

Appendix to Pål Surén, Anna Gjertrud Thorstensen, Marit Tørstad, Petter Espeseth Emhjellen, Kari Furu, Guido Biele, Heidi Aase, Camilla Stoltenberg, Pål Zeiner, Inger Johanne Bakken, Ted Reichborn-Kjennerud. Diagnosis of hyperkinetic disorder among children in Norway. Journal of the Norwegian Medical Association 2018; 138. doi: 10.4045/tidsskr.18.0418.

This appendix is a supplement to the article and has not been processed editorially.

MEDICAL RECORD REVIEW OF DIAGNOSIS F90, HYPERKINETIC DISORDER IN THE NORWEGIAN PATIENT REGISTRY

General information

ID number _____

Gender _____

Date of birth _____

Hospital (BUP/rehabilitation service) _____

Date of medical record review _____

Name of clinic that reviewed the medical records _____

Date of diagnosis: _____ Child's age when diagnosed: _____ year _____ month

Medical record information related to the assessment found in different location: Yes ___ No ___

If yes, where: _____

Reason for referral: _____

Categories from BUP form: _____

Part II. Diagnostic criteria

ICD-10 symptoms are present (according to medical records)

G1. Inattention. At least 6 of the following symptoms of inattention must have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the age and developmental level of the child.	Yes at home	Yes in other settings	Unreliable/insufficient information
G1 INATTENTION			

(1) Often fails to give close attention to details, or makes careless errors in schoolwork, work or other activities.			
(2) Often fails to sustain attention to play activities or tasks.			
(3) Often appears to not listen to what is being said to him or her.			

(4) Often fails to follow through on instructions or to finish schoolwork, chores or duties in the workplace (not because of oppositional behaviour or failure to understand instructions).			
(5) Is often impaired in organising tasks and activities.			
(6) Often avoids or strongly dislikes tasks, such as homework, that require sustained mental effort.			
(7) Often loses things necessary for certain tasks or activities, such as school assignments, pencils, books, toys or tools.			
(8) Is often easily distracted by external stimuli.			
(9) Is often forgetful in the course of daily activities.			
Minimum 6 criteria met			
G2. Hyperactivity. At least three of the following symptoms of hyperactivity have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child:	Yes at home	Yes in other settings	Unreliable/insufficient information
G2 HYPERACTIVITY			
(1) Often fidgets with hands and feet or squirms on seat.			

(2) Often leaves seat in the classroom or other situations in which remaining seated is expected.			
(3) Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, only feelings of restlessness may be present).			
(4) Is often unduly noisy in playing, or has difficulty engaging quietly in leisure activities.			
(5) Exhibits a persistent pattern of excessive motor activity that is not substantially modified by social context or demands.			
Minimum 3 criteria met			
G3. Impulsivity. At least one of the following symptoms of impulsivity has persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child.	Yes at home	Yes in other settings	Unreliable/insufficient information
G3 IMPULSIVITY			
(1) Often blurts out answers before questions have been completed.			
(2) Often fails to wait in lines or await turns in games or group situations.			
(3) Often interrupts or intrudes on others (e.g. butts into others' conversations or games).			
(4) Often talks excessively without appropriate response to social constraints.			
Minimum 1 criterion met			
G4. Onset of the disorder is no later than the age of 7 years.	Yes	No	Unreliable/insufficient information

G5. Pervasiveness. The criteria should be met for more than a single situation, e.g. the combination of inattention and hyperactivity should be present both at home and at school, or at both school and in another setting where children are observed, such as a clinic. (Evidence for cross-situationality will ordinarily require information from more than one source; parental reports about classroom behaviour, for instance, are unlikely to be sufficient.)	Yes	No	Unreliable/insufficient information
G6. The symptoms in G1-G3 cause clinically significant stress or impairment in social, academic or occupational functioning.	Yes	No	Unreliable/insufficient information
G7. The disorder does not meet the criteria for pervasive developmental disorders (F84.-), manic episode (F30.-), depressive episode (F32.-), or anxiety disorders (F41.-).	G7 Criteria met	G7 Criteria not met	Unreliable/insufficient information

Part II Basis for assessment of diagnosis

A. Multiaxial system ICD-10 diagnoses (according to medical records)

Axis I Clinical psychiatric syndrome _____

Axis II Specific developmental disorders _____

Axis III Mental retardation _____

Axis IV General medical conditions _____

Axis V Abnormal psychosocial situations _____

Axis VI Global assessment of functioning _____

B. Psychiatric diagnoses, ICD-10 (according to medical records)

Other psychiatric diagnoses _____

C. Somatic diagnoses (according to medical records)

Other somatic diagnoses _____

D. Relevant examinations (conducted prior to referral or at a clinic)

1. Information about the child's developmental history (anamnesis)

Yes__ No __ Information missing

2. Medical/neurological examination

Yes__ No __ Information missing

3. Questionnaires

Parent 1: _____

Child Behavior Check-List (CBCL) – parent version Yes__ No __

T-score on ADHD scale: _____ Information missing

Other sub-/diagnosis scales with T-score in clinical area (specify type of T-score and result): _____ Information missing

Parent 2: _____

Child Behavior Check-List (CBCL) – parent version Yes__ No __

T-score on ADHD scale: _____ Information missing

Other sub-/diagnosis scales with T-score in clinical area (specify type of T-score and result): _____ Information missing

Teacher Rating Form (TRF) Yes__ No __

T-score for ADHD scale: _____ Information missing

Percentile on AD/HD subscale I: _____ Information missing

Percentile on AD/HD subscale HI: _____ Information missing

Other sub-/diagnosis scales with T-score in clinical area (specify type of T-score and result): _____ Information missing

Barkley ADHD rating scale – parent Yes__ No __

Inattention over 95%-ile. Yes__ No __ Information missing

Raw score: _____ Information missing

Hyperactivity/impulsivity over 95%-ile Yes__ No __ Information missing

Raw score: _____ Information missing

Total over 95%-ile. Yes__ No __ Information missing

Raw score: _____ Information missing

Barkley ADHD rating scale – teacher Yes__ No __

Inattention over 95%-ile. Yes__ No __ Information missing

Raw score: _____ Information missing

Hyperactivity/impulsivity over 95%-ile Yes__ No __ Information missing

Raw score: _____ Information missing

Total over 95%-ile. Yes__ No __ Information missing

Raw score: _____ Information missing

Brown ADD scale Yes__ No __

T-scores over 65 on the following scales:

1. Organising, prioritising and activating to work: **Yes__ No __** Information missing

2. Focusing, sustaining and shifting attention to tasks: **Yes__ No __** Information missing

3. Regulating alertness, sustaining effort and processing speed: **Yes__ No __** Information missing

4. Managing frustration and modulating emotions: **Yes__ No __** Information missing

5. Utilising working memory and accessing recall: **Yes__ No __** Information missing

6. Monitoring and self-regulating action: **Yes__ No __** Information missing

Other (specify type of screening from, scores): _____

4. Survey of comorbid psychiatric disorders:

K-SADS: Yes__ No __

Satisfies diagnosis of ADHD: **Yes__ No __**

Satisfies other diagnoses (specify yes/no or which): _____

DAWBA: Yes__ No __

Satisfies diagnosis of ADHD: **Yes__ No __**

Satisfies other diagnoses (specify yes/no and which): _____

Other diagnostic interview: **Yes**__ **No** __

Results (specify which and results):_____

5. Evaluation of cognitive ability/developmental level (write ‘yes’ or ‘no’ if the test is registered in the medical record, enter a dash – if the results are missing)

	Yes/No	Version	Value	Value	Value	Value	Value
WPPSI Date:			VIQ (verbal)	PIQ (performance)	PSQ (processing speed)	GLC (global language)	FSIQ (full scale)
WISC-III Date:			VIQ	UIQ			FSIQ
WISC-IV Date:			VFI	PRI	AMI	PHI	FSIQ/GAI
WASI Date:			VIQ	UIQ			FSIQ/GAI
Leiter Date:			Fluid	Visualisation	Spatial	BIQ (brief IQ)	FIQ (full scale)
CAS Date:							
Other (name of test): _____							
Date:							
Other (name of test): _____							
Date:							

6. Assessment of language:

- a. *Språk 6-16* (‘Language 6-16’): **Yes** __ **No** __ Total score _____
Information missing
- b. **Illinois Test of Psycholinguistic Abilities (ITPA)**: **Yes**__ **No** __ Information missing
- c. **Reynell** **Yes**__ **No** __ score (stanine):

Expressive _____ Information missing
Receptive _____ Information missing
Total _____ Information missing

d. **Test of Receptive Grammar (TROG-2):** Yes__ No __

e. **Clinical Evaluation of Language Fundamentals (CELF-4):** Yes__ No __

Core language skills (s.s): _____ Information missing
Receptive language (s.s): _____ Information missing
Expressive language (s.s): _____ Information missing
Language content (s.s): _____ Information missing
Language structure (s.s): _____ Information missing
Language memory (s.s): _____ Information missing
Working memory (s.s): _____ Information missing

f. **Other** (specify type and scores): _____

7. **Neuropsychological examination** Yes__ No __

NEPSY: Yes__ No __

Scores (specify which subtest(s) and score):

Other (specify which and score): _____

8. **Conners' Continuous Performance Test (CPT)** Yes__ No __

Inattention, score (in percentile): _____ Information missing
Impulsivity, score (in percentile): _____ Information missing
Sustained attention, score (in percentile): _____ Information missing
Vigilance, score (in percentile): _____ Information missing

9. **QB Test** Yes__ No __

Inattention score: _____ Information missing
Hyperactivity score: _____ Information missing
Impulsivity score: _____ Information missing

10. **BRIEF**

Parent: Yes__ No __
 BRI T-score:_____ Information missing
 GEC T-score:_____ Information missing
 MI T-score:_____ Information missing

Teacher: Yes__ No __
 BRI T-score:_____ Information missing
 GEC T-score:_____ Information missing
 MI T-score:_____ Information missing

11. Informant information

School/kindergarten observation **Yes__ No __**

Conversation with teacher **Yes__ No __**

Observation of play in clinic **Yes__ No __**

Other observation in clinic **Yes__ No __**

Observation in the home **Yes__ No __**

Other:_____ **Yes__ No __**

Part III Conclusion (by clinicians from the Norwegian Institute of Public Health after medical record review)

ICD-10 Diagnosis F90 Hyperkinetic disorder (independent of G7) confirmed?

Yes _____ No ____

Degree of certainty: Very certain ____Somewhat certain ____Uncertain _____

If no or uncertain:	Yes	No	N/A
Discrepancy between information in the medical record and the diagnosis (NPR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient/missing information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate differential diagnostic evaluation/assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis made solely for the purpose of trying out a drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tentative diagnosis, no further assessment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

Multiple referral episodes

If yes:

Referral episode date from – to:	Reason for referral:	Axis 1 diagnosis this episode:	Conclusion: diagnosis made in this episode by clinician NIPH (yes/no – degree of certainty)	Information that changes status: 1. Additional information/assessment 2. Differential diagnostic assessments

Appendix

A. DSM-IV symptoms present (according to medical record information)

Criterion A. Either (1) or (2)

(1) Six (or more) of the following symptoms of inattention have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child.

INATTENTION	Yes at home	Yes at school	Unreliable/insufficient information
Often fails to give close attention to details, or makes careless errors in schoolwork, work or other activities.			
Often fails to sustain attention in tasks and play activities.			
Often appears not to listen to what is being said to him or her.			
Often fails to follow through on instructions or to finish schoolwork, chores or duties in the workplace.			
Is often impaired in organising tasks and activities.			
Often avoids or strongly dislikes tasks that require sustained mental effort.			
Often loses things necessary for certain tasks or activities.			
Is often easily distracted by external stimuli.			

Is often forgetful in the course of daily activities.

Six or more criteria for inattention met: YES__ NO__

(2) Six (or more) of the following symptoms of ‘hyperactivity-impulsivity’ have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child.

HYPERACTIVITY	Yes at home	Yes at school	Unreliable/insufficient information
Often fidgets with hands or feet, or squirms on seat.			
Often leaves seat in the classroom or in other situations in which remaining seated is expected.			
Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, only feelings of restlessness may be present).			
Often has difficulty playing or engaging quietly in leisure activities.			
Is often ‘on the go’ or acts as if ‘driven by a motor’.			
Often talks excessively.			

IMPULSIVITY	Yes at home	Yes at school	Unreliable/insufficient information
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Often blurts out answers before questions have been completed.		
Often has difficulty awaiting turn.		
Often interrupts or intrudes on others.		

Six or more criteria for hyperactivity-impulsivity met: YES___ NO___

Criterion B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years. YES___ NO___

Criterion C. Some impairment from the symptoms is present in two or more settings (e.g. at school [or work] and at home). YES___ NO___

Criterion D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning. YES___ NO___

Criterion E. The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorders, or a personality disorder). YES___ NO___

B. DSM-IV AD/HD diagnosis confirmed after medical record review YES___ NO___

DSM-IV criteria

A.1 Inattention Yes___ No___ Uncertain___

A.2 Hyperactivity-impulsivity Yes___ No___ Uncertain___

- B. Symptom onset before age 7 years Yes__ No__ Uncertain__
- C. Impairment in 2 or more settings Yes__ No__ Uncertain__
- D. Evidence of clinically significant impairment in social, academic or occupational functioning. Yes__ No__ Uncertain__
- E. Symptoms are not better explained by other disorders. Yes__ No__ Uncertain__

Diagnostic criteria 314.0X Attention-Deficit/Hyperactivity Disorder
(Code based on type)

314.01 ADHD, Combined Type: if both Criteria A1 and A2 are met for the past 6 months.

YES__NO__

314.00 ADHD, Predominantly Inattentive Type: if Criterion A1 is met but Criterion A2 is not met for the past 6 months.

YES__NO__

314.01 ADHD, Predominantly Hyperactive-Impulsive Type: if Criterion A2 is met but Criterion A1 is not met for the past 6 months.

YES__NO__

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, 'In Partial Remission' should be specified.