

Supplementary Data

We invite you to participate in this brief **10-minute survey** about attitudes and practice when initiating treatment and assessing cardiac risk factors for children newly diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

Your participation in this NIH-funded research study is voluntary. All responses will remain anonymous and confidential. If you have any question or concerns about this research project or your role as a research participant, please contact the Principal Investigator or the Institutional Review Board.

- Most of the following questions are for PSYCHIATRISTS WHO PROVIDE DIRECT PATIENT CARE to children with ADHD within the age range of 5-18 years.
- If you do NOT provide direct patient care for children with ADHD, please check this box and go to **Section G on Page 6**.
- However, IT IS IMPORTANT THAT WE RECEIVE THIS SURVEY BACK EVEN IF YOU DO NOT DIRECTLY CARE FOR CHILDREN WITH ADHD. Please return the survey in the postage-paid envelope. Thank you in advance for your time and cooperation.

SUPPLEMENTARY FIG. S1. Tufts Medical Center 30-item questionnaire.

A. Factors Influencing Initiation of Stimulants

1. How much does each of the following factors influence your willingness to initiate treatment with stimulants for a child with ADHD? Please circle only one response for each item.

	Not at all	Only a little	A moderate amount	A lot
a. Severity of ADHD symptoms	1	2	3	4
b. Degree of ADHD impairment	1	2	3	4
c. Parental concerns about stimulant side effects	1	2	3	4
d. Parental request to start medication	1	2	3	4
e. The benefit of stimulants in treating ADHD	1	2	3	4
f. My own concerns about stimulant side effects	1	2	3	4
g. Child's age	1	2	3	4
h. Child's gender	1	2	3	4
i. Time constraints to fully discuss treatment side effects	1	2	3	4

B. Attitudes about Initiating Stimulants

2. How much do you agree or disagree with each of the following statements? Please circle only one response for each item.

	Strongly disagree	Moderately disagree	Moderately agree	Strongly agree
a. Stimulants represent the best first-line treatment for ADHD in children.	1	2	3	4
b. The risk for sudden cardiac death in children is sufficiently high to warrant cardiac assessment before initiating treatment with stimulants.	1	2	3	4
c. The risk for potential legal liability is sufficiently high to warrant cardiac assessment in children before initiating treatment with stimulants.	1	2	3	4
d. The risk for sudden cardiac death in children warrants discussion <i>only</i> if there is a positive family and/or patient history.	1	2	3	4
e. Psychiatrists have a responsibility to inform families about the risk of sudden cardiac death before initiating treatment with stimulants.	1	2	3	4
f. Screening with an in-depth cardiac history and physical can be adequately performed by a <i>primary care physician</i> .	1	2	3	4
g. Screening with an in-depth cardiac history can be adequately performed by a <i>psychiatrist</i> .	1	2	3	4
h. Screening with an in-depth cardiac physical can be adequately performed by a <i>psychiatrist</i> .	1	2	3	4
i. An ECG does <i>not</i> provide sufficient information to rule out undetected cardiac disorders in children.	1	2	3	4
j. Screening for cardiac disorders or risk factors of sudden cardiac death should <i>only</i> be done by a cardiologist.	1	2	3	4
k. Family awareness of the risk of sudden cardiac death will unnecessarily deter the use of stimulant treatment.	1	2	3	4

SUPPLEMENTARY FIG. S1. (Continued).

C. Identifying Cardiac Disorders in Children

3. Are the following barriers to your identifying cardiac disorders in children prior to beginning stimulant medications in children and adolescents? Please circle only one response for each item.

	Not a barrier	Minor barrier	Major barrier
a. My ability to perform a history	1	2	3
b. My ability to perform a physical	1	2	3
c. My ability to interpret a pediatric ECG	1	2	3
d. My training in identifying cardiac disorders	1	2	3
e. Lack of specialists/subspecialists in my area	1	2	3
f. Lack of primary care physicians in my area	1	2	3
g. Coordination of care with primary care physician	1	2	3
h. Coordination of care with specialists/subspecialists	1	2	3
i. Waiting period to see specialists/subspecialists in my area	1	2	3
j. Feasibility of obtaining heart rate and blood pressure in my office	1	2	3
k. Feasibility of obtaining heart rate and blood pressure from an outside source	1	2	3
l. Families' inability to pay for needed care	1	2	3

D. Comfort Level of Initiating Stimulants

4. Assuming a *negative finding* from each of the following assessments, what would your comfort level be in initiating stimulants? Please circle only one response for each item.

<i>Negative findings following:</i>	Not at all comfortable	Only a little comfortable	Moderately comfortable	Very comfortable
a. History that I performed	1	2	3	4
b. Physical that I performed	1	2	3	4
c. ECG that I performed	1	2	3	4
d. History and physical performed by a <i>primary care physician</i>	1	2	3	4
e. History and physical performed by a <i>cardiologist</i>	1	2	3	4
f. ECG obtained by a <i>primary care physician</i>	1	2	3	4
g. ECG obtained at an <i>Emergency Department</i>	1	2	3	4
h. ECG obtained by a <i>cardiologist</i>	1	2	3	4
i. History, physical, ECG and ECHO <i>all</i> performed and reviewed by a <i>cardiologist</i>	1	2	3	4

SUPPLEMENTARY FIG. S1. (Continued).

E. Most Recent Patient

In this section, please think about the most recent child for whom you considered stimulant treatment for ADHD.

Check here to confirm that you provide direct care to children within the age range of 5-18 years with ADHD. If you do not, please go to **Section G on Page 6**.

5. This child's gender was: Male Female

6. This child's age was: _____ years

7. How long ago did you see this child?

- In the past 2 weeks
- 2-4 weeks ago
- More than 4 weeks ago
- I can't recall how long ago I saw this child

8. Before initiating stimulant treatment, which of the following types of patient information were obtained and by whom? Please check all that apply.

	Myself/Staff	Primary Care Physician	Emergency Department (ED)	Cardiologist	No information collected
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitals signs (BP, pulse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height and weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Which of the following potential side effects of stimulants did you discuss with the parents/patient before initiating treatment? Please check all that apply.

- Weight loss/appetite suppression
- Insomnia
- Abdominal pain
- Headaches
- Delays in linear growth
- Tics
- Mood changes/irritability
- Sudden cardiac death
- Other, please specify _____
- None of the above

10. Did you decide that an ECG was indicated for this child?

Yes → **Please Continue to Question #11**

No → **Why did you decide that an ECG was NOT indicated for this child?**
Please check all that apply.

- Negative family history
- Negative patient history
- Negative exam finding
- I was following professional guidelines/recommendations
- I was following my standard practice
- There is insufficient data/science/literature to warrant ECG
- Other, please specify _____

**Now Please
Skip to
Question #15**

11. Why did you decide that an ECG was indicated for this child? Please check all that apply.

- Positive family history
- Positive patient history
- Positive exam finding
- I was following professional guidelines/recommendations
- I was following my standard practice
- Medicolegal considerations
- Other, please specify _____

12. Select the approach you took for obtaining an ECG. Please check only one.

- I ordered the ECG through my facility
- I ordered the ECG to be obtained at an ED
- I referred the patient to primary care for ECG
- I referred the patient to cardiology for ECG
- Other, please specify _____



13. Select the approach you took for reviewing the ECG results. Please check only one.

- I read the automated machine interpretation
- I reviewed the ECG wave tracing myself
- I deferred to the technician performing the ECG
- I deferred to the ED physician
- I deferred to the primary care physician
- I deferred to a cardiologist
- Other, please specify _____

14. Select the approach you took for discussing the ECG results with parents/patient. Please check only one.

- I shared the results with parents/patient
- I deferred to the ED physician to share the results
- I deferred to the primary care physician to share the results
- I deferred to a cardiologist to share the results with parents/patient
- The results were not shared with parents/patient
- Other, please specify _____

15. Did you recommend stimulant treatment for this child?

- Yes  **Please Continue to Question #16**
- No  **Why did you NOT recommend stimulant treatment for this child?**
Please check all that apply.
 - Child does not meet criteria for ADHD
 - Further evaluation is needed
 - Considering non-pharmacological approach first
 - Parental concerns
 - Other, please specify _____

F: Practice Patterns for ADHD Treatment

16. What percentage of your patients with ADHD receives the following types of therapy? Please fill in the respective percentage.

Parent-mediated behavioral modification only..... %
Medication only %
Combination of behavioral and medication..... %
Other, please specify..... %

17. What percentage of your patients with ADHD with inattentive, impulsive and/or hyperactive behavior is taking medication from the following classes? Please fill in the respective percentage.

Stimulants..... %	First generation antipsychotics..... %
Atomoxetine..... %	Second generation antipsychotics..... %
Alpha agonists..... %	Hypnotics..... %
Antidepressants..... %	Anxiolytics..... %
Mood stabilizers..... %	Other, please specify..... %

18. What percentage of your patients with ADHD with disruptive and/or aggressive behaviors is taking medication from the following classes? Please fill in the respective percentage.

Stimulants..... %	First generation antipsychotics..... %
Atomoxetine..... %	Second generation antipsychotics..... %
Alpha agonists..... %	Hypnotics..... %
Antidepressants..... %	Anxiolytics..... %
Mood stabilizers..... %	Other, please specify..... %

G: Personal and Practice Characteristics

19. What is your gender? Male Female

20. In what year were you born? 19_____

21. Are you Hispanic? Yes No Decline to state

22. What is your race? Please check all that apply.

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other_____
<input type="checkbox"/> Asian	<input type="checkbox"/> Decline to state
<input type="checkbox"/> American Indian or Alaskan Native	

23. Which of the following best describes your clinical area?

Child and Adolescent Psychiatry
 General Psychiatry
 Other specialty/subspecialty area, please specify_____

24. During a typical work week, how many outpatient visits do you provide? : _____ visits

Average number of days per week you provide direct patient care: _____ days

SUPPLEMENTARY FIG. S1. (Continued).

25. Approximately what percentage of your patients are covered by the following insurance sources?

Please enter a number or zero (0) if none; percentages should sum to 100%.

Private %
Public %
Other %
Uninsured %
100 %

Don't know my patients' insurance sources

26. How many years have you been in practice? Number of years: _____

27. Which of the following best describes the setting where you spend most of your clinical time? Please check only one.

- | | |
|--|--|
| <input type="checkbox"/> Private practice/group practice | <input type="checkbox"/> Academic medical center |
| <input type="checkbox"/> Community mental health center | <input type="checkbox"/> Residential facility |
| <input type="checkbox"/> General hospital | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Psychiatric hospital | |

28. Which of the following best describes the size of the setting where you spend most of your clinical time?

Please check only one.

- Self-employed solo practice
 Two-physician practice
 Group practice, please specify number of physicians _____
 Other, please specify number of physicians _____

29. Please describe the community in which your primary practice/position is located. Please check only one.

- Urban
 Suburban
 Rural
 Other, please specify _____

30. Would you be interested in Continuing Medical Education in any of the following areas? Please check all that apply.

- Stimulant treatment for ADHD in children with known cardiac disorders.
 Evaluation of children for cardiac disorders that could lead to sudden death.
 Cardiac effect of stimulants, antipsychotics, and alpha adrenergic agonists.
 Evaluation, management, and follow-up of antipsychotics for ADHD.
 Treatment options for oppositional and aggressive behavior in children with ADHD.

THANK YOU FOR COMPLETING THIS SURVEY!
PLEASE RETURN IN THE POSTAGE-PAID ENVELOPE