refer to Adult Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
Refer to GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
Refer to a private service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
Treat the young person yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
N/A	<input type="checkbox"/>	other: _____																																										
<p>Have you stayed up to date about ADHD?      Yes <input type="checkbox"/>    No <input type="checkbox"/></p>		<p>If YES, which sources have you used?</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>CPD course <input type="checkbox"/></td> <td>colleagues <input type="checkbox"/></td> </tr> <tr> <td>websites <input type="checkbox"/></td> <td>peer-reviewed journals <input type="checkbox"/></td> </tr> <tr> <td>formal peer-group <input type="checkbox"/></td> <td>newspaper/television <input type="checkbox"/></td> </tr> <tr> <td colspan="2">other: _____</td> </tr> </tbody> </table>	CPD course <input type="checkbox"/>	colleagues <input type="checkbox"/>	websites <input type="checkbox"/>	peer-reviewed journals <input type="checkbox"/>	formal peer-group <input type="checkbox"/>	newspaper/television <input type="checkbox"/>	other: _____																																			
CPD course <input type="checkbox"/>	colleagues <input type="checkbox"/>																																											
websites <input type="checkbox"/>	peer-reviewed journals <input type="checkbox"/>																																											
formal peer-group <input type="checkbox"/>	newspaper/television <input type="checkbox"/>																																											
other: _____																																												

### MANY THANKS!

If you would like to be involved in a follow-up interview or focus group,

Please leave your **email address**: \_\_\_\_\_

This is completely optional and you will only be contacted for the purpose of this study.

If you have any questions email: [fabiola.honorio-neto@ucdconnect.ie](mailto:fabiola.honorio-neto@ucdconnect.ie)