

GENDER PATTERNS AMONG DSM-IV ATTENTION-DEFICIT/HYPERACTIVITY DISORDER SUBTYPES

VOLUME TWO

BRIAN W GRAETZ M PSCYH (CLIN), BA (HONS), DIP T

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Women's and Children's Hospital, South Australia.

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	Validity of DSM-IV ADHD Subtypes in a nationally representative sample	
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	of Child and Adolescent Psychiatry, 40, 1410-1417.	

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Table 2.1 Studies of DSM-IV ADHD Subtypes with Community Samples

Study		ADHD Subtype									
	ADHD Sample Size & % Male	Inattentive			Hyp-Imp			Combined			
		% of cases	M:F	Age #	% of cases	M:F	Age#	% of cases	M:F	Age [#]	
Baumgaertel et al. (1995) b	N = 192; NR	51%	2.0:1	NR	22%	5.0:1	NR	27%	NR	NR	
Wolraich et al. (1996) b	N = 943; 70% M	44%	2.1:1	NR	23%	4.2:1	NR	33%	3.3:1	NR	
Carlson et al. (1997) b	N = 563; 71% M	60%	1.9:1	NR	11%	3.0:1	NR	28%	2.7:1	NR	
Gaub et al. (1997) b	N = 221; 63% M	56%	2.3:1	7.6	21%	4.1:1	7.5	23%	2.8:1	7.6	
Wolraich et al. (1998) b	N = 698; 72% M	54%	2.0:1	NR	16%	3.0:1	NR	29%	3.5:1	NR	
Hudziak et al. (1998) ad	N = 316; 0% M	41%	NA	NR	21%	NA	NR	38%	NA	NR	
Ostrander et al. (1998) c	N = 194; 82% M	51%	5.2:1	NR	5%	NR	NR	43%	3.9:1	NR	
Brito et al. (1999) b	N = 78;55% M	62%	1.3:1	NR	22%	1.1:1	NR	16%	1.2:1	NR	
Gomez et al. (1999) a	N = 126; 70% M	43%	3.6:1	NR	28%	1.9:1	NR	29%	2.3:1	NR	
Pineda et al. (1999) ad	N = 87; 62% M	26%	1.5:1	NR	53%	1.4:1	NR	21%	2.5:1	NR	
Weiler et al. (1999) a	N = 26; 50% M	52%	0.6:1	NR	7%	NR	NR	41%	1.5:1	NR	
Willcutt et al. (1999) cd	N = 105; 69% M	55%	1.8:1	11.1	14%	2.0:1	9.8	30%	3.6:1	10.7	
Gadow et al. (2000) a	N = 119;69% M	36%	1.9:1	NR	43%	2.4:1	NR	21%	2.6:1	NR	
Nolan et al. (2001) b	N = 242; 63% M	65%	2.4:1	NR	14%	3.1:1	NR	21%	4.8:1	NR	
Rowland et al. (2001) °	N = 46; NR	26%	NR	NR	2%	NA	NR	72%	NR	NR	
Chhabildas et al. (2001) cd	N = 114; 69% M	59%	2.1:1	12.0	12%	2.5:1	10.3	29%	2.7:1	10.9	

Note: M:F = Male: Female ADHD prevalence ratio. # Mean Age in Years. M = Male. NR = not recorded. NA = not applicable.

a Parent informant. b Teacher informant. c Parent and teacher informant. d Sample includes adolescents.

Table 2.2 Studies of DSM-IV ADHD Subtypes with Clinic Samples

Study	ADID Completion	ADHD Subtype								
	ADHD Sample Size & % Male	In	attentive		H	lyp-Imp		(Combined	
	•	% of cases	M:F	Age #	% of cases	M:F	Age#	% of cases	M:F	Age#
Lahey et al. (1994) c d	N = 276; 83% M	27%	2.7:1	9.8	18%	4.0:1	5.7	55%	7.5:1	8.5
Paternite et al. (1996) ^a	N = 96; 100% M	29%	NA	9.0	10%	NA	7.5	61%	NA	8.3
Morgan et al. (1996) c	N = 56; 80% M	52%	3.3:1	10.5	3%	NR	NR	45%	5.5:1	9.7
Eiraldi et al. (1997) c	N = 60;70% M	43%	2.0:1	9.2	12%	NR	NR	45%	2.8:1	8.9
Vaughn et al. (1997) c	N = 54; NR	30%	NR	9.9				70%	NR	9.8
Clarke et al. (1998) c *	N = 40;75% M	50%	4.0:1	10.3		_	_	50%	4.0:1	10.2
Lalonde et al. (1998) c d	N = 100; 81% M	15%	1.5:1	11.3	7%	NR	8.7	78%	4.9:1	8.7
Faraone et al. (1998) a d	N =301; 77% M	30%	2.4:1	12.5	10%	3.0:1	8.1	60%	3.9:1	9.9
McBurnett et al. (1998) c d	N = 657; 79% M	28%	2.8:1	10.0	7%	2.8:1	7.1	65%	4.6:1	8.2
Lahey et al. (1998) °	N = 126; 83% M	10%	1.6:1	5.8	25%	5.2:1	5.1	65%	5.8:1	5.2
Power et al. (1998) cd	N = 57; NR	53%	2:0:1	9.5	4%	NR	NR	44%	5.3:1	8.4
Houghton et al. (1999) a d	N = 94; 59% M	34%	2.2:1	10.5	-	-		66%	1.1:1	9.9
Nolan et al. (1999) cd	N = 150;77% M	48%	3.2:1	12.0	10%	4.3:1	7.8	42%	3.5:1	8.6
Weiler et al. (1999) a	N = 69;72% M	60%	1:1	NR	6%	NR	NR	33%	1.3:1	NR
Eiraldi et al. (2000) c	N = 187; NR	31%	NR	9.2	7%	NR	8.6	61%	NR	8.7
Faraone et al. (2000) a d	N = 139, NR	17%	NR		4%	NR		79%	NR	
Karustis et al. (2000) °	N = 133; 79% M	32%	3.7:1	9.4	6%	4.0:1	8.5	62%	3.9:1	9.1

Note: M:F = Male:Female ADHD prevalence ratio. * Mean Age in Years. M = Male. NR = not recorded. NA = not applicable a Parent informant. b Parent and child informant. c Parent and teacher informant. d Sample includes adolescents. * Matched sample (i.e. equivalent numbers for groups matched on age).

Table 2.2 (continued) Studies of DSM-IV ADHD Subtypes with Clinic Samples

Study					ADI	ID Subtype				
	ADHD Sample Size & % Male	Inattentive		Hyp-Imp			Combined			
	•	% of cases	M:F	Age #	% of cases	M:F	Age#	% of cases	M:F	Age#
Maedgen et al. (2000) c	N = 30; 70% M	47%	1.8:1	10.4	200		5	53%	3.0:1	10.0
Hodgens et al. (2000) c	N = 30; 100% M	50%	NA	9.8				50%	NA	8.7
Clarke et al. (2001) c *	N = 40;75% M	50%	4.0:1	10.4				50%	4.0:1	10.4
Decker et al. (2001) de	N = 287; 70% M	50%	2.0:1	NR	50%	3.0:1	NR			
Manning et al. (2001) b	N = 40; 86% M	30%	3.0:1	10.2	70%	9.0:1	8.1	-		
Podolski et al. (2001) c‡	N = 37; 62% M	40%	1.1:1	10.6				60%	2.1:1	9.2
Power et al. (2001) c	N = 41;71% M	46%	2.8:1	9.8				54%	2.1:1	8.1
Landgraf et al. (2002) cd	N = 80;74% M	50%	NR	NR	0		7	50%	NR	NR
Nigg et al. (2002) ° ‡	N = 64; 73% M	72%	3.2:1	9.6			-	28%	2.0:1	10.6
Carlson et al. (2002) a	N = 38; 71% M	34%	1.2:1	11.4		-		66%	4.0:1	10.9

Note: M:F = Male:Female ADHD prevalence ratio. * Mean Age in Years. M = Male. NR = not recorded. NA = not applicable a Parent informant. b Parent and child informant. c Parent and teacher informant. d Sample includes adolescents. Informant not specified. Combined community and clinic sample. * Matched sample (i.e. equivalent numbers for groups matched on age).

Table 2.3
Social Adversity

Domain, Samp	le & Study	Measure	Is ADHD Sub	Significant Differences			
			Inattentive	Inattentive Hyp-Imp		among Subtypes	
SES		· · · · · · · · · · · · · · · · · · ·					
Clinic	Paternite et al. (1996) [⊗]	Hollingshead - 2 factor	No	No	No	None	
	Eiraldi et al. (1997)	Hollingshead - 4 factor	No		Yes	C < I (No HI group)	
	Faraone et al. (1998)	Not Specified	No	Yes	Yes	HI < C < I	
	McBurnett et al. (1999)	Hollingshead - 2 factor		No Control Group		C < HI & I	
	Eiraldi et al. (2000)	Hollingshead - 5 factor	No		No	None (No HI group)	
	Karustis et al. (2000)	Hollingshead – 4 factor		No Control Group		None (No HI group)	
	Maedgen et al. (2000)	Duncan's SES	No	: <u></u>	No	None (No HI group)	
	Podolski et al. (2001) ‡⊗	Duncan's SES	No	-	No	None (No HI group)	
	Carlson et al. (2002)	Duncan's SES	No		No	None (No HI group)	
Community	Willcutt et al. (1999)	Hollingshead - 2 factor	No	No	No	None	
·	Ostrander et al. (1998)	Hollingshead - 4 factor	No		No	None (No HI group)	
Family Type							
Clinic	Eiraldi et al. (1997)	% Single Parent	No		No	None (No HI Group)	
	Lalonde et al. (1998)	% Intact Families		No Control Group		None	
Family Incom	e						
Clinic	Lahey et al. (1998)	Annual Income	No	No	No	None	
Family Size							
Clinic	Eiraldi et al. (1997)	Number in Family	No		No	None (No HI Group)	
Parent Educa	tion						
Community	Gadow et al. (2000)	Years of Education	No	No	No	None	

Note: *Compares ADHD subtypes against clinic controls. ‡Combined community and clinic sample

Table 2.4 Conduct Disorder

Sample	Study	Assessment Method	Is ADHD Sub	type different $(p < .05)$	from Controls?	Significant Differences
			Inattentive	Hyp-Imp	Combined	among Subtypes
Clinic	Morgan et al. (1996)	Clinic Evaluation		No Control Group		C > I (No HI group)
	Eiraldi et al. (1997)	Structured Interview	No	-	Yes	C > I (No HI group)
	Lalonde et al. (1998)	Symptom Checklist		No Control Group		HI > C & I
	Faraone et al. (1998)	Structured Interview	Yes	No	Yes	C > I
	Power et al. (1998) [⊗]	Structured Interview	No		Yes	C > I
	Nolan et al. (1999) ^a	Symptom Checklist		No Control Group		C > I (No HI group)
	Podolski et al. (2001) ^{‡⊗}	Structured Interview	No	-	No	None (No HI group)
	Carlson et al. (2002)	Structured Interview	No		Yes	C > I (No HI group)
	Nigg et al. (2002)	Structured Interview	No		Yes	C > I (No HI group)
Community	Wolraich et al. (1996) †	Symptom Checklist		No Control Group		C > HI > I
,	Ostrander et al. (1998)	Structured Interview		Not Reported		None
	Willcutt et al. (1999)	Structured Interview	Yes	Yes	Yes	None
	Gadow et al. (2000) a	Symptom Checklist	Yes	Yes	Yes	None
	Nolan et al. (2001) † a	Symptom Checklist	Yes	Yes	Yes	C > HI > I

Note: *Compares ADHD subtypes against clinic controls. *Dimensional analysis of symptom severity. *Combined community and clinic sample.

Table 2.5
Depressive Disorders

Sample	Study	Assessment Method	Is ADHD Subt	ype different (p < .05)	from Controls?	Significant Differences	
			Inattentive	Hyp-Imp	Combined	among Subtypes	
Clinic	Morgan et al. (1996)	Clinic Evaluation		No Control Group		None (No HI group)	
O.m.	Eiraldi et al. (1997)	Structured Interview	No	74	No	None (No HI group)	
	Faraone et al. (1998)	Structured Interview	Yes	No	Yes	I & C > HI	
	Power et al. (1998) [⊗]	Structured Interview	No		No	None	
	Nolan et al. (1999) ^a	Symptom Checklist		No Control Group		None (No HI group)	
	Karustis et al. (2000)	Structured Interview		No Control Group		None (No HI group)	
Community	Willcutt et al. (1999) b	Structured Interview	Yes	No	Yes	I & C > HI	
Community	Nolan et al. (2001) †a	Symptom Checklist	Yes	Yes	Yes	I & C > HI	

Note: [⊗] Compares ADHD subtypes against clinic controls. ^a Dimensional analysis of symptom severity. [†] Teacher informant. ^{b.} C > HI & I on dimensional analysis of symptom severity.

Table 2.6
Externalising Behaviour Problems

Sample	Study	Measure	Is ADHD Subty	pe different ($p < .05$) from Controls?	Significant Differences
		E CONTRACTOR DE LA CONT	Inattentive	Hyp-Imp	Combined	among Subtypes
Clinic	Morgan et al. (1996)	CBCL Externalizing		No Control Group		C > I (No HI group)
	Paternite et al. (1996) ^{a ⊗}	CBCL Aggressive	No	Yes	Yes	C & HI > I
	Vaughn et al. (1997) b⊗	CBCL Externalizing	No		Yes	C > I (No HI group)
	Eiraldi et al. (1997)	DSMD Externalizing	Yes	,— <u>———</u>	Yes	C > I (No HI group)
	Faraone et al. (1998) ° %	CBCL Aggressive	Yes	Yes	Yes	None
	Eiraldi et al. (2000) ®	CBCL Aggressive	No	· ·	Yes	C > I (No HI group)
	Maedgen et al. (2000)	RBPC Conduct	No	5 <u></u>	Yes	C > I (No HI group)
	Podolski et al. (2001) ‡ 8	CBCL Aggressive	No		Yes	C > I (No HI group)
	Manning et al. (2001) †	BASC Externalizing	Yes	Yes		HI > I (No C group)
	Power et al. (2001) [⊗]	CBCL Externalizing	No		Yes	C > I (No HI group)
	Carlson et al. (2002)	RBPC Conduct	Yes		Yes	C > I (No HI group)
	Nigg et al. (2002) ‡	CBCL Aggressive	No	-	Yes	C > I (No HI group)
Community	Gaub et al. (1997) [†]	TRF Externalizing	Yes	Yes	Yes	C & HI > I
•	Ostrander et al. (1998)	CBCL Aggressive	Yes		Yes	C > I (No HI group)
	Brito et al. (1999) †	ComTRS Hyper/Conduct	Yes	Yes	Yes	C > HI > I
	Gadow et al. (2000) d	CBCL Aggressive	Yes	Yes	Yes	C & HI > I

Note: † Teacher reports. * Compares ADHD subtypes against clinic controls. † Combined clinic and community sample. * Compares the percentage of children scoring above the clinical-cut off.

^a C > I on Delinquent Behavior. ^b C not greater than I on Delinquent Behavior. ^c C > I on Delinquent Behavior ^d C > HI & I on Delinquent Behaviour. BASC = Behavior Assessment System for Children (Reynolds & Kamphaus, 1992). CBCL = Child Behaviour Checklist (Achenbach, 1991). comTRS = Composite Teacher Rating Scale (Brito & Pinto, 1991). DSMD = The Devereau Scale of Mental Disorders (Nagglieri et al., 1994). RBPC = Revised Behavior Problem Checklist (Quay & Peterson, 1983). TRF = Teacher Report Form (Achenbach, 1991).

Table 2.7
Internalising Problems

Sample	Study	Measure	Is ADHD Sub	type different $(p < .05)$	from Controls?	Significant Differences
		į	Inattentive	Hyp-Imp	Combined	among Subtypes
Clinic	Morgan et al. (1996)	CBCL Internalizing		No Control Group		None (No HI group)
	Paternite et al. (1996) [⊗]	CBCL Anx/Dep	Yes	Yes	Yes	None
	Vaughn et al. (1997) ®	CBCL Internalizing	No	·	Yes	C > I (No HI group)
	Eiraldi et al. (1997)	DSMD Internalizing	Yes		Yes	C > I (No HI group)
	Faraone et al. (1998) %	CBCL Anx/Dep	Yes	Yes	Yes	None
	Eiraldi et al. (2000) ®	CBCL Anx/Dep	Yes		Yes	None (No HI group)
	Maedgen et al. (2000)	RBPC Anx/Withdrawl	Yes		Yes	None (No HI group)
	Manning et al. (2001) †	BASC Internalising	Yes	Yes	200	None (No C group)
	Power et al. (2001) ⁸	CBCL Internalising	Yes		Yes	None (No HI group)
	Carlson et al. (2002)	RBPC Anx/Withdrawl	Yes		Yes	None (No HI group)
	Nigg et al. (2002) ‡	CBCL Anx/Dep	No		Yes	C > I (No HI group)
Community	Wolraich et al. (1996) [†]	PBS Anx/Dep		No Control Group		C > I > HI
•	Gaub et al. (1997) ^{†a}	TRF Internalizing	Yes	No	Yes	C > HI
	Ostrander et al. (1998) b	CBCL Anx/Dep	Yes		Yes	C > I (No HI Group)
	Brito et al. (1999) †	ComTRS Anxiety	Yes	No	No	I > C & HI
	Gadow et al. (2000) c	CBCL Anx/Dep	Yes	No	No	None

Note: † Teacher reports. * Compares ADHD subtypes against clinic controls. † Combined clinic and community sample. * Compares the percentage of children scoring above the clinical-cut off.

^a I > HI on Withdrawn and C > HI & I on Anxiety/Depression. ^b No difference between C and I on Withdrawn. ^c I > HI & C on Withdrawn. BASC = Behavior Assessment System for Children (Reynolds & Kamphaus, 1992). CBCL = Child Behaviour Checklist (Achenbach, 1991). comTRS = Composite Teacher Rating Scale (Brito & Pinto, 1991). DSMD = The Devereau Scale of Mental Disorders (Nagglieri et al., 1994). RBPC = Revised Behavior Problem Checklist (Quay & Peterson, 1983). PBS = Pediatric Behavior Scale (Lindgren & Koeppl, 1987). TRF = Teacher Report Form (Achenbach, 1991).

Table 2.8
Social Functioning

Sample	Study	Measure	Is ADHD Sub	otype different (p<.05) f	rom Controls?	Significant Differences
		·-	Inattentive	Hyp-Imp	Combined	among Subtypes
Clinic	Lahey et al. (1994) ^{† ⊗}	Social Preference	Yes	No	Yes	C & 1 < HI
	Paternite et al. (1996) [⊗]	CBCL Social Problems	Yes	Yes	Yes	None
	Morgan, et al. (1996)	CBCL Social Problems		No Control Group		C > I (No HI group)
	Vaughn et al. (1997) [⊗]	CBCL Social Problems	No		Yes	C > I (No HI group)
	Lalonde et al. (1998)	OCHS Social Functioning		No Control Group		I > C
	Faraone et al. (1998)	CBCL Social Problems	Yes	Yes	Yes	None a
	Lahey et al. (1998) ^f	Peer Dislike	No	No	Yes	C > HI & I b
	McBurnett et al. (1999)	Peer Dislike		No Control Group		C > HI & I °
	Karustis et al. (2000)	CBCL Social Problems		No Control Group		None (No HI group)
	Maedgen et al. (2000) ^Δ	Social Preference	No		Yes	I > C (No HI group)
	Manning et al. $(2001)^{\Delta}$	BASC Social Skills	Yes	Yes		None (No C group)
	Hodgens et al. (2000) #	Social Preference	Yes		Yes	None (No HI group) *
Community	Gaub et al. (1997) †	TRF Social Problems	Yes	Yes	Yes	C > I & HI
•	Ostrander et al. (1998)	CBCL Social Problems	Yes		Yes	C > I (No HI group)
	Hudziak et al. (1998)	% Impairment with Friends		No Control Group		C > HI & I
	Brito et al. (1999)	ComTRS Negative Socialisation	Yes	No	Yes	C > HI
	Gadow et al. (2000)	CBCL Social Problems	Yes	Yes	Yes	C & I > HI
	Nolan et al. $(2001)^{\dagger}$	CSI-4 Social Problems	Yes	Yes	Yes	C > I & HI
	Rowland et al. (2001) †	Peer Relationship Problems		No Control Group		C > I (No HI group)

Note: [†] Teacher reports. [#] Child reports. [△] Combined parent and teacher reports. [®] Compares ADHD subtypes against clinic controls. * Assessed at p <.01 ^a HI > I & C on CBCL Social T Scores. ^b HI > C & I on Peer like and C > HI on Peer Ignore. ^c C & HI > I on Peer Annoyance.

BASC = Behavior Assessment System for Children (Reynolds & Kamphaus, 1992). CBCL = Child Behaviour Checklist (Achenbach, 1991).

comTRS = Composite Teacher Rating Scale (Brito & Pinto, 1991). CSI-4 = Child Symptom Inventory 4 (Gadow & Sprafkin, 1998).

OCHS = Revised Ontario Child Health Study Scales (Boyle et al. 1993). TRF = Teacher Report Form (Achenbach, 1991).

Table 2.9

Sample	Study	Measure	Is ADHD Subt	ype different (p<.05) from Controls?	Significant Differences
			Inattentive	Hyp-Imp	Combined	among Subtypes
Clinic	Paternite et al. (1996) [⊗]	FES - Cohesion	Yes	Yes	Yes	None
	,	FES - Conflict	Yes	Yes	Yes	None
		FES – Expressiveness	No	No	No	None
	Faraone et al. (1998)	FES - Cohesion	No	No	No	None
	` ,	FES - Conflict	Yes	No	No	None
		FES – Expressiveness	No	No	No	None
	Podolski et al. (2001) ‡	Parent role-specific distress	Yes		Yes	None
	Landgraf et al. (2002)	ADHD Impact on Home		No Control Group)	C > I
Community	Gadow et al., (2000)	Mother – Child Relations	Yes	Yes	Yes	None
,	,,,,,	Maternal Punishment	Yes	Yes	Yes	None

Note: *Compares ADHD subtypes against clinic controls. *Combined clinic and community sample. FES = Family Environment Scale (Moos & Moos, 1981)

Table 2.10 Global Academic Functioning and School Behaviour Problems

Domain, Samp	le and Study	Measure	Is ADHI	O Subtype different (p Controls?	<.05) from	Significant Difference among Subtypes
			Inattentive	Hyp-Imp	Combined	
Global Acade	mic Functioning					
Clinic	Lahey et al. (1994) ^{† ⊗}	Academic Performance	Yes	No	Yes	HI > C & I
	Paternite et al. (1996) [⊗]	Academic Problems	No	No	No	None
	Faraone et al. (1998)	CBCL School T score	Yes	No	Yes	None
	Lalonde et al. (1998)	OCHS - School Performance		No Control Group		None
	McBurnett et al. (1999)	CBCL School		No Control Group		HI > C & I
	Karustis et al. (2000) †	Work Completion and Accuracy		No Control Group		None (No HI group)
	Manning et al. (2001) †	BASC Learning Problems	Yes	Yes		None (No C group)
Community	Baumgaertel et al. (1995) [†]	Academic Performance		No Control Group		HI > C & I
	Wolraich et al. (1996) [†]	Academic Problems		No Control Group		I & C > HI
	Gaub et al. (1997) †	TRF Learning	Yes	No	Yes	HI > C & I
	Hudziak et al. (1998)	% Impaired at school		No Control Group		I & C > HI
	Brito et al. (1999) †	Below ave. Academic Performance	Yes	No	Yes	C & I > HI
	Gadow et al. (2000) †	Grade Point Average	Yes	No	No	HI > I
	Rowland et al. (2001) †	Assignment Completion		No Control Group		None (No HI group)
School Behav	iour Problems					
Clinic	Paternite et al. (1996) [⊗]	School Behaviour Problems	Yes	Yes	Yes	None
Community	Wolraich et al. (1996) [†]	Behavioural Problems		No Control Group		C & HI > I
	Rowland et al. (2001) †	Following Directions/Rules		No Control Group	1	None (No HI Group)

Note: † Teacher reports. **Compares ADHD subtypes against clinic controls.

BASC = Behavior Assessment System for Children (Reynolds & Kamphaus, 1992). CBCL = Child Behaviour Checklist (Achenbach, 1991).

OCHS = Revised Ontario Child Health Study Scales (Boyle et al. 1993). TRF = Teacher Report Form (Achenbach, 1991).

Table 2.11 Service and Medication Use

Domain, Samp	le and Study	Measure	Is ADHD Sub	type different (p<.05)	from Controls?	Significant Difference	
			Inattentive	Hyp-Imp	Combined	among Subtypes	
Service Use							
Clinic	Paternite et al. (1996) [⊗]	% School-based services	Yes	No	No	I > C	
	Faraone et al. (1998)	% Counseling	Yes	Yes	Yes	C > HI & I	
Community	Hudziak et al. (1998)	% "Saw professional"		No Control Group		C > HI & I	
	Nolan et al. (2001) †	% Special-educ. services	Yes	No	Yes	I > HI	
Medication U	se						
Clinic	Vaughn et al. (1997) [⊗]	% Medication	Yes		Yes	None	
	Faraone et al. (1998)	% Medication	Yes	Yes	Yes	None	
	Carlson et al. (2002)	% Stimulants	Yes		Yes	None	
Community	Wolraich et al. (1996) [†]	% Stimulants		No Control Group		C > HI & I	
	Nolan et al. (2001) [†]	% Medication	Yes	Yes	Yes	None	
	Rowland et al. (2001)	% Medication		No Control Group		C > I	

Note: [†] Teacher Reports. [⊗] Compares ADHD subtypes against clinic controls

Table 2.12
Clinic-Based Studies investigating ADHD Gender Differences using Criteria Developed Prior to DSM-IV

Study	Sample	Diagnosis		Were	significant	(p < .05) gen	der difference	s found be	tween b	oys and	girls with A	ADHD?	
•			Sym	Age	Soc Ad	CD/Dep	Ext/Int	Social	Fam	Acad	School	SE	S & M
Kashini et al. (1979)	28B v 28G	DSM-II	No	00.00	Yes		Yes (Int)						
Ackerman et al. (1983)	24B v 8G	N/S	No	No			Yes (Ext)			No			
Befera et al. (1985)	15B v 15G	DSM-III +*	No	No	No		No	No	Yes				
Berry et al. (1985)	102B v 32G	DSM-III	No	Yes	No		No	Yes		Yes	Yes	Yes	
Breen et al. (1988)	13B v 13G	DSM-III +	Yes	No	No		Yes (Int)	No	No				
Breen (1989)	13B v 13G	DSM-III +	No		No		No	No	No		No		
Horn et al. (1989)	37B v 17G	DSM-III-R +	No	No	No		No	No	No	No		No	
Pelham et al. (1989)	12B v 12G	DSM-III	No										
Barkley (1989)	20B v 20G	N/S	No		No				Yes				
Breen et al. (1990)	30B v 30G	DSM-III-R +									Yes		
Faraone et al. (1991)	73B v 21G	DSM-III	No	No		No							
Brown et al. (1991)	51B v 20G	DSM-III-R +	No		No		No	No					
Bhatia et al. (1991)	96B v 16G	DSM-III		Yes				No					
James et al. (1990)	61B v 18G	ICD-9	No	No	Yes		No		No				
Silverthorn et al. (1996)	67B v 13G	DSM-III-R	No	Yes	No	No	No			No			
Arcia et al. (1998)	167B v 13G	N/S	No	No	No		No						
Greene et al. (2001)	140B v 127G	DSM-III-R		No	No			No			Yes		
Biederman et al. (2002)	122B v 122G	DSM-III-R		Yes	No	Yes		No	No		Yes		Yes

Note: * + (eg. DSM-III+) indicates that additional criteria to DSM was used to identify children with ADHD (eg. deviant scores on rating scales).

Abbreviations as follows: B = Boy, G = Girl. N/S = Not Specified. Sym = Core symptomatology. Soc Ad = Social Adversity. CD/Dep = Conduct Disorder/Depressive disorders. Ext/Int = Externalising/Internalising Behaviour Problems. Fam = Family Functioning. Acad = Academic Functioning. SE = Self-Esteem. S & M = Service and Medication Use.

Table 2.13
Community-Based Studies investigating ADHD Gender Differences using Criteria Developed Prior to DSM-IV

Study	Sample	Diagnosis		Were	significant	(p<.05) gen	der differences	found bety	veen bo	ys and gi	rls with AI	OHD?	
	-		Sym	Age	Soc Ad	CD/Dep	Ext/Int	Social	Fam	Acad	School	SE	S & M
Pelham et al. (1982)	52B v 12G	DSM-III						Yes					
de Haas et al. (1984)	18B v 24G	DSM-III	No				Yes (Ext)						
de Haas (1986)	10B v 13G	DSM-III +*	Yes				Yes (Ext)	No					
McGee et al. (1987)	20B v 17G	DSM-III +	Yes		No		Yes (Ext)						
Szatmari et al. (1989)	64B v 25G	DSM-III +				No							
August et al. (1992)	40B v 24G	DSM-III-R	No			No							
Mantzicopoulos et al. (1994)	19B v 18G	N/S	Yes				No (Int)						
Angold et al. (2000)	249B v 34G	DSM-III-R											Yes

Note: * + (i.e. DSM-III+) indicates that additional criteria to DSM was used to identify children with ADHD (eg. deviant scores on rating scales).

Abbreviations as follows: B = Boy, G = Girl. N/S = Not Specified. Sym = Core symptomatology. Soc Ad = Social Adversity. CD/Dep = Conduct Disorder/Depressive disorders. Ext/Int = Externalising/Internalising Behaviour Problems. Fam = Family Functioning. Acad = Academic Functioning. SE = Self-Esteem. S & M = Service and Medication Use

Table 2.14

Studies investigating ADHD Gender Differences using DSM-IV Criteria

Study	Sample and Subtypes		Were	significant	(p<.05) gen	der difference	s found be	tween b	oys and	girls with A	ADHD?	
•	Investigated	Sym	Age	Soc Ad	CD/Dep	Ext/Int	Social	Fam	Acad	School	SE	S & M
Clinic												
Lalonde et al. (1998)	81B v 19G (I & C)				No							
Dunn et al. (1999)	27B v 10G [†]					No					No	
Nolan et al. (1999)	49B v 13G (I, HI & C)	Yes			No							
Sharp et al. (1999)	56B v 42G (C)	Yes	No	No	No	No						
Newcorn et al. (2001)	395B v 103G (C)	Yes										
Lockwood et al. (2001)	40B v 40G (I & C)			No								
Rucklidge et al. (2001)	25B v 24F [†]	Yes	No	No	No	Yes (Ext)	Yes				Yes	No
Community												
Wolraich et al. (1996)	666B v 233G (I, HI, C)								Yes	Yes		Yes
Carlson et al. (1997)	46B v 11G (C)	No				Yes (Ext)	No		No			
Gadow et al. (2000)	82B v 37G (I, HI & C)					Yes (Ext)						

Note: † ADHD subtypes collapsed within gender.

Abbreviations as follows: B = Boy, G = Girl. I = Inattentive, HI = Hyp-Imp, C = Combined. Sym = Core symptomatology. Soc Ad = Social Adversity.

CD/Dep = Conduct Disorder/Depressive disorders. Ext/Int = Externalising/Internalising Behaviour Problems. Fam = Family Functioning. Acad = Academic Functioning.

SE = Self-Esteem. S & M = Service and Medication Use.

TABLES AND FIGURES CITED IN CHAPTER 5

Table 5.1 Prevalence of ADHD by Gender

TICVAICHCE OF TIDITE O	y Golidoi			
ADHD Subtype	Males	Females	Total	χ^2
•	(n=1,215)	(n=1,189)	(n=2,404)	(Male v Female)
	% (N)	% (N)	% (N)	
Inattentive	8.9 (108) a	4.4 (52) a	6.7 (160)	$\chi^2 = 19.58***$
Hyper-Impulsive	3.4 (41) °	1.8 (21) b	2.6 (62)	$\chi^2 = 6.2*$
Combined	6.3 (76) b	2.2 (26) b	4.3 (102)	$\chi^2 = 24.35***$
Total	18.7 (225)	8.4 (99)	13.6 (324)	$\chi^2 = 52.59***$

Note: Superscript denotes differences within gender for the prevalence of DSM-IV ADHD subtypes

***p < .0001. *p < .05.

Table 5.2

Mean (SD) Number of Symptoms for ADHD Subtypes by Gender

Symptom Dimension	Inattentive		Hyp-Imp		Combined		F Ratio		
•	Male (n=108)	Female (n=52)	Male (n=41)	Female (n=21)	Male (n=76)	Female (n=26)	Gender	Subtype	Interaction
Inattentive	7.4 (1.1)	7.3 (1.0)	3.0 (1.7)	2.3 (1.3)	7.8 (1.2)	7.7 (1.2)	0.5	7.2* ^a C > I	0.0
Hyper-Impulsive	2.3 (1.8)	2.2 (1.8)	6.8 (1.0)	7.0 (1.1)	7.5 (1.1)	7.4 (1.2)	0.1	11.7** ^b C > HI	0.8
Total	9.6 (2.3)	9.5 (2.1)	9.8 (2.0)	9.3 (1.7)	15.3 (2.0)	15.1 (1.8)	1.0	258.7*** C > HI & I	0.1

 $[^]aF$ test for inattentive symptoms did not include the hyper-impulsive subtype. bF test for hyper-impulsive symptoms did not include the inattentive subtype. **p <.001. *p <.01.

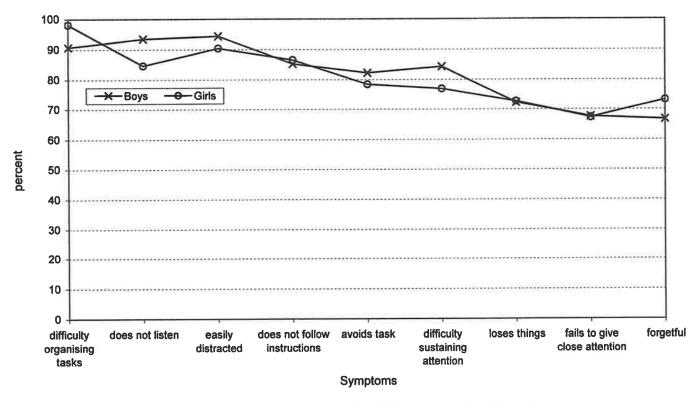


Figure 5.1. Inattentive symptom profiles for boys and girls with inattentive type

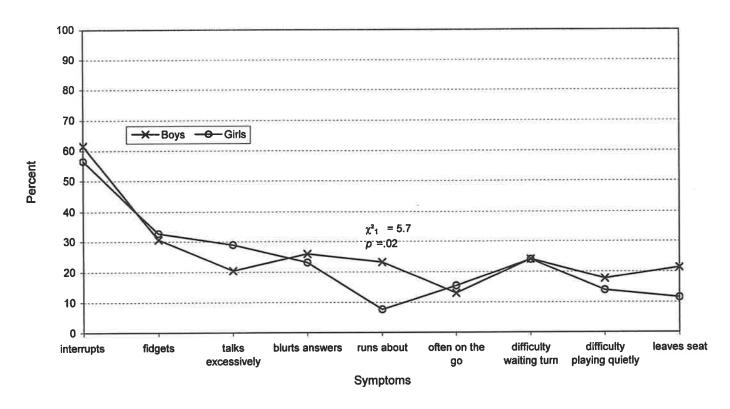


Figure 5.2. Hyper-impulsive symptom profiles for boys and girls with inattentive type

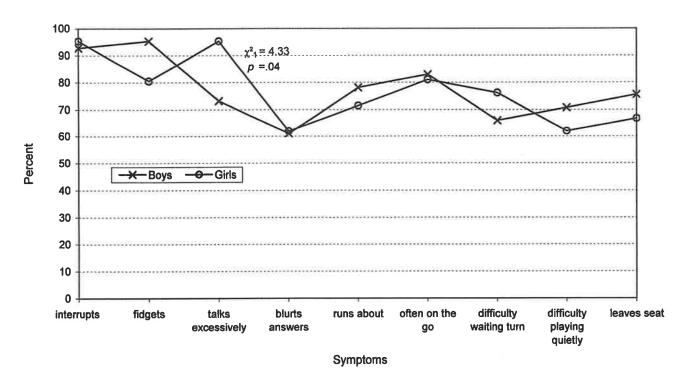


Figure 5.3. Hyper-impulsive symptom profiles for boys and girls with hyper-impulsive type

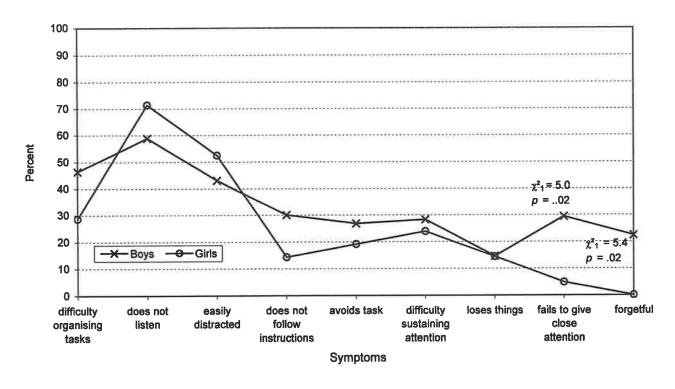


Figure 5.4. Inattentive symptom profiles for boys and girls with hyper-impulsive type

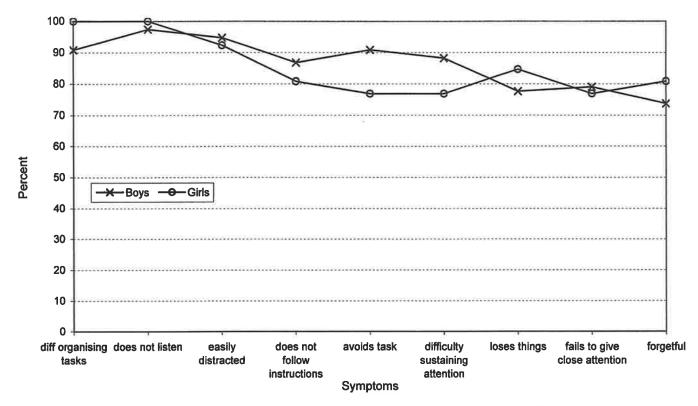


Figure 5.5. Inattentive symptom profiles for boys and girls with combined type

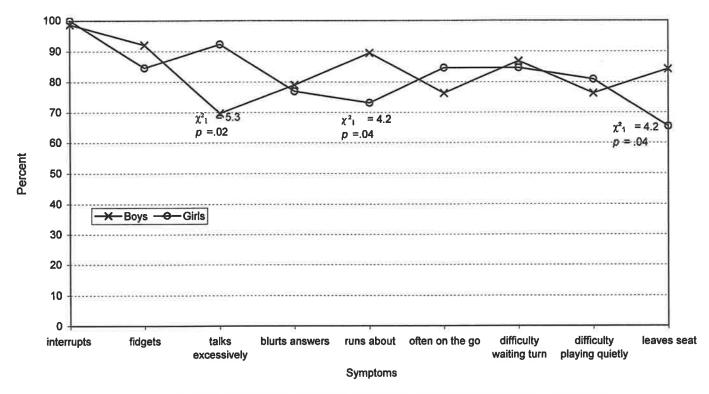


Figure 5.6. Hyper-impulsive symptom profiles for boys and girls with combined type

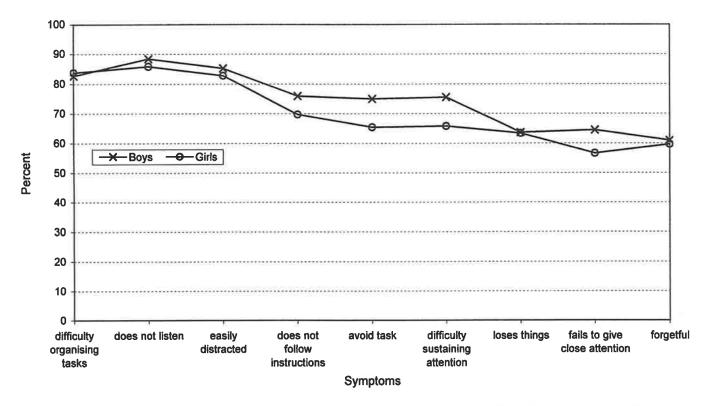


Figure 5.7. Inattentive symptom profiles for boys and girls with ADHD collapsed across subtype

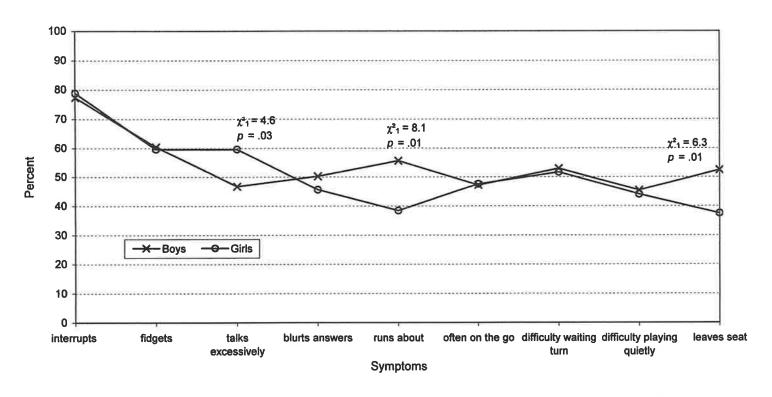


Figure 5.8. Hyper-impulsive symptom profiles for boys and girls with ADHD collapsed across subtype

TABLES CITED IN CHAPTER 6

Table 6.1 Age of Child and Location of Residence

Measure	Non-ADHD (N)	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	Test Statistic	Significant
	Boys $(n = 976)$	Boys (n=108)	Boys (n=41)	Boys (n=76)		between-
	Girls (n=1,075)	Girls (n=52)	Girls (n=21)	Girls (n=26)		group
	, ,	. ,	`			differences
Mean (SD) age (yrs) at assessme	nt					
Males	9.6 (2.3)	9.7 (2.2)	8.1 (2.0)	9.2 (2.4)	$F_{(3,1197)} = 5.9**$	N & I > HI
Females	9.5 (2.3)	9.1 (2.1)	7.7 (1.9)	8.9 (2.4)	$F_{(3,1170)} = 5.3*$	N > HI
Mean (SD) age (yrs) at onset						
Males	NA	3.7 (1.9)	1.9 (1.7)	1.9 (1.9)	$F_{(3,221)} = 24.5***$	I > HI & C
Females	NA	3.9 (2.1)	2.2 (1.9)	1.8 (2.1)		I > C
Residence: % metropolitan						
Males	62.1	56.5	68.3	46.1	$\chi^2_3 = 9.2*$	$HI \& N > C^a$
Females	62.8	67.3	71.4	65.4	$\chi^2_3 = 1.1$	

^a Between group differences were not significant ($\chi^2 = 4.8 p = .18$) when analyses controlled for Conduct Disorder * p < .05. ** p < .01. *** p < .001.

Table 6.2 Social Adversity

Measure		Non-ADHD (N) Boys (n= 976)	Inattentive (I) Boys (n=108)	Hyp-Imp (HI) Boys (n=41)	Combined (C) Boys (n=76)	Test Statistic	Significant between-group
		Girls (n=1,075)	Girls (n=52)	Girls (n=21)	Girls (n=26)		differences
Family Type		F 18"					
Males	Original	74.4	71.3	73.2	46.1	$\chi^2_3 = 21.3**$	N, I & HI > C
	Step Blended	8.6	6.5	4.9	22.4		
	Sole Parent	15.3	21.3	19.5	27.6		
	Other	1.7	0.9	2.4	4.0		
Females	Original	78.2	65.4	71.3	53.9	$\chi^2_3 = 11.0*$	$N > C^a$
	Step Blended	8.7	19.2	9.5	19.2	,	
	Sole Parent	11.9	13.5	14.3	23.1		
	Other	1.2	1.9	4.8	3.9		
Mean (SD) no.	of children						
Males		2.5 (1.1)	2.6 (1.0)	2.3 (1.0)	2.3 (0.9)	$F_{3,1158} = 0.3$	
Females		2.5 (1.1)	2.3 (0.8)	2.9 (1.7)	2.5 (0.9)	$F_{3,1157} = 1.4$	
H/hold Income	†: $\% \ge $500/wk$	` ,	` ,	` ,		-,	
Males		74.0	69.5	70.4	55.1	$\chi^2_3 = 8.2*$	$N > C_{p}$
Females		78.5	70.6	80.0	76.5	$\chi^2_3 = 1.2$	
Age parent left	school [‡] : %≥17 yrs	}					
Males		59.2	49.0	65.8	47.8	$\chi^2_3 = 7.6$	
Females		59.9	65.2	60.0	50.0	$\chi^2_3 = 1.5$	
Parental emplo	yment [∆] : %					,,,	
Males		81.8	82.0	79.0	60.7	$\chi^2_3 = 15.3**$	N & I > C
Female		83.0	82.2	60.0	70.8	$\chi^2_3 = 8.5*$	N > HI

[†] Gross weekly household income in \$Australian.

† Age parent left school is based on the parent in the household with the highest level of education.

A Parental employment refers to the percentage of households with one or more employed parents.

Between group differences not significant ($\chi^2_3 = 7.4$, p = .07) when analyses controlled for depressive disorders between group differences not significant ($\chi^2_3 = 4.4$ p = .22) when analyses controlled for depressive disorders

^{*} p < .05. ** p < .01.

Table 6.3 Test Statistics for Gender, Subtype and Gender by Subtype Interactions for Social Demographic Variables

Measure	Test Statistic and significant between-group differences					
	Gender	Subtype	Interaction			
Mean (SD) age (yrs): at assessment	$F_{1,320} = 3.7$	$F_{2,319} = 9.2** I > C > HI$	$F_{2,319}=0.4$			
: at onset	$F_{1,318} = 0.5$	$F_{2,317} = 28.7**I > C \& HI$	$F_{2,317}=0.6$			
Residence: % metropolitan	$\chi^2_1 = 3.9 * G > B$	$\chi^2_2 = 4.9$	$\chi^2_2 = 0.8$			
Family type:	$\chi^2_1=0.0$	$\chi^2_2 = 11.8*$ HI & I > C	$\chi^2_2 = 0.5$			
Mean (SD) no. of children	$F_{1,307} = 0.0$	$F_{2,306}=0.0$	$F_{2,306} = 1.4$			
H/hold Income †:	$\chi^2_1 = 1.5$	$\chi^2_2 = 2.2$	$\chi^2_2 = 1.4$			
Age parent left school [‡] : (%<17 yrs)	$\chi^2_1 = 1.5$	$\chi^2_2 = 3.1$	$\chi^2_2 = 2.1$			
Parental employment ^Δ : %	$\chi^2_1 = 0.0$	$\chi^2_2 = 9.6*$ I > C	$\chi^2_2 = 3.0$			

Note: G = Girl; B = Boy† Gross weekly household income in \$Australian

‡ Age parent left school is based on the parent in the household with the highest level of education.

A Parental employment refers to the percentage of households with one or more employed parents.

* p < .05. ** p < .01. *** p < .001.

TABLES AND FIGURES CITED IN CHAPTER 7

Table 7.1 Prevalence of Conduct and Depressive Disorders

1 10 valorioo or conduct and	Cvalence of Conduct and Depressive Disorders						
Comorbid Disorder	Non-ADHD (N) Boys (n= 966) Girls (n=1,063)	Inattentive (I) Boys (n=104) Girls (n=51)	Hyp-Imp (HI) Boys (n=41) Girls (n=21)	Combined (C) Boys (n=72) Girls (n=25)	χ² ₃ & significant ADHD subtype differences		
Conduct Disorder %							
Males	1.5	14.4	10.5	30.6	87.6*** C > HI & I		
Females	1.1	5.9	9.5	20.8	34.0***		
Depressive Disorders %							
Males	1.2	6.7	9.8	18.3	48.8*** C > I		
Females	1.0	12.0	5.0	4.0	24.2***		
Major Depression %							
Males	1.0	3.8	4.9	11.1	26.2*** ^a		
Females	0.9	8.0	5.0	0.0	†		
Dysthymic Disorder %							
Males	0.2	2.8	4.9	6.9	18.6***		
Female	0.1	3.9	0.0	4.0	†		

Note: Shaded cells indicate that percentages are not significantly different to that of non-ADHD group † too few numbers in cells to test for significant differences

a HI not greater than N when analyses control for location of residence

^{***} p < .001.

Table 7.2 Individual Symptoms of Conduct Disorder Reported for Subtypes Collapsed across Gender (%)

Symptoms	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	χ^2_2 & significant differences
	(n = 155)	(n = 62)	(n=97)	
Stolen without confrontation	15.3	13.1	31.3	11.9** C>I&HI
Destroyed property	15.1	21.3	30.4	8.7* C>I
Bullies, threatens others	13.6	13.8	22.7	4.0
Lies to obtain goods or favours	7.9	8.6	23.2	13.7** C > I & HI
Physically cruel to animals	6.9	6.5	12.8	3.1
Initiates physical fights	4.4	4.9	12.1	6.1* C>I
Physically cruel to people	3.8	3.3	10.0	5.3
Using a weapon	6.9	11.3	9.3	1.2
Stays out late	0.6	1.6	6.9	9.2** † C>I
Truant	1.3	0.0	2.0	1.2 †
Stolen with confrontation	0.6	1.6	0.0	1.6 †
Run away from home	0.0	0.0	1.0	2.1 †
Broke into house, building or car	0.0	1.6	0.0	4.2 †
Fire setting	0.0	0.0	0.0	•
Forced Sex	0.0	0.0	0.0	

[†] Chi-square may not be valid test due to low expected cell counts * p < .05. ** p < .01.

Table 7.3
Test Statistics for Gender, Subtype and Gender by Subtype Interactions for Psychiatric Comorbidity

Comorbid Disorder	Test Statistic (χ	Test Statistic (χ^2) and significant between-group differences						
	Gender	Subtype	Interaction					
Conduct Disorder	2.1	10.8** C>HI & I	0.7					
Depressive Disorder	0.7	3.2	4.2					

Note: χ^2 tests controlled for location of residence

df = 1 for gender, 2 for subtype and 2 for interaction

** p < .01.

Table 7.4 Individual Symptoms of Conduct Disorder Reported for Boys and Girls with ADHD Collapsed across Subtype (%)

Symptom	Boys (B) (n = 217)	Girls (G) (n = 97)	χ^2 ₁ & si	gnificant differences
Stolen without confrontation	19.9	19.8	0.0	
Destroyed property	25.0	12.2	6.6**	B > G
Bullies, threatens others	19.1	10.5	3.5	
Lies to obtain goods or favours	13.1	12.6	0.0	
Physically cruel to animals	10.2	5.1	2.3	
Initiates physical fights	8.1	4.2	1.6	
Physically cruel to people	5.0	7.1	0.6	
Used a weapon	10.4	4.2	3.4	
Stays out late	3.1	2.0	0.3 †	
Truant	1.4	1.0	0.1 †	
Stolen with confrontation	0.4	1.0	0.4 †	
Run away from home	0.5	0.0	0.5 †	
Broke into house, building or car	0.4	0.0	0.4 †	
Fire setting	0.0	0.0		
Forced Sex	0.0	0.0		

[†] Chi-square may not be valid test due to low expected cell counts

^{**} *p* < .01.

Table 7.5 Mean CBCL Scale Scores

Measure	Non-ADHD (N)	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	χ ² ₃ & significant ADHD
	Boys (n= 896)	Boys (n=101)	Boys (n=40)	Boys (n=66)	subtype differences
	Girls (n=974)	Girls (n=48)	Girls (n=20)	Girls (n=23)	
Total Problems					
Males	15.5 (14.8)	32.9 (21.4)	41.0 (23.6)	57.0 (25.2)	198.6*** C > I
Females	15.4 (14.7)	42.4 (20.0)	37.1 (19.1)	53.8 (27.6)	113.8***
Externalising					
Males	5.8 (6.2)	11.1 (7.4)	16.5 (7.4)	24.1 (10.8)	$197.4*** C > HI > I^a$
Females	5.2 (5.7)	11.9 (8.6)	15.7 (7.1)	20.7 (11.4)	102.1*** C > I
Internalising					
Males	4.0 (5.0)	8.4 (8.4)	8.5 (8.1)	11.3 (7.8)	100.7*** C > I
Females	4.7 (5.0)	12.3 (7.2)	6.9 (6.3)	12.2 (9.4)	62.8*** I > HI
Delinquent Behavior	, ,				
Males	1.1 (1.7)	2.3 (2.0)	2.9 (2.0)	5.4 (3.6)	123.0*** C > HI & I
Females	0.9 (1.5)	2.6 (2.6)	3.0 (2.5)	3.7 (3.3)	56.4***
Aggressive Behavior	, ,				
Males	4.7 (4.9)	8.8 (6.0)	13.6 (6.1)	18.7 (7.9)	180.3*** C & HI > I
Females	4.3 (4.6)	9.3 (6.5)	12.7 (5.0)	17.0 (8.9)	92.0*** C > I

Note: Maximum likelihood chi-square for testing the significance of differences between groups.

Shaded cells indicate that mean scores are not significantly different to non-ADHD group

^a C & HI > I when analyses control for parental employment

^{***} *p* < .001.

Table 7.5 (continued) Mean CBCL Scale Scores

Measure	Non-ADHD (N) Boys (n= 896) Girls (n=974)	Inattentive (I) Boys (n=101) Girls (n=48)	Hyp-Imp (HI) Boys (n=40) Girls (n=20)	Combined (C) Boys (n=66) Girls (n=23)	χ² ₃ & significant ADHD subtype differences
	Oll is (11–974)	On is (ii–46)	Ollis (II–20)	On is (ii—25)	
Withdrawn					
Males	1.2 (1.8)	2.9 (3.2)	2.8 (3.1)	3.7 (3.0)	78.0***
Females	1.4 (1.8)	3.9 (3.0)	1.9 (1.9)	3.4 (2.8)	40.7*** I & C > HI
Somatic Complaints					
Males	0.9 (1.4)	1.6 (2.2)	1.5 (2.1)	1.8 (2.0)	21.6***
Females	1.2 (1.7)	2.2 (2.1)	1.4 (1.5)	3.1 (2.6)	17.9*** C>HI
Anxious Depressed					
Males	2.1 (2.9)	4.3 (4.6)	4.7 (5.1)	6.5 (5.2)	95.4*** C>I
Females	2.3 (2.7)	6.8 (4.5)	4.0 (4.2)	6.4 (5.7)	63.3*** I > HI
Social Problems	, ,	, ,			
Males	1.1 (1.6)	3.1 (2.7)	3.1 (3.6)	4.8 (3.1)	126.5*** C>HI&I ^b
Females	1.2 (1.6)	4.2 (3.3)	2.1 (2.4)	4.0 (3.1)	64.6*** I & C > HI °
Thought Problems					
Males	0.2 (0.7)	0.8 (1.9)	0.9 (1.3)	1.4 (2.0)	$48.2*** C>HI & I^d$
Females	0.2(0.7)	0.9 (1.2)	0.4 (0.6)	1.2 (1.8)	19.9*** C & I > HI
Attention Problems	•				
Males	2.0 (2.4)	6.2 (3.7)	7.0 (4.8)	9.6 (4.2)	226.0*** C > HI & I e
Females	1.6 (2.3)	7.4 (3.8)	4.8 (2.3)	8.3 (3.8)	148.1*** C>HI f

Note: Maximum likelihood chi-square for testing the significance of differences between groups.

Shaded cells indicate that mean scores are not significantly different to non-ADHD group

C > I when analyses control for depressive disorders and mean age at assessment

Hi when analyses control for Conduct Disorder and family type

C > I when analyses control for depressive disorders

Note: Maximum likelihood chi-square for testing the significance of differences between groups.

Shaded cells indicate that mean scores are not significantly different to non-ADHD group

C > I when analyses control for Conduct Disorder and family type

ADHD subtypes did not differ when analyses control for Conduct Disorder, family type and parental employment

^{***} p < .001.

Table 7.6 Test Statistics for Gender, Subtype and Gender by Subtype Interactions for CBCL Scales

CBCL Scale	Test	Test Statistic (F Ratio) and significant between-group difference					
	G	ender	Su	btype	Interaction		
Total Problems	0.9		23.7***	C > HI & I	2.6		
Externalising	0.4		49.9***	C > HI > I	1.3		
Internalising	2.5		4.7*	C > HI	2.3		
Delinquent Behavior	1.2		23.8***	C > HI & I	2.0		
Aggressive Behavior	0.0		51.4***	C > HI > I	0.2		
Withdrawn	0.2		3.0	C > HI	2.2		
Somatic Complaints	4.2*	G > B	2.7		1.5		
Anxious Depressed	2.6		4.4*	C > HI	2.8		
Social Problems	0.0		8.2**	C > HI & I	3.5*		
Thought Problems	0.3		3.4*		0.7		
Attention Problems	0.2		16.5***	C > HI & I	4.7**		

Note: G = Girl; B = Boy

F tests controlled for location of residence

df = 1, 296 for gender, 2, 295 for subtype and 2,295 for interaction p < .05. ** p < .01. *** p < .001.

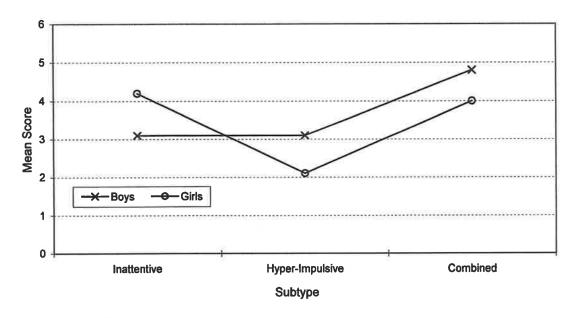


Figure 7.1. Subtype by gender interaction for CBCL Social Problems

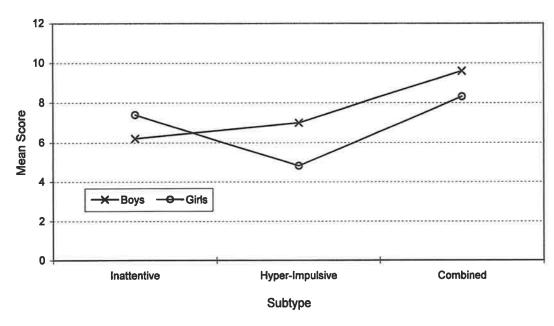


Figure 7.2. Subtype by gender interaction for CBCL Attention Problems

TABLES AND FIGURES CITED IN CHAPTER 8

Table 8.1 DISC Impairment Percentages

Measure	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	,,,	gnificant ADHD
	Boys (n=107)	Boys (n=40)	Boys (n=76)	subty	pe differences
	Girls (n=50)	Girls (n=20)	Girls (n=23)		
Annoyance to parents					
Males	84.1	92.7	86.8	1.8	
Females	82.0	85.7	96.2	2.5	
Interference with family activities					
Males	18.9	42.5	44.0	14.8***	C & HI > I
Females	26.5	14.3	42.3	4.4	
Interference with peer activities					
Males	26.2	40.0	57.9	18.0***	$C > I^a$
Females	32.7	9.5	42.3	5.3	
Problems with school work or grades					
Males	61.7	42.5	78.7	14.4***	C > I & HI
Females	54.0	9.5	34.6	10.2**	I > HI
Annoyance to teachers					
Males	61.7	51.3	76.0	7.5*	C > I & HI
Females	50.0	23.8	61.5	6.4*	C & I > HI
Distress to child					
Males	60.8	45.0	62.7	3.7	
Females	60.0	33.3	53.9	4.1	
Clinically significant impairment					
Males	86.9	85.0	98.7	5.7	
Females	92.0	79.0	96.2	3.5	

^a C & HI > I when analyses control for Conduct Disorder and mean age at assessment p < .05. ** p < .01. *** p < .001.

Table 8.2 Test Statistics for Gender, Subtype and Gender by Subtype Interactions for DISC Impairment Variables

Impairment Category	Test Statistic (Test Statistic (χ²) and significant between-				
	Gender	Subtype	Interaction			
Annoyance to parents	0.0	2.6	2.4			
Interference with family activities	0.1	13.4** C>I	5.8			
Interference with peer activities	1.3	16.7*** C > I & HI	6.9*			
Problems with school work or grades	15.8*** B > G	19.3*** C & I > HI	8.8*			
Annoyance to teachers	6.0** B > G	11.8** C > I > HI	1.3			
Distress to child	0.8	7.2* C & I > HI	0.6			
Clinically significant impairment	0.0	9.1* C > I & HI	1.7			

Note: B = Boy; G = Girl

 $[\]chi^2$ tests controlled for location of residence.

df = 1 for gender, 2 for subtype and 2 for interaction * p < 05. ** p < .01. *** p < .001.

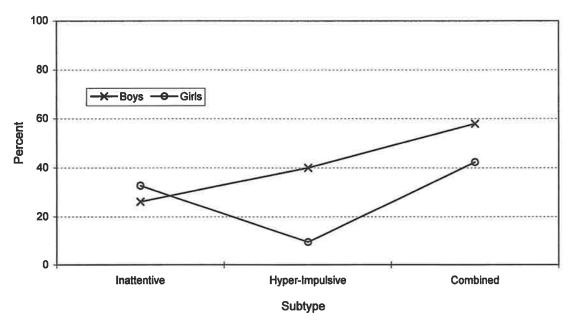


Figure 8.1. Subtype by gender interaction for DISC Interference with Peer Activities

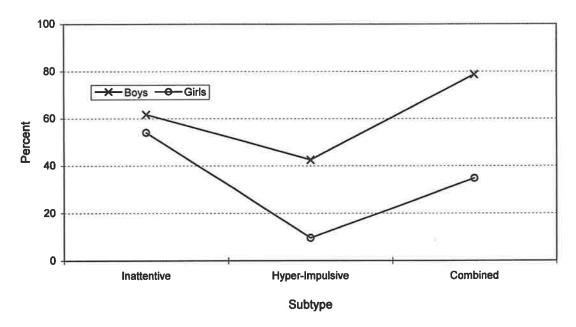


Figure 8.2. Subtype by gender interaction for DISC Problems with Schoolwork or Grades

Table 8.3 Mean CHO Scale Scores

Measure	Non-ADHD (N)	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	χ ² ₃ & significant ADHD
	Boys $(n = 896)$	Boys (n=101)	Boys (n=40)	Boys (n=66)	subtype differences
	Girls (n=974)	Girls (n=48)	Girls (n=20)	Girls (n=23)	
Self esteem					
Males	83.9 (17.9)	71.3 (15.8)	76.7 (17.7)	67.1 (19.6)	$104.2*** HI > C^{a}$
Females	84.6 (15.6)	66.6 (19.3)	82.4 (13.9)	74.6 (19.3)	61.6*** HI > I ^b
Role/Social functioning.		, ,			
Males	95.8 (14.8)	87.3 (24.7)	86.9 (26.5)	67.0 (33.8)	127.7*** I & HI > C °
Females	96.7 (12.6)	74.3 (29.5)	97.1 (8.1)	84.1 (26.6)	$83.3*** HI > I^d$
Family activities	,				
Males	88.9 (15.4)	76.1 (22.6)	66.2 (23.7)	57.0 (26.0)	191.1*** I > HI & C
Females	89.7 (15.3)	72.0 (21.8)	79.2 (18.0)	60.2 (29.6)	$88.4*** HI > C^e$
Family cohesion					
Males	77.7 (19.6)	68.8 (20.1)	70.9 (23.0)	63.1 (26.9)	42.4***
Females	78.8 (18.6)	69.3 (24.5)	71.1 (21.1)	60.2 (29.2)	25.2***
Parent impact - Emotional					
Males	85.5 (17.5)	65.4 (23.5)	64.7 (26.2)	52.3 (25.7)	204.8*** I & HI > C ^f
Females	86.2 (18.2)	56.6 (23.0)	81.6 (17.0)	61.6 (30.1)	105.1*** HI > C & I
Parent impact - Time					
Males	93.0 (15.1)	81.4 (22.4)	80.7 (25.0)	68.0 (27.8)	$132.9*** I \& HI > C^g$
Females	94.2 (14.2)	78.0 (21.6)	88.3 (17.2)	71.3 (27.2)	88.4*** HI > I & C

Note: Maximum likelihood chi-square test for testing the significance of differences in cumulative logits between groups. Shaded cells indicate that mean scores are not significantly different to non-ADHD group.

^a ADHD subtypes did not differ when analyses control for mean age at assessment, family type Conduct Disorder and depressive disorders

^b HI & C > I when analyses control for mean age at assessment, Conduct Disorder and depressive disorders

c I > C when analyses control for Conduct Disorder, parental employment, depressive disorders and mean age at assessment

^d HI & C > I when analyses control for parental employment and Conduct Disorder

^e ADHD subtypes did not differ when analyses control for family type, Conduct Disorder and physical health problems

f ADHD subtypes did not differ when analyses control for physical health problems, depressive disorders, Conduct Disorder, family type and mean age at assessment

g ADHD subtypes did not differ when analyses control for physical health problems, Conduct Disorder and family type.

^{***} *p* < .001.

Table 8.4 Test Statistics for Gender, Subtype and Gender by Subtype Interactions for CHQ scales

CHQ Scale	Test Statistic (F Ratio) and significant between-group differences					
	Gender	Su	btype	Interaction		
Self esteem	0.3	6.6*	HI > I & C	3.4*		
Role/Social functioning	0.1	6.9*	HI > C	7.9**		
Family activities	0.3	14.0***	I & HI > C	2.4		
Family cohesion	0.1	2.6		0.1		
Parent impact - Emotional	0.1	6.2*	HI > C	6.2*		
Parent impact - Time	0.0	8.3**	I & HI > C	1.1		

Note: F tests controlled for location of residence.

df = 1, 286-290 for gender, 2, 285-289 for subtype, 2, 285 – 289 for interaction * p < .05. *** p < .001. **** p < .001.

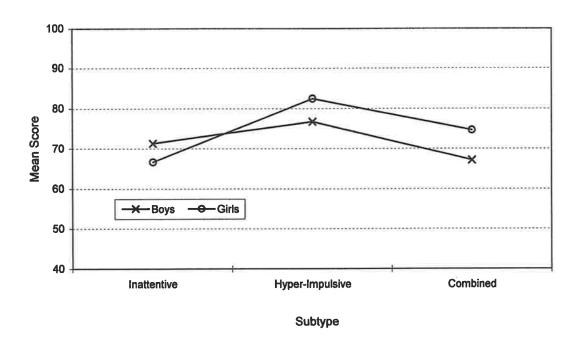


Figure 8.3. Subtype by gender interaction for CHQ Self-Esteem

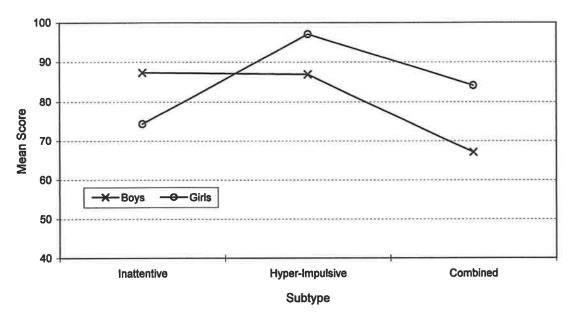


Figure 8.4. Subtype by gender interaction for CHQ Role/Social Functioning

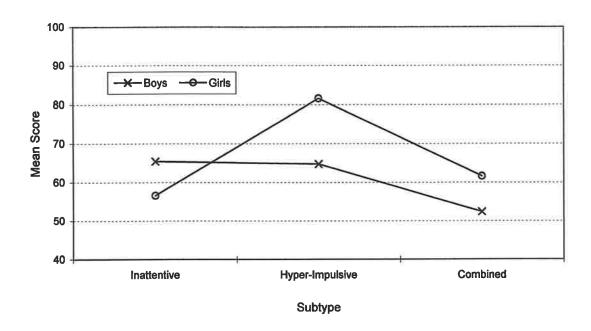


Figure 8.5. Subtype by gender interaction for CHQ Parent Impact - Emotional

TABLES AND FIGURES CITED IN CHAPTER 9

Table 9.1 Reported to Have Problems, Service and Medication Use

Measure	Non-ADHD (N)	Inattentive (I)	Hyp-Imp (HI)	Combined (C)		nificant ADHD
	Boys $(n = 975)$	Boys (n=108)	Boys (n=41)	Boys (n=76)	subtyp	e differences
	Girls (n=1,075)	Girls (n=52)	Girls (n=21)	Girls (n=26)		
Reported to Have Problems						
Has problems %						
Males	20.2	54.0	65.8	88.1	140.3***	$C > HI \& I^a$
Females	17.0	62.5	36.8	66.7	71.6***	ь
Needs professional help %						
Males	7.0	28.9	41.7	53.2	126.3***	$C > I_c$
Females	5.0	37.0	5.6	43.5	76.7***	C & I > HI
Service Use						
Attended services %						
Males	4.9	25.0	24.4	48.7	132.8***	$C > HI \& I^d$
Females	3.6	25.0	9.5	26.9	52.6***	
Type of Service Attended:						
School or education based %						
Males	3.2	14.0	14.6	25.3	62.2***	
Females	1.7	17.3	4.8	15.4	40.9***	
Clinic %						
Males	3.0	19.6	19.5	38.2	111.2***	$C > HI \& I^e$
Females	2.2	21.2	4.8	26.9	58.2***	f

Note: Shaded cells indicate that percentages are not significantly different to non-ADHD group

^a C > I when analyses control for Conduct Disorder, household income and depressive disorders

^b I > HI and HI = N when analyses control for Conduct Disorder, depressive disorders and family type

^c ADHD subtypes did not differ when analyses control for depressive disorders, Conduct Disorder, parental employment and mean age at assessment

^d C > I when analyses control for depressive disorders, family type and Conduct Disorder

^e ADHD subtypes did not differ when analyses control for depressive disorders and Conduct Disorder

^f C > HI when analyses control for depressive disorders and family type

^{***} *p* < .001.

Table 9.1 (continued)

Reported to Have Problems, Service and Medication Use

Measure	Boys (n= 975) Boys (n=108) Boys		Hyp-Imp (HI) Boys (n=41) Girls (n=21)	Boys (n=41) Boys (n=76)		χ^2_3 & significant ADHD subtype differences		
Medication Use	***							
Overall medication use %								
Males	1.2	14.2	17.1	42.1	116.4***	C > HI & I		
Females	0.4	11.8	4.8	16.0	37.1***	None		
Stimulants %								
Males	0.8	11.1	17.1	29.0	79.7***	C > I		
Females	0.2	1.9	4.8	11.5	21.2***	None		
Other medications %								
Males	0.4	2.8	2.4	22.4	61.1***	C > I & HI		
Females	0.1	7.7	0.0	11.5	†			

Note: Shaded cells indicate that percentages are not significantly different to non-ADHD group \dagger too few numbers in cells to test for significant differences *** p < .001.

Table 9.2

Main Problems for which Male Subtypes Received Help (%)

Problem	Inattentive	Hyp-Imp	Combined
	(I)	(HI)	(C)
	(n=27)	(n=10)	(n = 37)
ADHD	18.5	20.0	24.3
Other externalising problems	40.7	60.0	40.5
Depression	0.0	10	16.2
Other internalising problems	14.8	10	21.6
Problems related to education and literacy	25.9	20.0	10.8
Problems related to social environment	11.1	10.0	10.8
Problems related to negative life events	0.0	0.0	5.4
Other problems related to primary support group	11.1	0.0	8.1
Other	44.0	40.0	24.3

Table 9.3

Main Problems for which Female Subtypes Received Help (%)

Problem	Inattentive	Hyp-Imp	Combined
	(I)	(HI)	(C)
	(n=13)	(n=2)	(n=7)
ADHD	7.7	0.0	42.9
Other externalising problems	23.1	100.0	57.1
Depression	15.4	0.0	0.0
Other internalising problems	38.5	0.0	14.3
Problems related to education and literacy	7.7	0.0	0.0
Problems related to social environment	7.7	50.0	14.3
Problems related to negative life events	0.0	0.0	0.0
Other problems related to primary support group	0.0	0.0	14.3
Other	69.2	0.0	42.9

Table 9.4 Test Statistics for Gender, Subtype and Gender by Subtype Interactions for Reported to Have Problems, Service and Medication Use

	Test Statis	tic (χ²) and s	ignificant between-	group differences
	Gender		Subtype	Interaction
Reported to Have Problems				
Has problems	2.0	17.3***	C > HI & I	8.6*
Needs professional help	1.3	10.3**	C > HI & I	6.8*
Service Use				
Attended services	3.2	12.9**	C > HI & I	3.0
Type of Service Attended:				
School or education based	0.5	3.0		0.4
Clinic	1.3	11.0**	C > HI & I	2.4
Medication Use				
Overall medication use	5.1* B > G	18.0***	C > HI & I	2.4
Stimulants	7.9** B>G	11.7**	C > I	0.3
Other medications	0.1	17.2***	C > HI & I	3.2

Note: B = Boy; G = Girl

 χ^2 tests controlled for location of residence

df = 1 for gender, 2 for subtype and 2 for interaction * p < .05. ** p < .01. *** p < .001

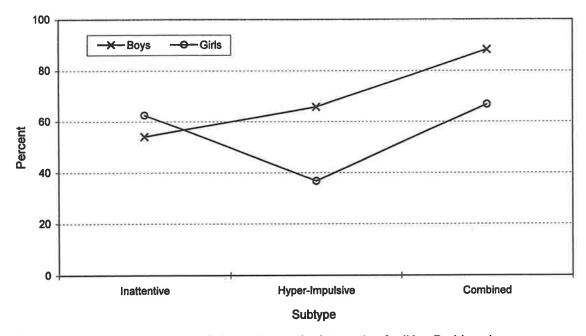


Figure 9.1. Subtype by gender interaction for 'Has Problems'

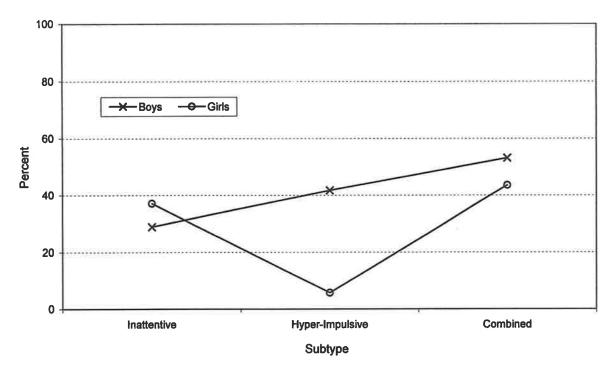


Figure 9.2. Subtype by gender interaction for 'Needs Professional Help'

Table 9.5
Main Problems for which Boys and Girls with ADHD Collapsed across Subtype Received Help (%)

100001700 Help (70)		
Problem	Boys with ADHD	Girls with ADHD
	(n=74)	(n=22)
ADHD	21.6	18.1
Other externalising problems	43.2	40.9
Depression	9.5	9.1
Other internalising problems	17.6	27.3
Problems related to education and literacy	17.6	4.6
Problems related to social environment	10.8	13.6
Problems related to negative life events	2.7	0.0
Other problems related to primary support group	8.1	4.6
Other	33.8	54.6

Table 9.6 Comorbidity amongst Boys and Girls with ADHD by Service Use

Measure	Attended Service Did No			end Service	T	Test Statistic		
	Boys with ADHD (n=74)	Girls with ADHD (n=22)	Boys with ADHD (n=151)	Girls with ADHD (n=77)	Service Use	Gender	Interaction	
DISC Disorders: %						χ² =		
Conduct Disorder	28.4	27.3	15.0	5.4	10.7**	2.8	1 .8	
Depressive Disorders	18.1	30.0	7.6	2.7	13.1***	0.1	3.3	
CBCL Scales: Mean (SD)						F =		
Total Problems	53.6 (25.2)	60.2 (28.6)	36.9 (23.7)	39.3 (18.0)	35.7***	1.4	0.4	
Externalising	21.2 (11.1)	19.3 (12.9)	14.0 (9.1)	13.6 (8.3)	26.3***	0.3	0.7	
Internalising	11.2 (7.7)	16.1 (10.5)	8.5 (8.3)	9.5 (6.3)	13.5***	4.0*	2.9	
Delinquent	4.6 (3.7)	4.1 (3.6)	2.9 (3.1)	2.6 (2.4)	17.4***	1.5	0.1	
Aggressive	16.6 (8.1)	15.1 (10.2)	11.2 (7.3)	11.0 (6.3)	24.8***	0.0	0.9	
Withdrawn	3.8 (3.0)	5.2 (3.4)	2.8 (3.1)	2.8 (2.4)	12.0***	0.7	3.0	
Somatic Complaints	1.8 (2.2)	3.0 (2.8)	1.6 (2.1)	2.0 (1.9)	2.1	5.3*	2.0	
Anxious Depressed	6.3 (4.8)	8.8 (6.4)	4.5 (5.0)	5.2 (3.9)	13.8***	3.9	1.5	
Social Problems	4.8 (2.8)	5.7 (3.4)	3.1 (3.1)	3.1 (2.8)	26.4***	0.4	1.0	
Attention Problems	8.9 (4.4)	9.7 (4.2)	6.7 (4.2)	6.3 (3.1)	23.1***	0.1	1.1	
Thought Problems	1.6 (2.4)	1.6 (1.8)	0.8 (1.5)	0.7 (1.0)	15.3***	0.1	0.1	

Note: df for χ^2 test = 1 for gender, service use and interaction. df for F test = 1, 296 for gender, service use and interaction. ** p < 01. *** p < .001.

Table 9.7 Impairment amongst Boys and Girls with ADHD by Service Use

Measure	Attended	Service	Did Not Attend Service		Test Statistic		
	Boys with	Girls with	Boys with	Girls with	Service Use	Gender	Interaction
	ADHD	ADHD	ADHD	ADHD			
	(n=74)	(n=22)	(n=151)	(n=77)			
DISC Impairment: %						$\chi^2 =$	
Annoyance to parents	85.1	90.9	87.3	85.3	0.0	0.0	0.6
Interference with family activities	38.9	45.5	28.2	23.0	5.7*	0.2	0.8
Interference with peer activities	55.4	40.9	31.5	27.0	12.7***	1.5	0.4
Problems with school work or grades	82.4	68.2	54.7	30.7	24.1***	13.3***	0.1
Annoyance to teachers	68.9	68.2	62.6	41.3	7.1**	3.8	1.9
Distress to child	70.3	59.1	52.7	51.0	6.2*	0.5	0.6
Clinically significant impairment	100	98.6	87.7	86.6	6.7**	0.1	0.0
CHQ Scales: Mean (SD)						F =	
Self esteem	67.7 (17.9)	61.7 (21.4)	72.5 (17.5)	75.2 (17.4)	9.3**	0.1	2.8
Role/Social functioning	69.4 (35.2)	60.8 (32.7)	85.5 (25.5)	87.9 (21.5)	19.1***	0.0	2.0
Family limitations	58.9 (26.7)	55.2 (25.3)	72.1 (23.7)	74.7 (22.2)	22.2***	0.1	0.8
Family cohesion	64.0 (23.8)	60.5 (30.1)	68.8 (22.8)	69.3 (23.5)	3.5	0.0	0.3
Emotional impact on parents	55.4 (26.9)	53.2 (22.1)	63.5 (24.3)	66.2 (26.0)	8.3**	0.2	0.4
Time impact on parents	66.0 (29.9)	62.2 (25.8)	81.9 (21.4)	82.9 (20.0)	31.4***	0.0	0.5

Note: df for χ^2 test = 1 for gender, service use and interaction. df for F test = 1, 286 – 290 for gender, service use and interaction. * p < 05. ** p < 01. ** p < .001.

REFERENCES

- Achenbach, T. M. (1991a). Manual for the Child Behavior Checklist/4-18 and 1991

 Profile. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T. M. (1991b). Manual for the Teacher's Report Form and 1991 Profile.

 Burlington, VT: University of Vermont Department of Psychiatry.
- Ackerman, P. T., Dykman, R., & Oglesby, D. (1983). Sex and group differences in reading and attention disordered children with and without hyperkinesis. *Journal of Learning Disabilities*, 16, 407-415.
- American Psychiatric Association (1952). Diagnostic and Statistical Manual: Mental Disorders (DSM-I.), Washington, DC: Author.
- American Psychiatric Association (1968). Diagnostic and Statistical Manual of Mental Disorders, 2nd edition (DSM-II.), Washington, DC: Author.
- American Psychiatric Association (1980). Diagnostic and Statistical Manual of Mental Disorders, 3rd edition (DSM-III). Washington, DC: Author.
- American Psychiatric Association (1987). Diagnostic and Statistical Manual of Mental Disorders, 3rd edition-revised (DSM-III-R), Washington, DC: Author.
- American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), Washington, DC: Author.
- American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th edition Revised (DSM-IV-TR), Washington, DC: Author.
- Anastopoulos, A. D., Guevremont, D. C., Shelton, T. L., & DuPaul, G. J. (1992).

 Parenting stress among families of children with Attention Deficit Hyperactivity

 Disorder. *Journal of Abnormal Child Psychology*, 20, 503-520.
- Angold, A., Erkanli, A., Egger, H. L., & Costello, E. J. (2000). Stimulant treatment for children: A community perspective. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 975-984.

- Arcia, E., & Conners, C. K. (1998). Gender differences in ADHD? Developmental and Behavioral Pediatrics, 19, 77-83.
- Arnold, E. L. (1996). Sex differences in ADHD: Conference summary. *Journal of Abnormal Child Psychology*, 24, 555-568.
- August, G. J., Ostrander, R., & Bloomquist, M. J. (1992). Attention Deficit
 Hyperactivity Disorder: An epidemiological screening method. American
 Journal of Orthopsychiatry, 62, 387-396.
- Axelson, D. A., & Birmaher, B. (2001). Relation between Anxiety and Depressive Disorders in childhood and adolescence. *Depression and Anxiety*, 14, 67-78.
- Barkley, R. A. (1989). Hyperactive girls and boys: Stimulant drug effects on mother-child interactions. *Journal of Child Psychology and Psychiatry*, 30, 379-390.
- Barkley, R. A. (1996). Attention-Deficit/Hyperactivity Disorder. In E. J. Mash & R. A. Barkley (Eds.), *Child Psychopathology* (pp. 63-112). New York: The Guilford Press.
- Barkley, R. A. (1997). Behavioral inhibition, sustained attention, and executive functions: Constructing a unifying theory of ADHD. *Psychological Bulletin*, 121, 65-94.
- Barkley, R. A. (1998a). Attention-Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment (2nd ed.). New York: The Guilford Press.
- Barkley, R. A. (1998b). Primary symptoms, diagnostic criteria, prevalence, and gender differences. In R. A. Barkley (Ed.), Attention-Deficit Hyperactivity Disorder: A handbook for diagnosis and treatment (2nd ed.). New York: Guilford Press.
- Barkley, R. A. (2001). The inattentive type of ADHD as a distinct disorder: What remains to be done. *Clinical Psychology: Science and Practice*, 8, 489-493.

- Barkley, R. A., DuPaul, G. J., & McMurray, M. B. (1991). Attention Deficit Disorder with and without hyperactivity: Clinical response to three dose levels of methylphenidate. *Pediatrics*, 87, 519-531.
- Barry, R. J., Clarke, A. R., McCarthy, R., & Selikowitz, M. (2002). EEG coherence in attention-deficit/hyperactivity disorder: a comparative study of two DSM-IV subtypes. *Clinical Neurophysiology*, 113, 579-585.
- Baumgaertel, A., Wolraich, M. L., & Dietrich, M. (1995). Comparison of diagnostic criteria for Attention Deficit disorders in a German elementary school sample.

 **Journal of the American Academy of Child and Adolescent Psychiatry, 34, 629-638.
- Befera, M. S., & Barkley, R. A. (1985). Hyperactive and normal boys and girls: Mother-child interaction, parent psychiatric status and child psychopathology. *Journal of Child Psychology and Psychiatry*, 26, 439-452.
- Berry, C. A., Shaywitz, S. E., & Shaywitz, B. A. (1985). Girls with attention deficit disorder: A silent minority? A report on behavioral and cognitive characteristics.

 *Pediatrics, 76, 801-809.
- Bhatia, M. S., Nigam, V. R., Bohra, N., & Malik, S. C. (1991). Attention Deficit

 Disorder with Hyperactivity among paediatric outpatients. *Journal of Child*Psychology and Psychiatry, 32, 297-306.
- Biederman, J., Faraone, S. V., Mick, E., Williamson, S., Wilens, T. E., Spencer, T., Weber, W., Jetton, J., Kraus, I., Pert, J., & Zallen, B. (1999). Clinical correlates of ADHD in females: Findings from a large group of girls ascertained from pediatric and psychiatric referrals. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 966-975.

- Biederman, J., Mick, E., Faraone, S. V., Braaten, E., Doyle, A., Spencer, T., Wilens, T.
 E., Frazier, E., & Johnson, M. A. (2002). Influence of gender on Attention
 Deficit Hyperactivity Disorder in children referred to a psychiatric clinic.
 American Journal of Psychiatry, 159, 36-42.
- Biederman, J., Milberger, S., Faraone, S., Kiely, K., Guite, J., Mick, E., Ablon, S., Warburton, R., Reed, E., & Davis, S. (1995). Impact of adversity on functioning and comorbidity in children with attention-deficit hyperactivity disorder.

 **Journal of the American Academy of Child and Adolescent Psychiatry, 34(11), 1495-1503.
- Birch, H. G. (1964). The problem of 'brain damage' in children. In H. G. Birch (Ed.),

 Brain Damage in Children: The Biological and Social Aspects (pp. 3-12).

 Baltimore: Williams and Wilkins.
- Boyle, M. H., Offord, D. R., Racine, Y., Fleming, J. E., Szatmari, P., & Sanford, M. (1993). Evaluation of the revised Ontario Child Health Study scales. *The Canadian Journal of Psychiatry*, 43, 623-628.
- Bradley, C. (1937). The behavior of children with Benzedrine. *American Journal of Psychiatry*, 94, 577-585.
- Breen, M. J. (1989). Cognitive and behavioral differences in adhd boys and girls.

 *Journal of Child Psychology and Psychiatry, 30, 711-716.
- Breen, M. J., & Altepeter, T. S. (1990). Situational variability in boys and girls identified as ADHD. *Journal of Clinical Psychology*, 46, 486-490.
- Breen, M. J., & Barkley, R. A. (1988). Child psychopathology and parenting stress in girls and boys having Attention Deficit Disorder with Hyperactivity. *Journal of Pediatric Psychology*, 13, 265-280.

- Brito, G. N., Pereira, C. S., & Santos-Morales, T. R. (1999). Behavioral and neuropsychological correlates of hyperactivity and inattention in Brazilian school children. *Developmental Medicine and Child Neurology*, 41, 732-739.
- Brito, G. N., & Pinto, R. C. (1991). A composite teacher rating scale: analysis in a sample of Brazilian children. *Journal of Clinical and Experimental*Neuropsychology, 13, 417-418.
- Brown, R. T., Madan-Swain, A., & Baldwin, K. (1991). Gender differences in a clinic-referred sample of Attention-Deficit-Disordered children. *Child Psychiatry and Human Development*, 22, 111-128.
- Byers, R. K., & Lord, E. E. (1943). Late effects of lead poisoning on mental development. *American Journal of Diseases in Children*, 66, 471-494.
- Cantwell, D. P., & Rutter, M. (1994). Classification: Conceptual issues and substantive findings. In M. Rutter, E. Taylor & L. Hersov (Eds.), *Child and Adolescent Psychiatry* (3rd ed., pp. 3-21): Blackwell Scientific Publications.
- Carlson, C. L., Booth, J. E., Shin, M., & Canu, W. H. (2002). Parent-, teacher-, and self-rated motivational styles in ADHD subtypes. *Journal of Learning Disabilities*, 35, 104-113.
- Carlson, C. L., & Mann, M. (2000). Attention-Deficit/Hyperactivity Disorder,
 Predominantly Inattentive Subtype. Child and Adolescent Psychiatric Clinics of
 North America, 9, 499-510.
- Carlson, C. L., & Mann, M. (2002). Sluggish cognitive tempo predicts a different pattern of impairment in the attention deficit hyperactivity disorder, predominantly inattentive type. *Journal of Clinical Child and Adolescent Psychology*, 31, 123-129.

- Carlson, C. L., Shin, M., & Booth, J. (1999). The case for DSM-IV subtypes in ADHD.

 Mental Retardation and Developmental Disabilities Research Reviews, 5, 199206.
- Carlson, C. L., Tamm, L., & Gaub, M. (1997). Gender differences in children with ADHD, ODD, and co-occurring ADHD/ODD identified in a school population.

 *Journal of the American Academy of Child and Adolescent Psychiatry, 36, 1706-1714.
- Chess, S. (1960). Diagnosis and treatment of the hyperactive child. *New York State Journal of Medicine*, 60, 2379-2385.
- Chhabildas, N., Pennington, B. F., & Willcutt, E. G. (2001). A comparison of the neuropsychological profiles of the DSM-IV subtypes of ADHD. *Journal of Abnormal Child Psychology*, 29, 529-540.
- Clarke, A. R., Barry, R. J., McCarthy, R., & Selikowitz, M. (1998). EEG analysis in Attention-Deficit/Hyperactivity Disorder: a comparative study of two subtypes.

 *Psychiatry Research, 81, 19-29.
- Clarke, A. R., Barry, R. J., McCarthy, R., & Selikowitz, M. (2001).

 Electroencephalogram differences in two subtypes of AttentionDeficit/Hyperacitvity Disorder. *Psychophysiology*, 38, 212-221.
- Clements, S. D., & Peters, J. E. (1962). Minimal Brain Dysfunctions in the school-age child. *Archives of General Psychiatry*, 6, 185-197.
- Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences (2nd ed.).

 Hillsdale, NJ.: Erlbaum.
- Cohen, J. (1992). A power primer. Psychological Bulletin, 112, 155-159.

- Cohen, P., Cohen, J., & Brook, J. (1993). An epidemiological study of disorders in late childhood and adolescence II. Persistence of disorders. *Journal of Child Psychology and Psychiatry*, 34, 869-877.
- Conners, C. K. (1969). A teacher rating scale for use in drug studies with children.

 *American Journal of Psychiatry, 126, 152-156.
- Costello, E. J., Angold, A., Burns, B. J., Stangl, D. K., Tweed, D. L., Erkanli, A., & Worthman, C. M. (1996). The Great Smoky Mountains Study of Youth: Goals, design, methods, and the prevalence of DSM-III-R Disorders. *Archives of General Psychiatry*, 53, 1129-1136.
- Crystal, D. S., Ostrander, R., Chen. R.S., & August, G. J. (2001). Multimethod assessment of psychopathology among DSM-IV subtypes of children with Attention-Deficit/Hyperactivity Disorder: Self-, Parent, and Teacher Reports.

 Journal of Abnormal Child Psychology, 29, 189-205.
- deHaas, P. A. (1986). Attention styles and peer relationships of hyperactive and normal boys and girls. *Journal of Abnormal Child Psychology*, 14, 457-467.
- deHaas, P. A., & Young, R. D. (1984). Attention styles of hyperactive and normal girls.

 Journal of Abnormal Child Psychology, 12, 531-546.
- Doll, E. A., Phelps, W. M., & Melcher, R. T. (1932). Mental Deficiency due to Birth Injuries. New York: Macmillan.
- Donenberg, G., & Baker, B. L. (1993). The impact of young children with externalizing behaviors on their families. *Journal of Abnormal Child Psychology*, 21, 179-198.
- Douglas, V. I. (1972). Stop, look and listen: The problem of sustained attention and impulse control in hyperactive and normal children. *Canadian Journal of Behavioral Science*, 4, 259-282.

- Douglas, V. I., & Peters, K. G. (1979). Toward a clear definition of the attentional deficit of hyperactive children. In G. A. Hale & M. Lewis (Eds.), *Attention and Cognitive Development* (pp. 173-247). New York: Plenum Press.
- Dunn, P. B., & Shapiro, S. K. (1999). Gender differences in the achievement goal orientations of ADHD children. *Cognitive Therapy and Research*, 23, 327-344.
- DuPaul, G. J., Anastopoulos, A. D., Power, T., Reid, R., Ikeda, M. J., & McGoey, K. E.
 (1998). Parent ratings of Attention-Deficit/Hyperactivity Disorder symptoms:
 Factor structure and normative data. *Journal of Psychopathology and Behavioral Assessment*, 20, 83-102.
- DuPaul, G. J., Power, A. D., Anastopoulos, A. D., Reid, R., McGoey, K. E., & Ikeda, M. J. (1997). Teacher ratings of Attention Deficit Hyperactivity Disorder symptoms: Factor structure and normative data. *Pyschological Assessment*, 9, 436-444.
- Ebaugh, F. G. (1923). Neuropsychiatric sequelae of acute epidemic encephalitis in children. *American Journal of Diseases in Children*, 25, 89-97.
- Eiraldi, R. B., Power, T. J., Karustis, J. L., & Goldstein, S. G. (2000). Assessing ADHD and comorbid disorders in children: The Child Behavior Checklist and the Devereux Scales of Mental Disorders. *Journal of Clinical Child Psychology*, 29, 3-16.
- Eiraldi, R. B., Power, T. J., & Nezu, C. M. (1997). Patterns of comorbidity associated with subtypes of Attention-Deficit/Hyperactivity Disorder among 6- to 12-year old children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 503-514.

- Eme, R. F. (1992). Selective female affliction in the developmental disorders of childhood: A literature review. *Journal of Clinical Child Psychology*, 21, 354-364.
- Epstein, J. N., Conners, C. K., Erhardt, D., Arnold, L. E., Hechtman, L., Hinshaw, S. P., Hoza, B., Newcorn, J. H., Swanson, J. M., & Vitiello, B. (2000). Familial aggregation of ADHD characteristics. *Journal of Abnormal Child Psychology*, 28, 585-594.
- Ernst, M., Liebenauer, L. L., King, C., Fitzgerald, G. A., Cohen, R. M., & Zametkin, A. J. (1994). Reduced brain metabolism in hyperactive girls. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 858-868.
- Faraone, S. V., Biederman, J., Chen, W. J., Milberger, S., Warburton, R., & Tsuang, M.
 T. (1995). Genetic heterogeneity in Attention-Deficit Hyperactivity Disorder
 (ADHD): Gender, psychiatric comorbidity, and maternal ADHD. *Journal of Abnormal Psychology*, 104, 334-345.
- Faraone, S. V., Biederman, J., & Friedman, D. (2000). Validity of DSM-IV subtypes of Attention-Deficit/Hyperactivity Disorder: A Family Study Perspective. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 300-307.
- Faraone, S. V., Biederman, J., Keenan, K., & Tsuang, M. T. (1991). A family-genetic study of girls with DSM-III Attention Deficit Disorder. *American Journal of Psychiatry*, 148, 112-117.
- Faraone, S. V., Biederman, J., Weber, W., & Russell, R. L. (1998). Psychiatric, neuropsychological, and psychosocial features of DSM-IV subtypes of Attention-Deficit/Hyperactivity Disorder: Results from a clinically referred sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 185-193.

- Field, H. S., & Armenakis, A. A. (1974). On use of multiple tests of significance in psychological research. *Psychological Reports*, 35, 427-431.
- Frick, P. J., Lahey, B. B., Applegate, B., Kerdyck, L., Ollendick, T., Hynd, G.W., Garfinkel, B., Greenhill, L., Biederman, J., Barkley, R. A., McBurnett, K., Newcorn, J., & Waldman, I. (1994). DSM-IV field trials for the disruptive behavior disorders: symptom utility estimates. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 529-539.
- Gadow, K. D., Nolan, E. E., Litcher, L., Carlson, G. A., Panina, N., Golovakha, E.,
 Sprafkin, J., & Bromet, E. J. (2000). Comparison of Attention Deficit/Hyperactivity Disorder symptom subtypes in Ukrainian schoolchildren.
 Journal of the American Academy of Child and Adolescent Psychiatry, 39,
 1520-1527.
- Gadow, K. D., & Sprafkin, J. (1998). Child Symptom Inventory-4 Screening Manual.

 Stony Brook, NY: Checkmate Plus.
- Gadow, K. D., Sprafkin, J., & Nolan, E. (2001). DSM-IV symptoms in community and clinic preschool children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1383-1392.
- Gaub, M., & Carlson, C. L. (1997a). Behavioral characteristics of DSM-IV ADHD subtypes in a school-based population. *Journal of Abnormal Child Psychology*, 25, 103-111.
- Gaub, M., & Carlson, C. L. (1997b). Gender differences in ADHD: A meta-analysis and critical review. Journal of the American Academy of Child and Adolescent Psychiatry, 38(8), 1036-1045.
- Gomez, R., Harvey, J., Quick, C., Scharer, I., & Harris, G. (1999). DSM-IV AD/HD:

 Confirmatory factor models, prevalence, and gender and age differences based

- on parent and teacher ratings of Australian primary school children. *Journal of Child Psychology and Psychiatry*, 40, 265-274.
- Goodyear, P., & Hynd, G. W. (1992). Attention-Deficit Disorder with (ADD/H) and without (ADD/WO) Hyperactivity: Behavioral and neuropsychological differentiation. *Journal of Clinical Child Psychology*, 21, 273-305.
- Graetz, B. W., Sawyer, M. G., Hazell, P., Arney, F. Baghurst, P. (2001) Validity of DSM-IV ADHD subtypes in a nationally representative sample of Australian children and adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 40, 1410-1417.
- Greene, R. W., Biederman, J., Faraone, S. V., Monuteaux, M. C., Mick, E., DuPre, E.
 P., Fine, C. S., & Goring, J. C. (2001). Social impairment in girls with ADHD:
 Patterns, gender comparisons, and correlates. *Journal of the American Academy*of Child and Adolescent Psychiatry, 40, 704-710.
- Hale, J. B., How, S. K., Dewitt, M. B., & Coury, D. L. (2001). Discriminant validity of the Conners' scales for ADHD subtypes. Current Psychology: Development, Learning, Personality, 20, 231-249.
- Hart, E. L., Lahey, B. B., Loeber, R., Applegate, B., & Frick, P. J. (1995).
 Developmental change in Attention-Deficit Hyperactivity Disorder in boys: A four-year longitudinal study. *Journal of Abnormal Child Psychology*, 23, 729-749.
- Heptinstall, E., & Taylor, E. (1996). Sex differences and their significance. In S. Sandberg (Ed.), *Hyperactivity Disorders of Childhood* (pp. 329-349). Cambridge: Cambridge University Press.
- Herbert, M. (1964). The concept and testing of brain damage in children: A review.

 **Journal of Child Psychology and Psychiatry, 5, 197-217.

- Hinshaw, S. P. (2001). Is the Inattentive type of ADHD a separate disorder? Clinical Psychology: Science and Practice, 8, 498-501.
- Hodgens, J. B., Cole, J., & Boldizar, J. (2000). Peer-based differences among boys with ADHD. *Journal of Clinical Child Psychology*, 29, 443-452.
- Hollingshead, A. B. (1975). Four Factor Index of Social Status. New Haven, CT: Yale University Department of Sociology.
- Horn, W., Wagner, A. E., & Ialongo, N. (1989). Sex differences in school-aged children with pervasive attention deficit hyperactive disorder. *Journal of Abnormal Child Psychology*, 17, 109-125.
- Houghton, S., Douglas, G., West, J., Whiting, K., Wall, M., Langsford, S., Powell, L.,
 & Carroll, A. (1999). Differential patterns of executive function in children with
 Attention-Deficit Hyperactivity Disorder according to gender and subtype.
 Journal of Child Neurology, 14, 801-805.
- Hoza, B., Pelham, W. E., Milich, R., Pillow, D., & McBride, K. (1993). The self-perceptions and attributions of attention deficit hyperactivity disordered and nonreferred boys. *Journal of Abnormal Psychology*, 21, 271-286.
- Hudziak, J. L., Heath, A. C., Madden, P. F., Reich, W., Bucholz, K. K., Slutske, W., Bierut, L. J., Neuman, R. J., & Todd, R. D. (1998). Latent class and factor analysis of DSM-IV ADHD: A twin study of female adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 848-857.
- Jaccard, J., & Guilamos-Ramos, V. (2002). Analysis of variance frameworks in clinical child and adolescent psychology: Issues and recommendations. *Journal of Clinical Child and Adolescent Psychology*, 31, 130-146.
- James, K., & Taylor, E. (1990). Sex differences in the hyperkinetic syndrome of childhood. *Journal of Child Psychology and Psychiatry*, 31, 437-446.

- Jensen, P. S., Kettle, L., Roper, M. T., Sloan, M. T., Dulcan, M. K., Hoven, C., Bird, H.
 R., Bauermeister, J. J., & Payne, J. D. (1999). Are stimulants overprescribed?
 Treatment of ADHD in four U.S. communities. *Journal of the American*Academy of Child and Adolescent Psychiatry, 38, 797-804.
- Karustis, J. L., Power, T. J., Rescorla, L. A., Eiraldi, R. B., & Gallagher, P. R. (2000).

 Anxiety and Depression in children with ADHD: Unique associations with academic and social functioning. *Journal of Attention Disorders*, 4, 133-149.
- Kashini, J., Chapel, J. L., Ellis, J., & Shekim, W. O. (1979). Hyperactive girls. *Journal of Operational Psychiatry*, 10, 145-148.
- Kenny. (1980). Hyperactivity. In H. W. Rie & E. D. Rie (Eds.), *Handbook of Minimal Brain Dysfunction* (pp. 437-455). New York: John Wiley & Sons.
- Kessler, J. W. (1980). History of minimal brain dysfunctions. In H. E. Rie & E. D. Rie (Eds.), *Handbook of Minimal Brain Dysfunctions: A Critical View* (pp. 18-51). New York: John Wiley and Sons.
- Klorman, R., Hazel-Fernandez, L. A., Shaywitz, S. E., Fletcher, J. M., Marchione, K.
 E., Holahan, J. M., Stuebing, K. K., & Shaywitz, B. A. (1999). Executive functioning deficits in Attention-Deficit/Hyperactivity Disorder are independent of oppositional defiant or reading disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 1148-1155.
- Kuhne, M., Schachar, R., & Tannock, R. (1997). Impact of comorbid oppositional or conduct problems on Attention-Deficit Hyperactivity Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 1715-1725.
- Lahey, B. (2001). Should the combined and predominantly inattentive types of ADHD be considered distinct or unrelated disorders? Not now, at least. *Clinical Psychology: Science and Practice*, 8, 494-497.

- Lahey, B. B., Applegate, B., McBurnett, K., Biederman, J., Greenhill, L., Hynd, G. W.,
 Barkley, R. A., Newcorn, J., Jensen, P., Richters, J., Garfinkel, B., Kerdyk, L.,
 Frick, P. J., Ollendick, T., Perez, D., Hart, E. L., Waldman, I., & Shaffer, D.
 (1994). DSM-IV field trials for Attention Deficit Hyperactivity Disorder in
 children and adolescents. *American Journal of Psychiatry*, 151, 1673-1685.
- Lahey, B. B., & Carlson, C. L. (1991). Validity of the diagnostic category of Attention

 Deficit Disorder without hyperactivity: A review of the literature. *Journal of*Learning Disabilities, 24, 110-120.
- Lahey, B. B., Carlson, C. L., & Frick, P. J. (1997). Attention-Deficit Disorder without
 Hyperactivity. In T. A. Widiger, A. J. Frances, H. A. Pincus, R. Ross, M. B.
 First, & W. Davis (Eds.), DSM-IV Soucebook (Vol. 3, pp. 163-188). Washington
 DC: American Psychiatric Association.
- Lahey, B. B., Pelham, W. E., Schaughency, E. A., Atkins, M. S., Murphy, H. A., Hynd,
 G., Russo, M., Hartdagen, S., & Lorys-Vernon, A. (1988). Dimensions and types
 of Attention Deficit Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, 330-335.
- Lahey, B. B., Pelham, W. E., Stein, M. A., Loney, J., Trapani, C., Nugent, K., Kipp, H.,
 Schmidt, E., Lee, S., Cale, M., Gold, E., Hartung, C. M., Willcutt, E., &
 Baumann, B. (1998). Validity of DSM-IV Attention Deficit/Hyperactivity
 Disorder for younger children. Journal of the American Academy of Child and
 Adolescent Psychiatry, 37, 695-702.
- Lalonde, J., Turgay, A., & Hudson, J. I. (1998). Attention-Deficit Hyperactivity

 Disorder subtypes and comorbid disruptive behaviour disorders in a child and adolescent mental health clinic. *Canadian Journal of Psychiatry*, 43, 623-628.

- Lamminmaki, T., Ahonen, T., Narhi, V., Lyytinen, H., & Todd de Barra, H. (1995).

 Attention Deficit Hyperactivity Disorder subtypes: Are there differences in academic problems. *Developmental Neuropsychology*, 11, 297-310.
- Landgraf, J. M., Abetz, L., & Ware, J. E. (1996). *The CHQ User's Manual*. Boston, MA: The Health Institute, New England Medical Centre.
- Landgraf, J. M., Rich, M., & Rappaport, L. (2002). Measuring quality of life in children with Attention-deficit/Hyperactivity Disorder: Development and evaluation of a new tool. *Archives of Pediatric Adolescent Medicine*, 156, 384-391.
- Laufer, M. W., Denhoff, E., & Riverside, R. I. (1957). Hyperkinetic behavior syndrome in children. *Journal of Pediatrics*, 50, 463-474.
- Laufer, M. W., Denhoff, E., & Solomons, G. (1957). Hyperkinetic impulse disorder in children's behavior problems. *Psychosomatic Medicine*, 19, 38-49.
- Lindgren, S., & Koeppl, G. G. (1987). Assessing child behavior problems in a medical setting: development of the Pediatric Behavior Scale. In R. J. Prinz (Ed.),

 **Advances in Behavioral Assessment of Children and Families (Vol. 3).

 Greenwich: JAI Press.
- Lockwood, K. A., Marcotte, A. C., & Stern, C. (2001). Differentiation of Attention-Deficit/Hyperactivity Disorder subtypes: Application of a neuropsychological model of attention. *Journal of Clinical and Experimental Neuropsychology*, 23, 317-330.
- Lynam, D. R. (1996). Early identification of chronic offenders: Who is the fledgling psychopath. *Psychological Bulletin*, 120, 209-234.
- Maedgen, J. W., & Carlson, C. L. (2000). Social functioning and emotional regulation in the Attention Deficit Hyperactivity Disorder subtypes. *Journal of Clinical Child Psychology*, 29, 30-42.

- Manning, S. C., & Miller, S. C. (2001). Identifying ADHD subtypes using the parent and teacher rating scales of the Behavior Assessment Scale for Children.

 Journal of Attention Disorders, 5, 41-51.
- Mantzicopoulos, P. Y., & Morrison, D. (1994). A comparison of boys and girls with attention problems: Kindergarten through second grade. *American Journal of Orthopsychiatry*, 64, 522-533.
- Marshall, R. M., Hynd, G. W., Handwerk, M. J., & Hall, J. (1997). Academic underachievement in ADHD subtypes. *Journal of Learning Disabilities*, 30, 635-642.
- McBurnett, K. (1997). Attention-Deficit/Hyperactivity Disorder: A review of diagnostic issues. In T. A. Widiger, A. J. Frances, H. A. Pincus, R. Ross, M. B. First, & W. Davis (Eds.), *DSM-IV Sourcebook* (Vol. 3, pp. 111-143). Washington DC: American Psychiatric Association.
- McBurnett, K., Lahey, B. B., & Pfiffner, L. J. (1993). Diagnosis of Attention Deficit

 Disorders in DSM-IV: Scientific basis and implications for education.

 Exceptional children, 60, 108-117.
- McBurnett, K., Pfiffner, L. J., & Frick, P. J. (2001). Symptom properties as a function of ADHD Type: An argument for continued study of sluggish cognitive tempo.

 Journal of Abnormal Child Psychology, 29, 207-213.
- McBurnett, K., Pfiffner, L. J., & Ottolini, Y. L. (2000). Types of ADHD in DSM-IV. In P. J. Accardo, T. A. Blondis, B. Y. Whitman, & M. A. Stein (Eds.), Attention Deficits and Hyperactivity in Children and Adults (Vol. 2nd, pp. 229-239). New York: Marcel Dekker.
- McBurnett, K., Pfiffner, L. J., Willcutt, E., Tamm, L., Lerner, M., Ottolini, Y. L., & Furman, M. B. (1999). Experimental cross-validation of DSM-IV types of

- Attention-Deficit/Hyperactivity Disorder. Journal of the American Academy of Child and Adolescent Psychiatry, 38, 17-24.
- McGee, R., & Feehan, M. (1991). Are girls with problems of attention underrecognized? *Journal of Psychopathology and Behavioral Assessment*, 13, 187-198.
- McGee, R., Williams, S., & Silva, P. A. (1987). A comparison of girls and boys with teacher-identified problems of attention. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26, 711-717.
- Mellor, D., Storer, S., & Brown, J. (1996). Attention deficit hyperactivity disorder:

 Perceptions, practice and politics. *Journal of Paediatrics and Child Health*, 32, 218-222.
- Milich, R., Balentine, A. C., & Lynam, D. R. (2001). ADHD combined type and ADHD predominantly inattentive type are distinct and unrelated disorders. *Clinical Psychology: Science and Practice*, 8, 463-488.
- Mitsis, E. M., McKay, K. E., Schulz, K. P., Newcorn, J. H., & Halperin, J. M. (2000).

 Parent-teacher concordance for DSM-IV Attention-Deficit/Hyperactivity

 Disorder in a clinic-referred sample. *Journal of the American Academy of Child*and Adolescent Psychiatry, 39, 308-313.
- Moos, R. H., & Moos, B. S. (1981). Family Environment Scale Manual. Palo Alto, California: Consulting Psychologists Press.
- Morgan, A., Hynd, G., Riccio, C., & Hall, J. (1996). Validity of DSM-IV ADHD predominantly inattentive and combined types: Relationship to previous DSM Diagnoses/subtype differences. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(3), 325-333.

- Naglieri, J. A., LeBuffe, P. A., & Pfeiffer, S. I. (1994). Manual for the Devereux Scales of Mental Disorders. San Antonio, Texas: Psychological Corporation.
- Newcorn, J. H., Halperin, J. M., Jensen, P. S., Abikoff, H. B., Arnold, E., Cantwell, D.
 P., Conners, C. K., Elliott, G. R., Epstein, J. N., Greenhill, L. J., Hechtman, L.,
 Hinshaw, S. P., Hoza, B., Kraemar, H. C., Pelham, W. E., Severe, J. B.,
 Swanson, J. M., Wells, K. C., Wigal, T., & Vitiello, B. (2001). Symptom profile
 in children with ADHD: Effects of comorbidity and gender. *Journal of the*American Academy of Child and Adolescent Psychiatry, 40, 137-146.
- Newcorn, J. H., Halperin, J. M., O'Brien, J. D., Pascualvaca, D. M., Wolf, L. E.,

 Morganstein, A., Sharma, V., & Young, J. G. (1989). Are ADDH and ADHD

 the same or different? Journal of the American Academy of Child and

 Adolescent Psychiatry, 28, 734-738.
- Nigg, J. T., Blaskey, L. G., Huang-Pollock, C. L., & Rappley, M. D. (2002).

 Neuropsychological executive functions and DSM-IV ADHD subtypes. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41, 59-66.
- Nolan, E. E., Gadow, K. D., & Sprafkin, J. (2001). Teacher reports of DSM-IV ADHD, ODD, and CD symptoms in schoolchildren. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 241-249.
- Nolan, E. E., Volpe, R. J., Gadow, K. D., & Sprafkin, J. (1999). Developmental,

 Gender, and Comorbidity differences in clinically referred children with ADHD.

 Journal of emotional and behavioral disorders, 7, 11-20.
- Nussbaum, N. L., Grant, M. L., Roman, M. J., Poole, J. H., & Bigler, E. D. (1990).

 Attention Deficit Disorder and the mediating effect of age on academic and behavioral variables. *Developmental and Behavioral Pediatrics*, 11, 22-26.

- Ostrander, R., Weinfurt, K. P., Yarnold, P. R., & August, G. J. (1998). Diagnosing

 Attention Deficit Disorders with the Behavioral Assessment System for children and the Child Behavior Checklist: Test and construct validity analyses using optimal discriminant classification trees. *Journal of Consulting and Clinical Psychology*, 66, 660-672.
- Paternite, C. E., Loney, J., & Roberts, M. A. (1996). A preliminary validation of subtypes of DSM-IV Attention Deficit/Hyperactivity Disorder. *Journal of Attention Disorders*, 1, 70-86.
- Pauls, D. L., Shaywitz, S. E., Kramer, P. L., Shaywitz, B. A., & Cohen, D. J. (1983).
 Demonstration of vertical transmission of attention deficit disorder. *Annals of Neurology*, 14, 363.
- Pelham, W. E., & Bender, M. E. (1985). Peer relationships in hyperactive children. In
 K. D. Gadow & J. Bailer (Eds.), Advances in Learning and Behavioral
 Disabilities (pp. 365-436). Greenwich, CT: JAI Press.
- Pelham, W. E., Gnagy, B. S., Greenslade, K. E., & Milich, R. (1992). Teacher ratings of DSM-III-R symptoms for the disruptive behavior disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 210-218.
- Pelham, W. E., Walker, J. L., Sturges, J., & Hoza, J. (1989). Comparative effects of methylphenidate on ADD girls and ADD boys. *Journal of the American* Academy of Child and Adolescent Psychiatry, 28, 773-776.
- Pineda, D., Ardila, A., Rosselli, M., Arias, B. E., Henao, G. C., Gomez, L. F., Mejia, S. E., & Miranda, M. L. (1999). Prevalence of Attention-Deficit/Hyperactivity

 Disorder symptoms in 4 to 17 year old children in the general population.

 Journal of Abnormal Child Psychology, 27, 455-462.

- Podolski, C., & Nigg, J. T. (2001). Parent stress and coping in relation to child ADHD severity and associated child disruptive behavior problems. *Journal of Clinical Child Psychology*, 30, 503-513.
- Power, T. J., Costigan, T. E., Leff, S. S., Eiraldi, R. B., & Landau, S. (2001). Assessing ADHD across settings: Contributions of behavioral assessment to categorical decision making. *Journal of Clinical Child Pyschology*, 30, 399-412.
- Power, T. J., Doherty, B. J., Panichelli-Mindel, S. M., Karustis, J. L., Eiraldi, R. B.,

 Anastopoulos, A. D., & DuPaul, G. (1998). The predictive validity of parent and
 teacher reports of ADHD symptoms. *Journal of Psychopathology and*Behavioral Assessment, 20, 57-81.
- Power, T. J., & DuPaul, G. J. (1996). Attention-Deficit Hyperactivity Disorder: The reemergence of subtypes. *School Psychology Review*, 25, 284-296.
- Prinz, R., & Loney, J. (1974). Teacher-rated hyperactivity elementary school girls.

 Child Psychiatry and Human Development, 4, 246-257.
- Quay, H. C. (1997). Inhibition and attention deficit hyperactivity disorder. *Journal of Abnormal Child Psychology*, 25, 7-14.
- Quay, H. C., & Peterson, D. R. (1983). Interim manual for Revised Behavior Problem

 Checklist. Coral Gables: University of Miami Press.
- Quinn, P. O., & Nadeau, K. G. (2000). Gender issues and Attention Deficit Disorder. In P. J. Accardo, T. A. Blondis, B. Y. Whitman, & M. A. Stein (Eds.), Attention Deficits and Hyperactivity in Children and Adults (2nd ed.). New York: Marcel Dekker.
- Reynolds, C. R., & Kamphaus, R. W. (1992). Behavior Assessment System for Children-Manual. Circle Pines, MN: American Guidance Service

- Richters, J. E., Arnold, L. E., Jensen, P. S., Abikoff, H., Conners, K. C., Greenhill, L. J., Hechtman, L., Hinshaw, S. P., Pelham, W. E., & Swanson, J. M. (1995). NIMH collaborative multisite multimodal treatment study of children with ADHD: I. Background and rationale. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 987-1000.
- Rie, H. W. (1980). Definitional Problems. In H. E. Rie & E. D. Rie (Eds.), *Handbook of Minimal Brain Dysfunction* (pp. 3-17). New York: John Wiley and Sons.
- Rohde, L. A., Biederman, J., Busnello, E. A., Zimmermann, H., Schmitz, M., Martins, S., & Tramontina, S. (1999). ADHD in a school sample of Brazilian adolescents: A study of prevalence, comorbid conditions, and impairments.
 Journal of the American Academy of Child and Adolescent Psychiatry, 38, 716-722.
- Rowland, A. S., Umbach, D. M., Catoe, K. E., Stallone, L., Long, S., Rabiner, D., Naftel, A. J., Panke, D., Faulk, R., & Sandler, D. P. (2001). Studying the epidemiology of Attention-Deficit Hyperactivity Disorder: Screening method and pilot results. *Canadian Journal of Psychiatry*, 46, 931-940.
- Rucklidge, J. L., & Tannock, R. (2001). Psychiatric, psychosocial, and cognitive functioning of female adolescents with ADHD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 530-540.
- Safer, D. J., Zito, J. M., & Fine, E. M. (1996). Increased methylphenidate usage for Attention Deficit Disorder in the 1990's. *Pediatrics*, 98, 1084-1088.
- Sandberg, S., & Barton, J. (1996). Historical Development. In S. Sandberg (Ed.),

 Hyperactivity Disorders of Childhood (pp. 1-25): Cambridge University Press.
- SAS Institute (1999). SAS Release 8.02. Cary, NC: SAS Institute Inc.

- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J.,
 Nurcombe, B., Patton, G. C., Prior, M. R., Raphael, B., Rey, J., Whaites, L. C.,
 & Zubrick, S. R. (2000). The Mental Health of Young People in Australia:
 Child and Adolescent Component of the National Survey of Mental Health and
 Well-Being. Canberra: Commonwealth Department of Health and Aged Care.
- Schachar, R. (1991). Childhood hyperactivity. *Journal of Child Psychology and Psychiatry*, 32, 155-191.
- Schachar, R., Mota, V. L., Logan, G. D., Tannock, R., & Klim, P. (2000). Confirmation of an inhibitory control deficit in Attention-Deficit/Hyperactivity Disorder.

 Journal of Abnormal Child Psychology, 28, 227-235.
- Seidman, L. J., Biederman, J., Farone, S. V., Weber, W., Mennin, D., & Jones, J.

 (1997). A pilot study of neuropsychiological function in girls with adhd. *Journal*of the American Academy of Child and Adolescent Psychiatry, 36, 366-373.
- Shaffer, D., Fisher, P., Lucas, C. P., Dulcan, M. K., & Schwab-Stone, M. E. (2000).
 NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): Description, differences from previous versions, and reliability of some common diagnoses. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 28-38.
- Shaffer, D., Gould, M. S., Brasic, J., Ambrosini, P., Fisher, P., Bird, H., & Aluwahlia, S. (1983). A children's global assessment scale (CGAS). Archives of General Psychiatry, 40, 1228-1231.
- Sharp, W. S., Walter, J. M., Marsh, W. L., Ritchie, G. F., Hamburger, S. D., & Castellanos, F. X. (1999). ADHD in girls: Clinical comparability of a research sample. Journal of the American Academy of Child and Adolescent Psychiatry, 38, 40-47.

- Shaywitz, S. E., & Shaywitz, B. A. (1988). Attention Deficit Disorder: Current perspectives. In J. F. Kavanagh & T. J. Truss (Eds.), *Learning Disabilities:*Proceedings of the National Conference. Parkton, Md: York Press.
- Silverthorn, P., Frick, P. J., Kuper, K., & Ott, J. (1996). Attention Deficit Hyperactivity

 Disorder and sex: A test of two etiological models to explain the male

 predominance. *Journal of Clinical Child Psychology*, 25, 52-59.
- Slomkowski, C., Klein, R. G., & Mannuzza, S. (1995). Is self-esteem an important outcome in hyperactive children? *Journal of Abnormal Child Psychology*, 23, 303-315.
- Still, G. (1902). Some abnormal psychical conditions in children. *Lancet*, 1, 1008-1012, 1077-1082, 1163-1168.
- Strauss, A. A., & Kephart, N. C. (1955). Psychopathology and Education of the Brain-Injured Child: Progress in theory and clinic. New York: Grune & Stratton.
- Strauss, A. A., & Lehtinen, L. E. (1947). Psychopathology and Education of the Brain-Injured Child. New York: Grune and Stratton.
- Strecker, E. A., & Ebaugh, F. G. (1924). Neuropsychiatric sequelae of cerebral trauma in children. *Archives of Neurology and Psychiatry*, 12, 443-453.
- Szatmari, P., Boyle, M., & Offord, D. R. (1989). ADDH and Conduct Disorder: Degree of diagnostic overlap and differences among correlates. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 865-872.
- Szatmari, P., Offord, D., R., & Boyle, M. H. (1989a). Correlates, associated impairments and patterns of service utilization of children with Attention Deficit Disorder: Findings from the Ontarion Child Health Study. *Journal of Child Psychology and Psychiatry*, 30, 205-217.

- Szatmari, P., Offord, D. R., & Boyle, M. H. (1989b). Ontario Child Health Study:

 Prevalence of Attention Deficit Disorder with Hyperactivity. *Journal of Child*Psychology and Psychiatry, 30, 219-230.
- Treuting, J. J., & Hinshaw, S. P. (2001). Depression and self-esteem in boys with Attention-Deficit/Hyperactivity Disorder: Associations with comorbid aggression and explanatory attributional mechanisms. *Journal of Abnormal Child Psychology*, 29, 1-.
- Valentine, J., Zubrick, S., & Sly, P. (1996). National trends in the use of stimulant medication for attention deficit hyperactivity disorder. *Journal of Paediatrics* and Child Health, 32, 223-227.
- Vaughn, M. L., Riccio, C. A., Hynd, G. W., & Hall, J. (1997). Diagnosing ADHD

 (Predominantly Inattentive and Combined Type subtypes): Discriminant validity

 of the Behavior Assessment System for children and the Achenbach parent and
 teacher rating scales. *Journal of Clinical Child Psychology*, 26, 349-357.
- Weiler, M. D., Bellinger, D., Marmor, J., Rancier, S., & Waber, D. (1999). Mother and teacher reports of ADHD symptoms: DSM-IV questionnaire data. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 1139-1147.
- Weiss, G. (1996). Attention Deficit Hyperactivity Disorder. In M. Lewis (Ed.), *Child*and Adolescent Psychiatry: A Comprehensive Textbook (2nd ed., pp. 544-563).

 London: Williams and Williams.
- Weiss, G., & Hechtman, L. T. (1993). Overview of Childhood Syndrome, *Hyperactive Children Grown Up: ADHD in Children, Adolescents and Adults* (2nd ed.). New York: The Guilford Press.
- Whalen, C. K. (1989). Hyperactivity, learning problems, and the Attention Deficit Disorders. In Ollendik & Herson (Eds.), *Handbook of Child Psychopathology*.

- Willcutt, E. G., Pennington, B. F., Chhabildas, N. A., Friedman, M. C., & Alexander, J. (1999). Psychiatric comorbidity associated with DSM-IV ADHD in a nonreferred sample of twins. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 1355-1362.
- Wilson, J. M., & Marcotte, A. C. (1996). Psychosocial adjustment and education outcome in adolescents with a childhood diagnosis of attention deficit disorder. Journal of the American Academy of Child and Adolescent Psychiatry, 35, 579-587.
- Wolraich, M. L., Hannah, J. N., Baumgaertel, A., & Feurer, I. D. (1998). Examination of DSM-IV criteria for Attention Deficit/Hyperactivity Disorder in a countywide sample. *Developmental and Behavioral Pediatrics*, 19, 162-168.
- Wolraich, M. L., Hannah, J. N., Pinnock, T. Y., Baumgaertel, A., & Brown, J. (1996).
 Comparison of diagnostic criteria for Attention-Deficit Hyperactivity Disorder in a county-wide sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 319-324.
- World Health Organisation (1992) International Statistical Classification of Diseases and Related Health Problems. Tenth revision (ICD-10). Volume 1. Geneva: World Health Organisation.

APPENDICES

APPENDIX A: MEASURES

APPENDIX A.1: THE DISC-IV ADHD MODULE

ADHD

what t	body has times hev are doing.	What we want	trouble concentrating or keeping their mind on to know is whether has had difficulty ind on what [he/she] is doing most of the time.					
	of last year] -	r - that is, since did [he/she] <u>ofte</u> g for more than	[[NAME EVENT]/[NAME CURRENT MONTH] In have trouble keeping [his/her] mind on what [he/ a short time?	0	2	7	9	
		id [he/she] have nonths or longer	this trouble keeping [his/her] mind on things for six?	0	[2]	7	9	
	1		When [he/she] was at home, did [he/she] often have couble keeping [his/her] mind on things?	0	2	7	9	
			ow about when [he/she] was (at [school/work] or) her places?	0	2	7	9	
		D. N S o tt d	0	2	7	9		
2.	In the last yea [he/she] often attention for a	try not to do th	[NAME CURRENT MONTH] of last year), did ings where [he/she] would have needed to pay	0	2	7	9	
	IF YES, A.	Did [he/she] to	ry not to do things like this for six months or longer?	0	2*	7	9	
		IF YES, B.	When [he/she] was at home, did [he/she] often try to get out of doing things where [he/she] had to pay attention for a long time?	0	2	7	9	
		C.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9	
		D.	Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]//the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] often tried not to do things where [he/she] needed to pay attention for a long time?	0	2	7	9	
			IF YES, GO TO NOTE I					
3.	In the last yea [he/she] often time?	ar <i>(that is, since</i> a_dislike doing th	[NAME CURRENT MONTH] of last year), did nings where [he/she] had to pay attention for a long	0	2	7	9	
	IF YES, A.		lislike doing things where [he/she] had to pay attention like onths or longer?	0	2*	7	9	
		IF YES, B.	When [he/she] was at home, did [he/she] often dislike doing things where [he/she] needed to pay attention for a long time?	0	2	7	9	
		C.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9	
		D.	Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]/the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] disliked doing things where [he/she] needed to pay attention for a long time?	0	2	7	9	
	NOTE 1: W	'ERE ANY* RI		0		[2]		

4.	In the last year often fir other things w	that is, since and it hard to kee ere going on?	0	2	7	9	
	IF YES, A.	Was [he/she]	like this for six months or longer?	0	[2]	7	9
		IF YES, B.	When [he/she] was at home, did [he/she] often find it hard to keep [his/her] mind on what [he/she] was doing when other things were going on?	0	2	7	9
		C.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9
		D.	Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]//the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] often found it hard to keep [his/her] mind on what [he/she] has been doing when other things were going on?	0	2	7	9
5	clothes or their	are very disorgar books or their coften late, or the to do things					
	In the last year [he/she] disor	r (that is, since ganized?	0	2	7	9	
	IF YES, A.	Was [he/she]	disorganized like this for six months or longer?	0	[2]	7	9
		IF YES, B.	When [he/she] was at home, was [he/she] often very disorganized?	0	2	7	9
		C.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9
		D.	Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]/the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] been disorganized?	0	2	7	9
6.	In the last yea [he/she] often was supposed	have trouble fi	[NAME CURRENT MONTH] of last year - did nishing ([his/her] homework or other) things [he/she]	0	2	7	9
	IF YES, A.	Did [he/she] l longer?	have this trouble finishing things for six months or	0	[2]	7	9
		IF YES, B.	When [he/she] was at home, did [he/she] often have trouble finishing ([his/her] homework or other) things [he/she] was supposed to do?	0	2	7	9
		C.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9
		D.	Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]/the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] had trouble finishing ([his/her] homework or other) things [he/she] was supposed to do?	0	2	7	9
7.	In the last yea [he/she] ofter needed?	ar (that is, since a lose (things lil	[NAME CURRENT MONTH] of last year), did to assignments or books or other) things [he/she]	0	2	7	9
	IF YES, A.	Did this prob	lem with losing things go on for six months or longer?	0	[2]	7	9
		IF YES, B.	When [he/she] was at home, did [he/she] often lose things [he/she] needed?	0	2	7	9
		C.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9
		D.	Now, what about the last four weeks? Since [[NAME EVENT]]/the beginning of/the middle of/ the end of [LAST MONTH]], has [he/she] often lost things?	0	2	7	9

8.		r (that is, since proget what [he/she?	0	2	7	9		
	IF YES, A.	Was [he/she] i	forgetful like this	s for six months or longer?	0	[2]	7	9
		IF YES, B.		was at home, did [he/she] often forget was supposed to be doing or what [he/ ed to do?	0	2	7	9
		C.	How about who other places?	en [he/she] was (at [school/work] or)	0	2	7	9
		D.	(Since [[NAM]] of/the end of [] forgotten what	ut the last four weeks? EVENT]//the beginning of/the middle LAST MONTH]]), has [he/she] often [he/she] was supposed to be doing or lad planned to do?	0	2	7	9
9.	In the last yea [he/she] often carefully?	r (that is, since made a lot of n	0	2	7	9		
	IF YES, A.	Did [he/she] n longer?	nake careless mi	stakes like this for six months or	0	[2]	7	9
		IF YES, B.	When [he/she] lot of careless	was at home, did [he/she] often make a mistakes?	0_	2	7	9
		C.	How about wh other places?	en [he/she] was (at [school/work] or)	0	2	7	9
		D.	(Since [[NAM	out the last <u>four weeks</u> ? E EVENT]//the beginning of/the middle ASTMONTH]]), has [he/she] made a lot takes?	0	2	7	9
10.	In the last yea [he/she] ofter	ar - that is, since a not listen when	[NAME CURR people were sp	ENT MONTH] of last year - did eaking to [him/her]?	0	2	7	9
	IF YES, A.	Did this probl or longer?	em with not list	ening to people go on for six months	0	[2]	7	9
		IF YES, B.	When [he/she] listen when pe	was at home, did [he/she] often not ople spoke to [him/her]?	0	2	7	9
		C.	How about wh other places?	en [he/she] was (at [school/work] or)	0	2	7	9
		D.	(Since [[NAM. of/the end of [out the <u>last four weeks</u> ? E EVENT]//the beginning of/the middle LAST MONTH]]), has [he/she] often not people were speaking to [him/her]?	0	2	7	9
		E.	Did [he/she] n hearing?	ot listen because [he/she] had difficulty	0	2	7	9
			IF YES, F,	What kind of hearing problem did [he/she] have? (DESCRIBE):				
						_		
				:				
			G.	Has this hearing problem been diagnosed by a doctor?	0	2	7	9
11.	or project or	are always start activity, but afte act other thing in	er a few minutes	out finishing them. They start a game they think of something else, and they				
	Has be MONTH] of to do someth	last year), did [the last year (the he/she] <u>often</u> no	nt is, since [NAME CURRENT t finish things because [he/she] started	0	2	7	9
	IF YES, A.	Did this prob longer?	lem with not fin	ishing things go on for six months or	0	2	7	9

			IF YES, B.	When [he/she] finish things be else?						0	2	79
			C.	How about who other places?	en [he/she] wa	as (at [school	/work] or)	0		2	7	9
			D.	Now, what abo (Since [[NAM]] of/the end of [I finished things	E EVENT]//th AST MONTE	e beginning		0		2	7	9
a	Ç	1 AN	NORE [] RESD NOTE 1 (see 1)	tally sheet), CO		N						
12.	You sa NOTE		in the last year [l	he/she] [NAME	[] SYMPTO	MS IN Q1-	10 AND					
	How of		[he/she] the first ng?	time [he/she] sta	arted to have	rouble payin	g attention					
	COD	E AGE	E (66 = WHOLE	LIFE, ALWA	YS)			***************************************	>	L		YRS.
	COD	E GRA	T KNOWN, AS ADE (44 = PRE ' ONAL INSTITU	YEAR 1, 55 = 0	THER				>	1_		GRADE
	b:	IF [A	GE/GRADE] GI RENT [AGE/GI RUCTION BOX	IVEN WAS CH RADE], GO TO	ILD'S							
то		CURI A	GE/GRADE] G RENT [AGE/GE	RADE] MINUS	ONE, GO							
		ALL	OTHERS, GO	го в		J						
		A.	Was that more to [NAME CURRI			E [[NAME E	VENT]/		0	2	7	9
			IF NO, GO 1	O INSTRUCTI	ON BOX "d							
		B.	Since that first t trouble with pay				lid not have		0	2	7	9
			IFN0, GO T	O Q13								
		C.	Did that time wi			le with payin	g attention		0	2	7	9
			IFNO, GO T	O Q13								
		D.	You said that [h NOTE 1] in the] SYMPTON	MS IN Q 1 -	10 AND					
			How old was [hoconcentrating st	-	ing trouble pa	aying attention	on or					
			CODE AGE (8	8 = NEVER ST	ARTED AG	AIN)		>		<u></u>	1	YRS.
			IF AGE NOT I CODE GRADI EDUCATION	E(44 = PREYE	EAR 1, 55 = (OTHER		>		I	1	GRADE
			CURRE GO TO	E/GRADE] GIV NT [AGE/GRA E THERS, GO TO	DEJ MINUS							
							1					
		E.	Did [he/she] sta ing again more [NAME CURR	rt having trouble than a year ago ENT MONTH]	- that is, before	attention or re [[NAME B	concentrat- EVENT]/		0	2	.7	9

13.		[he/she] when trouble paying attention or concentrating started to us for [him/her]?						
	CODE AGE	(66 = WHOLE LIFE, ALWAYS) > YR.	S.					
	CODE GRAI	KNOWN, ASK: What grade was [he/she] in? DE (44 = PRE YEAR 1, 55 = OTHER NAL INSTITUTION)		_	I GR	(AD)	Е	
1	d: IF CHI ADE 1 CODE "	ILD DID NOT ATTEND PRE YEAR 1 OR 8" IN Q 14, THEN GO TO Q 15						
14.	Did [he/she] h	nave problems in pre year one or grade one because [he/she] sying attention or concentrating?	0	1	2	7	8	9
15.	You said that NOTE 1].	in the last year[NAME [] SYMPTOMS IN Q 1 - 10 AND						
	Now I'd like yo trouble paying	ou to think back to the time in the last year when [his/her] having attention or concentrating like this caused the most problems.						
	At that time, of get annoyed of attention or co	fid [you (or [his/her] [CARETAKERS])/[his/her] [CARETAKERS]] r upset with [him/her] because [he/she] was having trouble paying oncentrating?	0	1	2		7	9
	IF YES, A.	How often did [you (or [his/her] [CARETAKERS])/[his/her] [CARETAKERS]] get annoyed or upset with [him/her] because of this? Would you say: a lot of the time, some of the time, or hardly ever?						
		A lot of the time			3			
		Some of the time			2			
		Hardly ever			1 7			
		Don't know			9			
16.	At that time, of [him/her] from family]?	did's trouble with paying attention or concentrating keep n doing things or going places with [you (or [his/her] family)/[his/her]	0	1	2		7	9
	IF YES, A. H	low often did this keep [him/her] from doing things or going places with [you (or [his/her] family)/[his/her] family]? Would you say: a lot of the time, some of the time, or hardly ever?						
		A lot of the time			3			
		Some of the time		:	2			
		Hardly ever	••••		1			
		Refuse to answer Don't know			7 9			
17.	At that time, of her] from doi	did [his/her] trouble with paying attention or concentrating keep [him/ng things or going places with other [children/people [his/her] age]?	0	1	2		7	9
	IF YES, A.	How often did this keep [him/her] from doing things or going places with other [children/people [his/her] age]? Would you say: a lot of the time, some of the time, or hardly ever?						
		A lot of the time			3			
		Some of the time			2			
		Hardly ever			1			
		Refuse to answer Don't know			7 9			
		Don't know	,					
1	YEAR	ILD DID NOT ATTEND SCHOOL OR WORK IN LAST , CODE "8" IN Q 18 AND Q 19, THEN GO TO Q 20						
!								
18.	ing [make it o	blems were worst, did having trouble paying attention or concentrat- lifficult for [him/her] to do [his/her] schoolwork or cause problems grades/make it difficult for [him/her] to do [his/her] work]?	0	1	2	7	8	9

	IF YES, A.		ne problems [he/she] had with [his/her] [schoolwork/ f this? Would you say: very bad, bad, or not too bad?						
		Voru had				3			
						2			
						1			
			т			7			
		Don't know				9			
19.	At that time, of [teachers/boss	did having trouble all to be annoyed o	paying attention or concentrating cause's r upset with [him/her]?	0	1	2	7	8	9
	IF YES, A.	with [him/her] i	c/was] [his/her] [teachers/boss] annoyed or upset ecause of this? Would you say: a lot of the time, e, or hardly ever?						
						3			
			e			2 1			
			T			7			
			4			9			
20.	When the pro	blems were worst made [him/her] i	did it seem like having trouble paying attention or eel bad or made [him/her] feel upset?	0	ı	2		7	9
	IF YES, A.	How bad did bad, bad, or i	this seem to make [him/her] feel? Would you say: very ot too bad?						
						3			
						2			
						1 7			
			wer			9			
	is ov	reractive most of to ar - that is, since [vare very active. What we want to know is whether the time. NAME CURRENT MONTH] of last year - was d [he/she] move around as if [he/she] was "driven"	0		2		7	9
	IF YES, A.	Did [he/she] me	ove around this much for six months or longer?	0		[2]		7	9
			When [he/she] was at home, was [he/she] often "on the go" or did [he/she] move around as if [he/she] was 'driven by a motor"?	0		2		7	9
			How about when [he/she] was (at [school/work] or) other places?	0		2		7	9
	3		Now, what about the <u>last four weeks?</u> (Since [[NAME EVENT]]//the beginning of/the middle of/the end of(LAST MONTH]]), has [he/she] moved around a lot?	0		2		7	9
23.	[he/she] ofter	fidgety or restles	NAME CURRENT MONTH] of last year), was s? That is, fiddling with [his/her] hands or jiggling d in [his/her] seat?	0		2		7	9
	IF YES, A.	Was [he/she] fi	dgety or restless like this for six months or longer?	0		[2]	l	7	9
		IF YES, B.	When [he/she] was at home, was [he/she] often fidgety or restless?	0		2		7	9
		С	How about when [he/she] was (at [school/work] or) other places?	0		2		7	9
		D	Now, what about the last <u>four weeks?</u> (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] often been fidgety or restless?	0		2		7	9

24.	Sometimes when they g	people are supp so somewhere li	posed ike to	to stay in their seats, like at school or the movies or to a library or to a restaurant.				
				AME CURRENT MONTH] of last year), has when [he/she] wasn't supposed to?	0	2	7	9
	IF YES, A.	Did this trouble longer?	ole w	ith staying in [his/her] seat go on for six months or	0	[2]	7	9
		IF YES,		When [he/she] was at home, did [he/she] often leave [his/her] seat when [he/she] wasn't supposed to?	0	2	7	9
		C		How about when [he/she] was (at [school/work] or) other places?	0	2	7	9
		I	(Now, what about the <u>last four weeks</u> ? Since [[NAME EVENT]]//the beginning of/the middle of/the end of[LASTMONTH]]), has [he/she] often left his/her] seat when [he/she] wasn't supposed to?	0	2	7	9
25.	In the last y she] often c	ear <i>(that is, sind</i> limb on things (or ru	NAME CURRENT MONTH] of last year), did [he/ n around when [he/she] wasn't supposed to?	0	2	7	9
	IF YES, A.	Did this pro		n of climbing or running around too much go on for onger?	0	2*	7	9
		IF YES, B.		When [he/she] was at home, did [he/she] often climb on hings or run around when [he/she] wasn't supposed to?	0	2	7	9
		(C.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9
		I	6	Now, what about the last <u>four weeks</u> ? Since [[NAME EVENT]]/the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] often slimbed on things or run around when [he/she] wasn't supposed to?	0	2	7	9
				IF YES, GO TO NOTE 2				
26.	hadhad	to sit still, for s	say n	ME CURRENT MONTH] of last year), when core than ten minutes, did [he/she] nearly always and to kick [his/her] feet or get up and move around?	0	2	7	9
	IF YES, A.	Did this pro	roble	m of being restless go on for six months or longer'?	0	2*	7	9
		IF YES, B		When [he/she] was at home, did [he/she] often seem restless when [he/she] had to sit still?	0	2	7	9
				How about when [he/she] was (at [school/work] or) other places?	0	2	7	9
		1		Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]/the beginning of the middle of the end of [LAST MONTH]]), has [he/she] often seemed restless when [he/she] had to sit still?	0	2	7	9
	NOTE 2:	WERE ANY	Y * R	ESPONSES CODED IN Q 25 - 26?		0		[2]
27.	In the last yea [he/she] ofter	ar - that is, since	e [Na	AME CURRENT MONTH] of last year - did nother [children/people [his/her] age]?	0	2	7	9
	IF YES, A.	Did this troul	ıble v	with talking too much go on for six months or longer?	0	[2]	7	9
		IF YES, B.		hen [he/she] was at home, did [he/she] often talk too uch?	0	2	7	9
		C.	. He	ow about when [he/she] was (at [school/work] or) her places?	0	2	7	9
		D.	(S of tal	ow, what about the last four weeks? ince [[NAME EVENT]//the beginning of/the middle ithe end of [LAST MONTH]]), has [he/she] often iked a lot more than other [children/people [his/her] e]?	0	2	7	9

28.	[he/she] often	r (that is, since [make much mor was [playing/ha	NAME CURRENT MONTH] of last year), did e noise than other [children/people [his/her] age] ving fun]?	0	2	7	9	
	IF YES, A.		ten make a lot of noise when [he/she] was [playing/six months or longer?	0	[2]	7	9	
		IF YES, B.	When [he/she] was at home, did [he/she] often make much more noise than other [children/people [his/her] age]?	0	2	7	9	
		C.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9	
		D.	0	2	7	9		
29.	In the last yea [he/she] often busy?	0	2	7	9			
	IF YES, A.	Did [he/she]	0	2*	7	9		
		IF YES, B.	When [he/she] was at home, did [he/she] often interrupt other people?	0	2	7	9	
		C	. How about when [he/she] was (at [school/work] or) other places?	0	2	7	9	
		Е	Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]//the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] often interrupted other people?	0	2	7	9	
			IF YES, GO TO NOTE 3					
30.			NAME CURRENT MONTH] of last year), did other people were doing?	0	2	7	9	
	IF YES, A.	Did [he/she] months or lo	often butt in on what other people were doing for six nger?	0	2*	7	9	
		IF YES, B.	When [he/she] was at home, did [he/she] often butt in on what other people were doing?	0	2	7	9	
		(C. How about when [he/she] was (at [school/work] or) other places?	0	2	7	9	
		I	Now, what about the <u>last four weeks?</u> (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] often butted in on what other people were doing?	0	2	7	9	
	NOTE 3:	WAS A * R	ESPONSE CODED IN Q 29 OR 30?		0	[2]		
31	In the last ye she] <u>often</u> blu	ar- that is, since	[NAME CURRENT MONTH] of last year- did [he/efore someone could finish asking the question?	0	2	7	9	
	IF YES, A.	Did [he/she] o	ften blurt out answers like this for six months or longer?	0	[2]	7	9	
			THE PLANT OF A STATE OF THE PARTY OF THE PAR	0	2	7	9	
		IF YES, B.	When [he/she] was at home, did [he/she] often blurt out answers before someone could finish their question?	·	-			
		·		0	2	7	9	

32.	she] often had		[NAME CURRENT MONTH] of last year), has [he/s for [his/her] turn, like when [he/she] was standing	0	2	7	9
	IF YES, A.	Did this troubl or longer?	le with waiting for [his/her] turn go on for six months	0	[2]	7	9
		IF YES, B.	When [he/she] was at home, did [he/she] have trouble waiting for [his/her] turn?	0	2	7	9
		C.	How about when [he/she] was (at [school/work] or) other places?	, 0	2	7	9
		D.	Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]/the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] often had trouble waiting for [his/her] turn?	0	2	7	9
33.	[he/she] often	get [himself/he	[NAME CURRENT MONTH] of last year), did rself] into a dangerous situation where [he/she] could e/she] wasn't thinking?	0	2	7	9
	IF YES, A.	Please tell me	about this. (DESCRIBE:)		<u></u>	I	
	В.	Was this some	ething [he/she] did suddenly, without thinking about it	0	2	7	9
		first?				_	
	C.		lo dangerous things like this for six months or longer?	0	2	7	9
			TO INSTRUCTION BOX "f"	•		_	•
		IF YES, D.	When [he/she] was at home, did [he/she] often get [himself/herself] into a dangerous situation because [he/she] wasn't thinking?	0	2	7	9
		E.	How about when [he/she] was (at [school/work] or) other places?	0	2	7	9
		F.	Now, what about the <u>last four weeks</u> ? Since [[NAME EVENT]]//the beginning/the middle of/ the end of [LAST MONTH]], has [he/she] gotten [himself/herself] into a dangerous situation because [he/she] wasn't thinking?	0	2	7	9
			SPONSES WERE CODED IN Q 22 to 32 tally sheet), CONTINUE				
	ALL (OTHERS, GO					
34.		t in the last year	[he/she] [NAME [] SYMPTOMS IN Q 22 - 32 AND				
	How old was	[he/she] the firs	at time [he/she] started to be overactive?				
	CODE AGE	C (66 = WHOLE	LIFE, ALWAYS)	>	1_		I YRS.
	CODE GRA	DE (44 = PRE	SK: What grade was [he/she] in? YEAR 1, 55 = OTHER EDUCATIONAL	>	1_		I GRADE
	[
	g: CURRENT		ADE] GIVEN WAS CHILD'S , GO TO INSTRUCTION BOX "i"				
	CURRENT		AADE] GIVEN WAS CHILD'S MINUS ONE, GO TO A				
		ALL OTHE	RS, GO TO B				

	A.	Was that more than a year ago - that is, before [[NAME EVENT]/ [NAME CURRENT MONTH] of last year]?	0		2	7	9	
		IF NO, GO TO INSTRUCTION BOX "i"						
	B.	Since that first time, was there ever a time when [he/she] was not overactive?	0		2	7	9	
		IFNO. GO TO Q35						
	C.	Did that time when [he/she] wasn't overactive last for six months or more?	0		2	7	9	
		IF NO, GO TO Q35						
	D.	You said that [he/she] [NAME [] SYMPTOMS IN Q 22 - 32 AND NOTES 2 - 3] in the <u>last year</u> .						
		How old was [he/she] when being overactive began this time?						
		CODE AGE (88 = NEVER STARTED AGAIN)	>		1_		I YRS.	
		IF AGE NOT KNOWN, ASK: What grade was [he/she] in? CODE GRADE (44 = PRE YEAR 1, 55 = OTHER EDUCATIONAL INSTITUTION)	>		1_		I GRAD	Œ
		h: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE] MINUS ONE, GO TO E ALL OTHERS, GO TO Q 35						
35.		Did [he/she] start being overactive again more than a year ago - that is, before [[NAME EVENT]/[NAME CURRENT MONTH] of last year]? [he/she] when being overactive started to cause problems for [him/	0		2	7	9	
	her]?	E (66 = WHOLE LIFE, ALWAYS)	_		1		I YRS.	
		OT KNOWN, ASK: What grade was [he/she] in?			'-		TIKS.	
	CODE GR	ADE (44 = PRE YEAR 1, 55 = OTHER EDUCATIONAL TON)	>		۱_		I GRAD	ÞΕ
	i: GRADE 1	IF CHILD DID NOT ATTEND PRE YEAR 1 OR CODE "8" IN Q 36, THEN GO TO Q 37						
36.		veractive cause problems back when [he/she] was in pre year one or	0	1	2	7	8 9	
37.	You said the NOTES 2 -	at in the last year [NAME [] SYMPTOMS IN Q 22 - 32 AND 3].						
		e you to think back to the time in the last year when's being caused the most problems.						
	At that time	e, did [you (or [his/her] [CARETAKERS])/[his/her] [CARETAKERS] I or upset with [him/her] because [he/she] was overactive?	0	1	2	7	9	
	IF YES, A.	How often did [you (or [his/her] [CARETAKERS])/[his/her] [CARE TAKERS]] get annoyed or upset with [him/her] because [he/she] was like that? Would you say: a lot of the time, some of the time, or hardly ever?						
		A lot of the time				3		
		Some of the time				2		
		Hardly ever				7		
		Don't know				9		

	with [you or [his/her] family/[his/her] family]?							
	IF YES, A.	How often did being overactive keep [him/her] from doing things or going places with [you or [his/her] family/[his/her] family]? Would you say: a lot of the time, some of the time, or hardly ever?							
		A lot of the time				,	3		
		Some of the time					2		
		Hardly ever					ī		
		Refuse to answer				2	7		
		Don't know		900		9	9		
39.		did being overactive keep [him/her] from doing things or going places cildren/people [his/her] age]?	0	1	2		7		9
	IF YES, A.	How often did being overactive keep [him/her] from doing things or going places with other [children/people [his/her] age]? Would you say: a lot of the time, some of the time, or hardly ever?							
		A lot of the time			3				
		Some of the time			2				
		Hardly ever			1				
		Refuse to answer			7				
		Don't know			9				
42	j:	IF CHILD DID NOT ATTEND SCHOOL OR WORK IN LAST YEAR, CODE "8" IN Q 40 AND Q 41, THEN GO TO Q							
40.	to do [his/her]	blems were worst, did being overactive [make it difficult for [him/her] schoolwork or cause problems with [his/her] grades/make it difficult to do [his/her] work]?	0		1	2	7	8	9
	IF YES, A.	How bad were the problems [he/she] had with [his/her] [schoolwork/work] because [he/she] was like that? Would you say: very bad, bad, or not too bad?							
		Very bad			3				
		Bad			2				
		Not too bad			1				
		Refuse to answer			7 9				
		Don't know			7				
41.		did being overactive cause's [teachers/boss] to be oset with [him/her]?	0	1	2	7	8		9
	IF YES, A.	How often [were/was] [his/her] [teachers/boss] annoyed or upset with [him/her] because [he/she] was like that? Would you say: a lot of the time, some of the time, or hardly ever?							
		A lot of the time	· ·		3				
		Some of the time			2				
		Hardly ever			1				
		Refuse to answer			7 9				
		DON'T KNOW	•••••		,				
42.		blems were worst, did it seem like being overactive made [him/her] ade [him/her] feel upset?	0		1		2	7	9
	IF YES, A.	How bad did being overactive seem to make [him/her] feel? Would you say: very bad, bad, or not too bad?							
		Very bad			3				
		Bad			2				
		Not too bad			1				
		Refuse to answer			7 9				
		Don't know	•••••		y				
44.		ar, has [he/she] taken any medicine for being overactive, being or having trouble paying attention?	0		2†		7		9
	IF YES, A.	What medicine did [he/she] take?							
		(RECORD ALL MEDICATIONS)					*		

____from doing things or going places

38.

At that time, did being overactive keep_

0 1 2

7

		B. Did [he/she] take this medicine most of the time during the last year?	0	2	7	9
		C. Now, what about the <u>last four weeks</u> ? (Since [[NAME EVENT]]/the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] taken any medicine for being overactive, being hyperactive, or having trouble paying attention?	0	2	7	9
		IF 4 OR MORE [] RESPONSES WERE CODED IN Q 1 - 32 AND NOTES 1 - 3 OR A † RESPONSE WAS CODED IN Q 44 (see tally sheet), CONTINUE				
-		ALL OTHERS, GO TO CD				
45.	she] been t	year- that is, since [NAME CURRENT MONTH] of last year- has [he/o see someone at a hospital or a clinic or at their office because [he/she] tive, hyperactive, or had problems paying attention?	0	2	7	9
	IF YES,	GO ТО (Ъ				
	IF NO, A.	Does [he/she] have an appointment set up to see someone because of this?	0	2	7	9

Module E: Disruptive Behavior Disorders Attention-deficit/Hyperactivity Disorder DISC IV-P, past year: Aust. NCAMH Survey

GO TO CD

APPENDIX A.2: THE CHILD BEHAVIOR CHECKLIST

Below is a list of items that describe children and youth. For each item that describes your child now or within the past 6 months, please circle the 2 if the item is very true or often true of your child. Circle the 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

1	2	1,,	Acts too young for his/her age	0	1	2	31.	Fears he/she might think or do something bad
1	2	2.	Allergy (describe):	0	1	2	32. 33.	Feels he/she has to be perfect Feels or complains that no one loves him/her
				0	1	2	34.	Feels others are out to get him/her
				0	1	2	3 5.	Feels worthless or inferior
1	2	3	Argues a lot	0	1	2	36.	Gets hurt a lot, accident-prone
1	2	4.	Asthma	0	1	2	37.	Gets in many fights
1	2	5.	Behaves like opposite sex	0	1	2	38.	Gets teased a lot
1	2	6.	Bowel movements outside toilet	0	1	2	39.	Hangs around with others who get in trouble
1	2	7.	Bragging, boasting	0	1	2	40.	Hears sounds or voices that aren't there
1	2	8.	Can't concentrate, can't pay attention for long	ı				(describe):
1	2	9.	Can't get his/her mind off certain thoughts;					<u> </u>
			obsessions (describe):	0	1	2	41.	Impulsive or acts without thinking
				0	1	2	42.	Would rather be alone than with others
				0	i	2	43.	Lying or cheating
1	2	10,	Can't sit still, restless, or hyperactive	1.				Dita - fara-raila
				0	1	2	44. 45.	Bites fingernails Nervous, highstrung, or tense
1	2	11. 12.		ľ	•	-	73.	
•	-	12.	Complains of folicinicss	0	1	2	46.	Nervous movements or twitching (describe):
1	2	13.		1				
1	2	14.	Cries a lot	1				
1	2	15.	51-51 to	0	1	2	47.	Nightmares
1	2	16.	Cruelty, bullying, or meanness to others					•
1	2	17.	Day-dreams or gets lost in his/her thoughts	0	1	2	48.	Not liked by other kids
1	2	18.		0	1	2	49.	Constipated, doesn't move bowels
				0	1	2	50.	Too fearful or anxious
1	2	19.		0	1	2	51.	Feels dizzy
- 1	2	20.	Destroys his/her own things		1	2	52.	Feels too guilty
1	2	21.	Destroys things belonging to his/her family	10	1	2	52. 53.	Overeating
- 10			or others	1				-
1	2	22.	Disobedient at home	0	1	2	54. 55.	Overtired Overweight
1	2	23.	Disobedient at school	1	•	-		
1	2	24.	Doesn't eat well				56.	Physical problems without known medical cause:
1	2	25.		0	1	2		a. Aches or pains (not stomach or headaches)
1	2	26.	Doesn't seem to feel guilty after misbehaving	0	1	2		b. Headaches
1	2	27.	Easily jealous	- 3	•	-		**
1	2	27. 28.		0	1	2		c. Nausea, feels sick
	=		don't include sweets (describe):	0	1	2		 d. Problems with eyes (not if corrected by glasses (describe):
				0	1	2		e. Rashes or other skin problems
4	2	29.	Fears certain animals, situations, or places,	0	1	2		f. Stomachaches or cramps
•	-	23.	other than school (describe):	0	1	2		g. Vomiting, throwing up
				0	1	2		h. Other (describe)
1	2	30.	Fears going to school					(
1	4	30.	rears going to school	- 1				

1

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	0 =	Not tr	ue (as	far as you know) 1 = Somewhat o	or Som	etin	nes	True	2 = Very True or Often True
)	1	2 2	57. 58.	Physically attacks people Picks nose, skin, or other parts of body (describe):	0	1	2	84.	Strange behaviour (describe):
					0	1	2	85.	Strange ideas (describe):
)	1	2	59. 60.	Plays with own sex parts in public Plays with own sex parts too much					-
)	1	2	61.	Poor school work	0	1	2	86.	Stubborn, sullen, or irritable
)	1	2	62.	Poorty co-ordinated or clumsy	0	1	2	87.	Sudden changes in mood or feelings
)	1	2	63.	Prefers being with older kids	0	1	2	8 8.	Sulks a lot
)	1	2	64.	Prefers being with younger kids	0	1	2	89.	Suspicious
)	1	2	65.	Refuses to talk	0	1	2	90.	Swearing or obscene language
)	1	2	6 6.	Repeats certain acts over and over,		1	2	91.	Talks about killing self
				compulsions (describe):	0	1	2	92.	Talks or walks in sleep (describe):
0	1	2	67.	Runs away from home	0	1	2	93.	Talks too much
)	1	2	68.	Screams a lot	0	1	2	94.	Teases a lot
0	1	2	69.	Secretive, keeps things to self	١ ,	1	2	95.	Temper tantrums or hot temper
0	1	2	70.	Sees things that aren't there (describe):	Ŏ	1	2	96.	Thinks about sex too much
					١ .	1	2	97.	Threatens people
				×	0	1	2	98.	Thumb-sucking
	10				١.	1	2	99.	Too concerned with neatness or cleanliness
D n	1	2	71. 72.	Self-conscious or easily embarrassed Sets fires	0	i	2	100.	Trouble sleeping (describe):
0	1	2	73.						
						1	2	101.	Truancy, skips school
					0	1		102.	Underactive, slow moving, or lacks energy
0	1	2	74	Showing off or clowning	0	1	2	103. 104.	Unhappy, sad, or depressed Unusually loud
0	1	2	75.	Shy or timid		1	2	105.	Uses alcohol or drugs for non-medical
0	1	2	76.	Sleeps less than most kids	1	·	_		purposes (describe):
0	1	2	77 _e	Sleeps more than most kids during day and/or night (describe):		1	2	106.	Vandalism
		7			1 .				
				•	0	1	2	107. 108.	Wets self during the day Wets the bed
0	1	2	78.	Smears or plays with bowel movements		- 64			
0	1	2 *	79.	Speech problem (describe):	0		2	109. 110.	Whining Wishes to be of opposite sex
					0	1	2	111.	Withdrawn, doesn't get involved with others
_			-00	Ctamp blankh	0	1	2	112.	Worries
0	1	2	80.	Stares blankly				113.	Please write in any problems your child has that
0	1	2	81.	Steals at home					were not listed above
0	1	2	82.	Steals outside the home	1 0	1	2		
0	1	2	83.				_	-	
				(describe):	1 9	1	2	-	
					1 0	1	2		

PLEASE BE SURE YOU HAVE ANSWERED ALL ITEMS

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APPENDIX A.3: THE CHILD HEALTH QUESTIONNAIRE

SECTION 2

This section is to be completed by the parents/caregivers of participating children/adolescents who are aged 6 years or older. If the child who is participating in the study is aged 4 or 5 years, skip this section and commence SECTION 3.

Questions in this section ask about your child/adolescent's general health and well being. Answer the questions by circling the appropriate number 1 2 3 4 5

YOUR CHILD'S GLOBAL HEALTH

1.1. In general, would you say your child's health is:

1 2 3 4 5 Excellent Very good Good Fair Poor

YOUR CHILD'S PHYSICAL ACTIVITIES

The following questions ask about physical activities your child might do during a day.

2.1. During the <u>past 4 weeks</u>, has your child been limited in any of the following activities due to <u>health problems</u>?

		Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a.	Doing things that take a lot of energy, such as playing soccer or running?	1	2	3	4
b.	Doing things that take some energy such as riding a bike or skating?	1	2	3	4
c.	Ability (physically) to get around the neighbourhood, playground, or school?	1	2	3	4
d.	Walking one block or climbing one flight of stairs?	1	2	3	4
e.	Bending, lifting, or stooping?	1	2	3	4
f.	Taking care of him/herself, that is, eating, dressing, bathing, or going to the toilet?	1	2	3	4

YOUR CHILD'S EVERYDAY ACTIVITIES

3.1. During the <u>past 4 weeks</u>, has your child's school work or activities with friends been limited in any of the following ways due to EMOTIONAL difficulties or problems with his/her BEHAVIOUR?

		Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a.	limited in the KIND of schoolwork or activities with friends he/she could do	1	2	3	4
b.	limited in the AMOUNT of time he/she could spend on schoolwork or activities with friends	1	2	3	4
c.	limited in PERFORMING schoolwork or activities with friends (it took extra effort)	1	2	3	4

3.2. During the <u>past 4 weeks</u>, has your child's school work or activities with friends been limited in any of the following ways due to problems with his/her PHYSICAL health?

	6	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a.	limited in the KIND of schoolwork or activities with friends he/she could do	1	2	3	4
b.	limited in the AMOUNT of time he/she could spend on schoolwork or activities with friends	1	2	3	4

_		
- 13	A .	I NJ
ъ.	~	

			PA	IN				
l.1. Du	ring the <u>p</u>	ast 4 weeks, how <u>m</u>	uch bodily pai	in or disc	omfort ha	s your child had	1?	
l		2	3	4		5	6	
Vone		Very mild	Mild	Mod	lerate	Severe		ery sever
1.2. Du	ıring the <u>p</u>	ast 4 weeks, how of	<u>ften</u> has your c	child had	bodily pai	in or discomfort	?	
l		2	3	4		5	6	
None of	f the	Once or twice	A few times	s Fair	rly often	Very often		ery/alm ery day
			DELLA	WOID				
				VIOUR				
			BEHA					
	Below is a	list of items that d		en's behav	iour or p	roblems they so	metimes ha	ve.
			escribe childre					ve.
		list of items that d	escribe childre					ve.
	ow often d		escribe childre e <u>eks</u> did each o					
5.1. Ho	ow often d	uring the <u>past 4 we</u>	escribe childre e <u>eks</u> did each o	f the foll o	wing state Fairly	ements describe	your Almost	
5.1. H daa.	ow often do child?	uring the past 4 we	escribe childre e <u>eks</u> did each o	f the follo ery den	wing state Fairly Often	ements describe Sometimes	Almost Never	Never
5.1. Ho	ow often de child? argued a lo	uring the past 4 we be	escribe childre e <u>eks</u> did each o	f the follo ery iten	Fairly Often	ements describe Sometimes	Almost Never	Never
5.1. Ho a. b.	ow often dechild? argued a lot had difficution paying a lied or che	uring the past 4 we be	escribe childre eeks did each o V	f the follo ery iten 1	Fairly Often 2	Sometimes 3 3	Almost Never 4 4	Never
5.1. Ho a. b. c.	ow often dechild? argued a letter or paying a lied or che stole thing	uring the past 4 we of lty concentrating attention	escribe childre eeks did each o V	f the followery fiten 1	Fairly Often 2 2	Sometimes 3 3	Almost Never 4 4	Never 5 5 5
5.1. Ho a. b. c. d.	argued a loo had difficu or paying a lied or che stole thing	ot Ity concentrating attention ated s inside or outside the	escribe childre eeks did each o	f the followery then 1 1 1	Fairly Often 2 2 2 2	Sometimes 3 3 3 3	Almost Never 4 4 4 4	Never 5 5 5 5 5
5.1. Ho a. b. c. d.	argued a loo had difficu or paying a lied or che stole thing	ot Ity concentrating attention ated s inside or outside the or a hot temper	escribe childre eeks did each o	f the followery then 1 1 1	Fairly Often 2 2 2 2 2 2 4 would y	Sometimes 3 3 3 3	Almost Never 4 4 4 4	Never 5 5 5 5 5

WELL-BEING

The following phrases are about children's moods.

6.1. During the past 4 weeks, how much of the time do you think your child:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. felt like crying?	1	2	3	4	5
b. felt lonely?	1	2	3	4	5
c. acted nervous?	1	2	3	4	5
d. acted bothered or upset?	1	2	3	4	5
e. acted cheerful?	1	2	3	4	5

SELF-ESTEEM

The following asks about your child's satisfaction with self, school, and others. It may be helpful if you keep in mind how other children your child's age might feel about these areas.

7.1. During the past 4 weeks, how satisfied do you think your child has felt about:

*	Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
a. his/her school ability?	1	2	3	4	5
b. his/her athletic ability?	1	2	3	4	5
c. his/her friendships?	1	2	3	4	5
d. his/her looks/appearance?	1	2	3	4	5
e. his/her family relationships?	1	2	3	4	5
f. his/her life overall?	1	2	3	4	5

YOUR CHILD'S HEALTH

The following statements are about health in general.

8.1. How true or false is each of these statements for your child?

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. My child seems to other children I kr		1	2	3	4	5
b My child has neve	r been seriously ill.	1	2	3	4	5
c. When there is som	nething going around my nes it.	1	2	3	4	5
d. I expect my child	will have a very healthy life.	1	2	3	4	5
-	at my child's health than other at their children's health.	1	2	3	4	5

8.2. Compared to one year ago, how would you rate your child's health now:

1	2	3	4	5
Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same now as 1 year ago	Somewhat worse now than 1 year ago	Much worse now than 1 year ago

YOU AND YOUR FAMILY

9.1. During the <u>past 4 weeks</u>, how MUCH emotional worry or concern did each of the following cause YOU?

	None at all	A little bit	Some	Quite a bit	A lot
a. Your child's physical health	1	2	3	4	5
b. Your child's emotional well-being or behaviour	ï	2	3	4	5
c. Your child's attention or learning abilities	1	2	3	4	5

9.2. During the <u>past 4 weeks</u>, were you LIMITED in the amount of time YOU had for your own needs because of:

	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
a. Your child's physical health?	1	2	3	4
b. Your child's emotional well-being or behaviour?	1	2	3	4
c. Your child's attention or learning abilities?	1	2	3	4

9.3. During the past 4 weeks, how often has your child's health or behaviour:

		Very often	Fairly often	Sometimes	Almost never	Never
a.	limited the types of activities you could do as a family?	Ī	2	3	4	5
b.	interrupted various everyday family activities (eating meals, watching TV)?	1	2	3	4	5
c.	limited your ability as a family to "pick up and go" on a moment's notice?	1	2	3	4	5
d.	caused tension or conflict in your home?	1	2	3	4	5
e.	been a source of disagreements or arguments in your family?	1	2	3	4	5
f.	caused you to cancel or change plans (personal or work) at the last minute?	1	2	3	4	5

9.4. Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. In general, how would you rate your family's ability to get along with one another?

1	2	3	4	5
Excellent	Very good	Good	Fair	Poor

APPENDIX B: CHILD BEHAVIOR CHECKLIST ITEM SCORES

Table B.1
Effect Size Statistics (d) for Differences between Male Subtypes and Non-ADHD Controls for CBCL Scales

Scale Scales	Inattentive	Hyp-Imp	Combined
	(I)	(HI)	(C)
Total Problems	1.11	1.67	2.64
Externalising	0.84	1.71	2.77
Internalising	0.81	0.87	1.40
Withdrawn	0.86	0.85	1.31
Somatic Complaints	0.47	0.42	0.62
Anxious/Depressed	0.71	0.86	1.41
Social Problems	1.15	1.16	2.12
Thought Problems	0.67	0.95	1.41
Attention Problems	1.64	1.96	2.97
Delinquent Behavior	0.69	1.05	2.28
Aggressive Behavior	0.82	1.80	2.71

Table B.2

Effect Size Statistics (d) for Differences between Male Subtypes for CBCL Scales

Scale	Combined versus Inattentive	Combined versus Hyper-Impulsive	Hyper-Impulsive versus Inattentive
CBCL Scales			
Total Problems	1.05	0.65	0.37
Externalising	1.46	0.79	0.73
Internalising	0.36	0.35	0.01
Withdrawn	0.26	0.30	-0.03
Somatic Complaints	0.09	0.15	-0.05
Anxious/Depressed	0.45	0.35	0.08
Social Problems	0.59	0.52	0.00
Thought Problems	0.31	0.28	0.06
Attention Problems	0.87	0.59	0.20
Delinquent Behavior	1.13	0.81	0.30
Aggressive Behavior	1.45	0.70	0.80

Table B.3
Effect Size Statistics (d) for Differences between Female Subtypes and Non-ADHD Controls for CBCL Scales

a i	-	TY Y	0 1: 1
Scale	Inattentive	Hyp-Imp	Combined
	(I)	(HI)	(C)
m . 1 m . 1 1	1.00	1 47	2.54
Total Problems	1.80	1.47	2.54
Externalising	1.14	1.83	2.63
Internalising	1.48	0.44	1.46
Withdrawn	1.34	0.28	1.09
Somatic Complaints	0.58	0.12	1.10
Anxious/Depressed	1.60	0.62	1.46
Social Problems	1.75	0.56	1.70
Thought Problems	0.96	0.29	1.35
Attention Problems	2.43	1.39	2.86
Delinquent Behavior	1.08	1.37	1.79
Aggressive Behavior	1.06	1.82	2.68

Table B.4
Effect Size Statistics (d) for Differences between Female Subtypes for CBCL Scales

Scale	Combined versus	Combined versus	Inattentive versus	
	Inattentive	Hyper-Impulsive	Hyper-Impulsive	
Total Problems	0.50	0.69	0.27	
Externalising	0.92	0.52	-0.46	
Internalising	-0.01	0.65	0.77	
Withdrawn	-0.17	0.62	0.73	
Somatic Complaints	0.40	0.79	0.41	
Anxious/Depressed	-0.08	0.47	0.63	
Social Problems	-0.06	0.68	0.68	
Thought Problems	0.21	0.58	0.47	
Attention Problems	0.24	1.10	0.76	
Delinquent Behavior	0.39	0.24	-0.16	
Aggressive Behavior	1.05	0.58	-0.56	

Table B.5
Mean (SD) Scores for CBCL Delinquent Behavior Items for Female Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & significant subtype
1000	(I)	(HI)	(C)	differences
		0.50.60.0	0.50 (0.0)	1.0
Does not feel guilty	0.49 (0.7)	0.60(0.8)	0.78 (0.8)	1.3
Keeps bad company	0.17 (0.4)	0.35 (0.6)	0.26 (0.4)	1.3
Lying and cheating	0.47 (0.5)	0.70(0.7)	0.70(0.8)	0.9
Prefers being with older kids	0.63 (0.7)	0.70(0.7)	0.57 (0.7)	0.2
Runs away from home	0.06 (0.2)	0.00(0.0)	0.00(0.0)	1.5
Sets fires	0.06 (0.2)	0.05 (0.2)	0.12 (0.4)	0.4
Steals at home	0.17 (0.4)	0.15 (0.4)	0.32 (0.6)	1.1
Steals outside home	0.08(0.3)	0.10(0.3)	0.04 (0.2)	0.3
Swears	0.25 (0.6)	0.25 (0.4)	0.56 (0.8)	2.4
Thinks about sex too much	0.13 (0.4)	0.10(0.3)	0.21 (0.6)	0.4
Truant	0.04 (0.2)	0.00(0.0)	0.00(0.0)	0.9
Uses alcohol or drugs	0.02 (0.1)	0.00(0.0)	0.00(0.0)	0.5
Vandalism	0.04 (0.2)	0.00(0.0)	0.04 (0.2)	0.4

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

Table B.6 Mean (SD) Scores for CBCL Delinquent Behavior Items for Male Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & significant subtype
	(I)	(HI)	(C)	differences
Does not feel guilty	0.41 (0.5)	0.60 (0.7)	0.91 (0.7)	9.6*** C>HI & I
Keeps bad company	0.34 (0.6)	0.32 (0.5)	0.81 (0.7)	13.3*** C>HI & I
Lying and cheating	0.36 (0.5)	0.48(0.5)	0.77 (0.7)	10.1^{***} C > HI & I
Prefers being with older kids	0.50 (0.6)	0.63 (0.7)	1.00 (0.8)	5.7** C > I
Runs away from home	0.09(0.3)	0.00(0.0)	0.09(0.3)	1.9
Sets fires	0.05 (0.2)	0.13 (0.3)	0.19 (0.5)	$3.6*^{\dagger}$ C > I
Steals at home	0.12 (0.4)	0.18 (0.4)	0.40 (0.6)	8.5*** C > HI & I
Steals outside home	0.05 (0.2)	0.03 (0.2)	0.25 (0.5)	9.3*** [†] C>HI & I
Swears	0.33 (0.6)	0.38 (0.5)	0.73 (0.8)	8.5*** [†] C>HI & I
Thinks about sex too much	0.00(0.0)	0.05 (0.2)	0.12 (0.4)	$4.5*^{\dagger}$ C > I
Truant	0.05 (0.3)	0.00(0.0)	0.03 (0.2)	0.7
Uses alcohol or drugs	0.00(0.0)	0.03 (0.2)	0.03 (0.2)	1.5
Vandalism	0.05 (0.2)	0.10(0.3)	0.13 (0.4)	1.9

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

[†] homogeneity of variance assumption violated. * p < .05. ** p < .01. *** p < .001.

Table B.7 Mean (SD) Scores for CRCL Aggressive Behavior Items for Male Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & significant subtype
	(I)	(HI)	(C)	differences
Argues	1.08 (0.6)	1.36 (0.6)	1.52 (0.7)	10.1*** C > I
Brags	0.44 (0.6)	0.70 (0.7)	0.87 (0.7)	8.7** C>I
Cruelty, bullying, or meanness	0.20 (0.4)	0.38 (0.6)	0.78 (0.7)	$21.1***^{\dagger} C > HI \& I$
Demands attention	0.71 (0.7)	1.26 (0.7)	1.39 (0.7)	20.0*** C & HI > I
Destroys own things	0.32 (0.6)	0.33 (0.6)	0.80 (0.7)	13.0*** C > HI & I
Destroys things belonging to others	0.25 (0.5)	0.38 (0.6)	0.73 (0.7)	13.5*** C > HI & I
Disobedient at home	0.85 (0.6)	1.00 (0.5)	1.24 (0.6)	9.3*** C > I
Disobedient at school	0.42 (0.6)	0.46 (0.5)	1.00 (0.7)	18.1*** C > HI & I
Jealous	0.43 (0.6)	0.63 (0.7)	0.88(0.8)	8.6*** [†] C > I
Fights	0.15 (0.4)	0.28 (0.5)	0.76 (0.8)	24.3*** [†] C > HI & I
Physically attacks people	0.17 (0.4)	0.18 (0.4)	0.43 (0.6)	7.1** C > HI & I
Screams a lot	0.24 (0.5)	0.41 (0.5)	0.54 (0.7)	5.1** [†] C > I
Shows off	0.61 (0.6)	1.08 (0.7)	1.24 (0.7)	14.6*** C & HI > I
Stubborn	0.69 (0.7)	0.80 (0.7)	1.09 (0.8)	3.7* C > I
Sudden changes in mood	0.50 (0.7)	0.72 (0.8)	1.04 (0.8)	11.9*** C>I
Talks too much	0.41 (0.6)	1.28 (0.7)	1.15 (0.7)	36.3*** C & HI > I
Teases a lot	0.34 (0.6)	0.60 (0.7)	0.67 (0.7)	6.3** [†] C>I
Temper tantrums	0.56 (0.7)	0.88 (0.8)	1.22 (0.8)	16.6*** C > HI & I
Threatens people	0.17(0.4)	0.28 (0.5)	0.40 (0.6)	4.4* C>I
Unusually loud	0.27 (0.5)	0.80 (0.7)	0.90 (0.8)	21.4*** C & HI > I

Note: Ratings for items as follows: 0 = ``not true''; 1 = ``somewhat or sometimes true''; 2 = ``very true or often true''.

† homogeneity of variance assumption violated.

* p < .05. ** p < .01. *** p < .001.

Table B.8 Moon (SD) Sagras for CPCI Aggressive Rehavior Items for Female Subtynes

Item	Inattentive	Hyp-Imp	Combined		ignificant subtype
	(I)	(HI)	(C)		differences
Argues	1.17 (0.7)	1.15 (0.7)	1.70 (0.5)	6.2**	C > HI & I
Brags	0.44 (0.6)	0.35 (0.5)	0.65 (0.7)	1.4	
Cruelty, bullying, or meanness	0.15 (0.4)	0.40 (0.5)	0.56 (0.7)	5.3** †	C > I
Demands attention	0.81 (0.7)	1.35 (0.7)	1.52 (0.7)	9.8***	C & HI > I
Destroys own things	0.15 (0.5)	0.35 (0.6)	0.48(0.7)	3.1*	C > I
Destroys things belonging to others	0.29(0.5)	0.30 (0.6)	0.48(0.7)	0.9	
Disobedient at home	0.75 (0.6)	1.00 (0.5)	1.26 (0.6)	5.8***	C > I
Disobedient at school	0.21 (0.5)	0.16(0.4)	0.50 (0.6)	3.4*	
fealous	0.67(0.7)	0.95 (0.8)	1.17 (0.8)	4.0*	C > I
Fights	0.10 (0.3)	0.20 (0.4)	0.35 (0.8)	1.8	
Physically attacks people	0.13 (0.4)	0.15 (0.4)	0.21 (0.5)	0.3	
Screams a lot	0.31 (0.6)	0.30 (0.7)	0.72 (0.8)	3.4*	C > I
Shows off	0.60 (0.6)	1.00 (0.6)	1.00 (0.8)	3.0	
Stubborn	0.85 (0.7)	0.75 (0.6)	1.00 (0.8)	0.8	
Sudden changes in mood	0.69 (0.7)	0.50 (0.6)	0.92 (0.9)	1.8 [†]	
Talks too much	0.69 (0.7)	1.45 (0.6)	1.29 (0.7)	10.4***	C & HI > I
Teases a lot	0.25 (0.4)	0.55 (0.7)	0.63 (0.8)	3.9* †	C > I
Femper tantrums	0.58 (0.8)	0.70 (0.7)	1.13 (0.9)	3.8*	C > I
Threatens people	0.08 (0.3)	0.20 (0.4)	0.25 (0.6)	1.3	
Unusually loud	0.42 (0.6)	0.90(0.9)	1.00 (0.8)	6.1**	C & HI > I

Note: Ratings for items as follows: 0 = ``not true''; 1 = ``somewhat or sometimes true''; 2 = ``very true or often true''.

† homogeneity of variance assumption violated.

* p < .05. ** p < .01. *** p < .001.

Table B.9 Mean (SD) Scores for CBCL Anxious Depressed Items for Male Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & s	ignificant subtype
	(I)	(HI)	(C)		differences
Lonely	0.30 (0.6)	0.40 (0.6)	0.64 (0.7)	6.0**	C > I
Cries a lot	0.29 (0.6)	0.38 (0.7)	0.44 (0.6)	1.3	
Fears might do something bad	0.13 (0.4)	0.10(0.4)	0.16 (0.4)	0.4	
Has to be perfect	0.31 (0.6)	0.38 (0.6)	0.30 (0.6)	0.3	
No one loves him/her	0.40 (0.6)	0.48 (0.7)	0.69 (0.7)	3.2*	C> I
Others out to get him/her	0.26 (0.5)	0.28 (0.5)	0.57 (0.7)	6.5** [†]	C > HI & I
Worthless or inferior	0.40 (0.6)	0.33 (0.6)	0.51 (0.7)	1.3	
Nervous, highstrung or tense	0.26 (0.5)	0.60(0.7)	0.58 (0.7)	7.8** [†]	C & HI > I
Fearful or anxious	0.21 (0.5)	0.23 (0.5)	0.33 (0.6)	1.3	
Feels too guilty	0.09 (0.3)	0.05 (0.3)	0.10 (0.4)	0.3	
Self-conscious or easily embarrassed	0.63 (0.6)	0.35 (0.6)	0.78 (0.7)	5.2**	C > HI
Suspicious	0.12 (0.4)	0.15(0.5)	0.33 (0.6)	4.1* [†]	C > I
Unhappy, sad, or depressed	0.42 (0.6)	0.40 (0.6)	0.63 (0.7)	2.7	
Worries	0.50 (0.6)	0.56 (0.7)	0.58 (0.7)	0.4	

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true". † homogeneity of variance assumption violated. * p < .05. ** p < .01.

Table B.10

Mean (SD) Scores for CBCL Withdrawn Items for Male Subtypes

Item	Inattentive	Hyp-Imp (HI)	Combined	F & significant subtype
	(I)		(C)	differences
Rather be alone	0.30 (0.5)	0.50 (0.6)	0.54 (0.7)	3.9* C>I
Refuses to talk	0.20(0.5)	0.20 (0.4)	0.39 (0.6)	3.2* C > I
Secretive	0.33 (0.6)	0.30 (0.6)	0.44 (0.6)	1.0
Shy or timid	0.52 (0.6)	0.35 (0.6)	0.22 (0.4)	6.0^{**} † $I > C$
Stares	0.26 (0.5)	0.20 (0.5)	0.33 (0.6)	0.8
Sulks a lot	0.40 (0.6)	0.55 (0.7)	0.69 (0.7)	4.0* C > I
Underactive	0.30 (0.5)	0.08(0.3)	0.21 (0.5)	3.1* I>HI
Unhappy, sad or depressed	0.42 (0.6)	0.40(0.6)	0.63 (0.7)	2.7
Withdrawn	0.22(0.5)	0.21(0.5)	0.25 (0.5)	0.2

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

Table B.11

Mean (SD) Scores for CBCL Somatic Complaint Items for Male Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & significant subtype
	(I)	(HI)	(C)	differences
Dizzy	0.09 (0.3)	0.10 (0.3)	0.09 (0.3)	0.0
Tired	0.39 (0.6)	0.23 (0.4)	0.49 (0.6)	2.8
Aches or pains	0.20 (0.4)	0.13 (0.4)	0.23 (0.5)	0.7
Headaches	0.36 (0.6)	0.35 (0.6)	0.33 (0.5)	0.1
Nausea	0.15 (0.4)	0.25 (0.5)	0.17 (0.4)	0.9
Problems with eyes	0.05 (0.2)	0.02(0.2)	0.09 (0.3)	1.0
Rashes or skin problems	0.14 (0.4)	0.18(0.4)	0.21 (0.5)	0.6
Stomaches or cramps	0.20(0.4)	0.13 (0.4)	0.15 (0.4)	0.5
Vomiting	0.08 (0.3)	0.13 (0.3)	0.08 (0.3)	0.3

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

[†] homogeneity of variance assumption violated.

^{*} p < .05. ** p < .01.

Table B.12

Mean (SD) Scores for CBCL Anxious Depressed Items for Female Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & significant subtype
	(I)	(HI)	(C)	differences
Lonely	0.66(0.7)	0.50 (0.6)	0.65 (0.7)	0.4
Cries a lot	0.47 (0.6)	0.20(0.4)	0.56 (0.8)	2.0 †
Fears might do something bad	0.17 (0.4)	0.10(0.3)	0.14 (0.4)	0.3
Has to be perfect	0.50 (0.5)	0.25 (0.4)	0.35 (0.5)	2.0
No one loves him/her	0.60 (0.6)	0.40 (0.5)	0.74 (0.8)	1.6 [†]
Others out to get him/her	0.42 (0.6)	0.20(0.4)	0.22 (0.4)	1.9
Worthless or inferior	0.52 (0.5)	0.20 (0.4)	0.36 (0.5)	3.0
Nervous, highstrung or tense	0.46 (0.7)	0.50 (0.6)	0.61 (0.8)	0.4
Fearful or anxious	0.31 (0.5)	0.20 (0.4)	0.35 (0.6)	0.5
Feels too guilty	0.25 (0.5)	0.15 (0.6)	0.09(0.3)	1.3
Self-conscious or easily embarrassed	0.75 (0.7)	0.40 (0.5)	0.64 (0.8)	1.7
Suspicious	0.25 (0.5)	0.20 (0.5)	0.32 (0.6)	0.3
Unhappy, sad, or depressed	0.67 (0.6)	0.30 (0.5)	0.63 (0.7)	2.7
Worries	0.79 (0.7)	0.35 (0.6)	0.65 (0.8)	2.9

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

† homogeneity of variance assumption violated.

Table B.13 Mean (SD) Scores for CBCL Withdrawn Items for Female Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & s	ignificant subtype
	(I)	(HI)	(C)		differences
Rather be alone	0.48 (0.6)	0.20 (0.4)	0.43 (0.6)	1.8	
Refuses to talk	0.35 (0.6)	0.20 (0.4)	0.12(0.3)	2.1	
Secretive	0.48 (0.5)	0.25 (0.6)	0.36 (0.6)	1.3	
Shy or timid	0.54 (0.6)	0.30 (0.5)	0.48 (0.7)	1.2	
Stares	0.20 (0.5)	0.15 (0.4)	0.24 (0.4)	0.2	
Sulks a lot	0.54 (0.7)	0.40 (0.6)	0.74 (0.8)	1.4	
Underactive	0.31 (0.6)	0.00(0.0)	0.21 (0.5)	3.0	
Unhappy, sad or depressed	0.67 (0.6)	0.30 (0.5)	0.63 (0.7)	2.7	
Withdrawn	0.33 (0.5)	0.05 (0.2)	0.13 (0.3)	3.9* †	I > HI
Note: Ratings for items as follows:	0 = "not true"; 1 = "s	somewhat or son	netimes true"; 2 =	"very true o	r often true".
† homogeneity of variance assumption					
* $p < .05$.					

Table B.14

Mean (SD) Scores for CBCL Somatic Complaint Items for Female Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & significant subtype
	(I)	(HI)	(C)	differences
Dizzy	0.10 (0.4)	0.00 (0.0)	0.09 (0.3)	0.8
Tired	0.50 (0.7)	0.10(0.3)	0.52 (0.7)	3.6* † I > HI
Aches or pains	0.35 (0.6)	0.16 (0.5)	0.39 (0.5)	1.0
Headaches	0.33 (0.6)	0.42 (0.5)	0.48 (0.5)	0.6
Nausea	0.19 (0.4)	0.16 (0.4)	0.35 (0.5)	1.4
Problems with eyes	0.02(0.1)	0.10(0.3)	0.13 (0.3)	1.7
Rashes or skin problems	0.19 (0.4)	0.26 (0.5)	0.39 (0.6)	1.5
Stomaches or cramps	0.40 (0.6)	0.21 (0.4)	0.52 (0.5)	1.8
Vomiting	0.13 (0.3)	0.05 (0.2)	0.22 (0.5)	1.0

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

† homogeneity of variance assumption violated.

^{*} p < .05.

Table B.15
Mean (SD) Scores for CBCL Social Problem Items for Male Subtypes

Item	Inattentive	Hyp-Imp (HI)	Combined (C)	F & significant subtype		
	(I)			differences		
Acts too young for age	0.60 (0.7)	0.70 (0.8)	0.85 (0.8)	2.2		
Clings to adults or too dependent	0.28 (0.5)	0.38 (0.6)	0.60(0.7)	5.9**	C > I	
Doesn't get along with other kids	0.33 (0.5)	0.35 (0.6)	0.73 (0.7)	10.0***	C > HI & I	
Teased a lot	0.53 (0.6)	0.45 (0.7)	0.84 (0.7)	5.6**	C > HI & I	
Not liked by other kids	0.30 (0.5)	0.36 (0.6)	0.54 (0.6)	3.7*	C > I	
Overweight	0.23 (0.6)	0.18(0.5)	0.19 (0.5)	0.2		
Clumsy	0.36 (0.6)	0.35(0.7)	0.57(0.7)	2.4		
Prefers being with younger kids	0.50(0.6)	0.36 (0.6)	0.58 (0.7)	1.6		

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

Table B.16
Mean (SD) Scores for CBCL Social Problem Items for Female Subtypes

Item	Inattentive	Hyp-Imp (HI)	Combined	F & significant subtype		
	(I)		(C)	differences		
Acts too young for age	0.63 (0.8)	0.15 (0.4)	0.81 (0.8)	4.5* [†]	C & I > HI	
Clings to adults or too dependent	0.60(0.7)	0.35 (0.6)	0.70 (0.8)	1.3		
Doesn't get along with other kids	0.48 (0.6)	0.30 (0.6)	0.48 (0.6)	0.7		
Teased a lot	0.79(0.7)	0.50 (0.6)	0.48 (0.7)	2.2		
Not liked by other kids	0.38 (0.6)	0.20(0.4)	0.43 (0.7)	1.0		
Overweight	0.23 (0.5)	0.15 (0.5)	0.13 (0.5)	0.4		
Clumsy	0.52(0.7)	0.15(0.4)	0.48 (0.7)	2.5		
Prefers being with younger kids	0.60(0.6)	0.30 (0.6)	0.60(0.7)	1.7		

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

^{*} p < .05. ** p < .01. *** p < .001.

[†] homogeneity of variance assumption violated.

^{*} p < .05.

Table B.17
Mean (SD) Scores for CBCL Thought Problem Items for Male Subtypes

Item	Inattentive	Hyp-Imp (HI)	Combined (C)	F & significant subtype	
	(I)			differences	
Can't get mind off certain thoughts	0.16 (0.4)	0.28 (0.6)	0.36 (0.6)	3.1 †	
Hears sounds or voices	0.02(0.1)	0.05 (0.2)	0.06 (0.2)	1.0	
Repeats certain acts	0.15 (0.4)	0.23 (0.5)	0.36 (0.6)	3.2*	C > I
Sees things	0.06 (0.3)	0.05 (0.3)	0.03 (0.1)	0.2	
Stares blankly	0.26 (0.5)	0.20 (0.5)	0.33 (0.6)	0.8	
Strange behavior	0.07 (0.3)	0.11 (0.3)	0.15 (0.4)	1.0	
Strange ideas	0.08 (0.4)	0.02 (0.2)	0.14 (0.4)	1.2	

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

Table B.18

Mean (SD) Scores for CBCL Thought Problem Items for Female Subtypes

Item	Inattentive	Hyp-Imp (HI)	Combined	F & significant subtype differences	
183	(I)		(C)		
Can't get mind off certain thoughts	0.35 (0.7)	0.20 (0.4)	0.39 (0.7)	0.6	
Hears sounds or voices	0.02(0.1)	0.00(0.0)	0.04 (0.2)	0.5	
Repeats certain acts	0.06 (0.3)	0.00(0.0)	0.24 (0.6)	2.6	
Sees things	0.04 (0.2)	0.00(0.0)	0.00 (0.0)	1.0	
Stares blankly	0.21 (0.5)	0.15 (0.4)	0.24 (0.4)	0.2	
Strange behavior	0.13 (0.4)	0.00(0.0)	0.12 (0.4)	0.9	
Strange ideas	0.10(0.3)	0.05 (0.2)	0.16 (0.5)	0.6	

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

[†] homogeneity of variance assumption violated.

^{*}p < .05.

Table B.19 Mean (SD) Scores for CBCL Attention Problem Items for Male Subtypes

Item	Inattentive	Hyp-Imp (HI)	Combined	F & significant subtype		
	(I)		(C)	differences		
Acts too young for age	0.60 (0.7)	0.70 (0.8)	0.85 (0.8)	2.2		
Can't concentrate	1.21 (0.7)	1.03 (0.7)	1.64 (0.5)	14.7*** C > I & HI		
Can't sit still, restless or hyperactive	0.67 (0.7)	1.48 (0.7)	1.67 (0.5)	57.8*** C & HI > I		
Confused or seems to be in a fog	0.34 (0.6)	0.25 (0.5)	0.51 (0.6)	2.9		
Daydreams	0.80(0.7)	0.54 (0.7)	0.94 (0.7)	4.1* C>HI		
Impulsive	0.79 (0.6)	1.18 (0.7)	1.46 (0.6)	24.0*** C & HI > I		
Nervous, highstrung or tense	0.26(0.5)	0.60(0.7)	0.58(0.7)	7.8** C & HI > I		
Nervous movements	0.13 (0.4)	0.28 (0.6)	0.22(0.6)	0.7		
Poor school work	0.78(0.7)	0.38 (0.7)	0.97 (0.8)	8.4** C & I > HI		
Clumsy	0.36 (0.6)	0.36(0.7)	0.57(0.7)	2.4		
Stares blankly	0.26(0.5)	0.20(0.5)	0.33 (0.6)	0.8		

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true". † homogeneity of variance assumption violated. * p < .05. ** p < .01. *** p < .001.

Table B.20

Mean (SD) Scores for CBCL Attention Problem Items for Female Subtypes

Item	Inattentive	Hyp-Imp	Combined	F & significant subtype
	(I)	(HI)	(C)	differences
Acts too young for age	0.63 (0.8)	0.15 (0.4)	0.81 (0.8)	4.5* † C & I > HI
Can't concentrate	1.40 (0.6)	0.80 (0.8)	1.52 (0.6)	8.4*** C & I > HI
Can't sit still, restless or hyperactive	0.67 (0.6)	1.25 (0.6)	1.43 (0.5)	15.0*** C & HI > I
Confused or seems to be in a fog	0.64 (0.6)	0.05 (0.2)	0.30 (0.5)	10.1*** [†] I>HI & C
Daydreams	1.06 (0.5)	0.45 (0.6)	0.96 (0.9)	6.4** [†] I & C > HI
Impulsive	0.83 (0.7)	0.80(0.7)	1.35 (0.6)	5.3** C > I & HI
Nervous, highstrung or tense	0.46 (0.7)	0.50 (0.6)	0.61 (0.8)	0.4
Nervous movements	0.13 (0.4)	0.32 (0.7)	0.32 (0.7)	1.3
Poor school work	0.96 (0.8)	0.15 (0.5)	0.36 (0.6)	$10.8***^{\dagger} I > C \& HI$
Clumsy	0.52 (0.7)	0.15 (0.4)	0.48 (0.7)	2.5
Stares blankly	0.21 (0.5)	0.15 (0.4)	0.24 (0.4)	0.2

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

[†] homogeneity of variance assumption violated. * p < .05. ** p < .01. *** p < .001.

Table B.21
Mean (SD) Scores for CBCL Somatic Complaint Items for Boys and Girls with ADHD
Collapsed across Subtype

Item	Boys (B)	Girls (G)	t & significant
	(n = 208)	(n=91)	differences
Dizzy	0.09 (0.3)	0.08 (0.3)	0.4
Tired	0.39 (0.6)	0.42 (0.6)	-0.4
Aches or pains	0.20 (0.4)	0.32 (0.6)	-1.8
Headaches	0.35 (0.6)	0.39 (0.5)	-0.6
Nausea	0.17 (0.4)	0.22 (0.4)	-0.9
Problems with eyes	0.06 (0.3)	0.07 (0.3)	-0.2
Rashes or skin problems	0.17 (0.4)	0.26 (0.5)	-1.5
Stomaches or cramps	0.17 (0.4)	0.39 (0.5)	-3.5*** G > B
Vomiting	0.08 (0.3)	0.13 (0.4)	-1.1

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true".

Table B.22

Mean (SD) Scores for CBCL Social Problem Items for Boys and Girls with Inattentive Type Item

Boys (B) Girls (G) t & significant (n = 101) (n = 48) differences

	(n=101)	(n=48)	differences	
Acts too young for age	0.60 (0.7)	0.63 (0.8)	-0.2	
Clings to adults or too dependent	0.28 (0.5)	0.60 (0.7)	-2.7**	G > B
Doesn't get along with other kids	0.33 (0.5)	0.48 (0.6)	-1.5	
Teased a lot	0.53 (0.6)	0.79 (0.7)	-2.2*	G > B
Not liked by other kids	0.30 (0.5)	0.38 (0.6)	-0.9	
Overweight	0.23 (0.6)	0.23 (0.5)	-0.7	
Clumsy	0.36 (0.6)	0.52 (0.7)	-1.5	
Prefers being with younger kids	0.48 (0.6)	0.60 (0.6)	-1.2	

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true";

Table B.23

Mean (SD) Scores for CBCL Social Problem Items for Boys and Girls with Hyper-Impulsive Type

Item	Boys (B) (n = 40)	Girls (G) (n = 20)	t & sign differe	
Acts too young for age	0.70 (0.8)	0.15 (0.4)	3.6***	B > G
Clings to adults or too dependent	0.38 (0.6)	0.35 (0.6)	0.2	
Doesn't get along with other kids	0.35 (0.6)	0.30 (0.6)	0.3	
Teased a lot	0.45 (0.7)	0.50 (0.6)	-0.3	
Not liked by other kids	0.36 (0.6)	0.20(0.4)	1.1	
Overweight	0.18(0.5)	0.15(0.5)	0.2	
Clumsy	0.35 (0.7)	0.15(0.4)	1.5	
Prefers being with younger kids	0.36 (0.6)	0.30 (0.6)	0.4	

^{***} *p* <.001.

^{2 = &}quot;very true or often true".

^{*} p < .05. ** p < .01.

^{2 = &}quot;very true or often true".

^{***} p <.001.

Table B.24
Mean (SD) Scores for CBCL Social Problem Items for Boys and Girls with Combined Type

Item	Boys (B)	Girls (G)	t & significant	
	(n=67)	(n = 25)	diffe	rences
Acts too young for age	0.85 (0.8)	0.81 (0.8)	0.2	
Clings to adults or too dependent	0.60 (0.7)	0.70 (0.8)	-0.6	
Doesn't get along with other kids	0.73 (0.7)	0.48 (0.6)	1.6	
Teased a lot	0.84 (0.7)	0.48 (0.7)	2.1*	B > G
Not liked by other kids	0.54 (0.6)	0.43 (0.7)	0.7	
Overweight	0.19(0.5)	0.13 (0.5)	0.5	
Clumsy	0.57 (0.7)	0.48 (0.7)	0.5	
Prefers being with younger kids	0.58(0.7)	0.60 (0.7)	-0.1	

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true";

Table B.25
Mean (SD) Scores for CBCL Attention Problem Items for Boys and Girls with Inattentive Type

Item	Boys (B) (n = 101)	Girls (G) (n = 48)	-	nificant ences
Acts too young for age	0.60 (0.7)	0.63 (0.8)	-0.2	
Can't concentrate	1.21 (0.7)	1.40 (0.6)	-1.8	
Can't sit still, restless or hyperactive	0.67 (0.7)	0.67 (0.6)	0.0	
Confused or seems to be in a fog	0.34 (0.6)	0.64 (0.6)	-2.9**	G > B
Daydreams	0.80 (0.7)	1.06 (0.5)	-2.5*	G > B
Impulsive	0.79 (0.6)	0.83 (0.7)	-0.4	
Nervous, highstrung or tense	0.26 (0.5)	0.46 (0.7)	-1.9	
Nervous movements	0.13 (0.4)	0.13 (0.4)	0.1	
Poor school work	0.78(0.7)	0.96 (0.8)	-1.3	
Clumsy	0.36 (0.6)	0.52(0.7)	-1.5	
Stares blankly	0.26(0.5)	0.21(0.5)	0.6	

^{2 = &}quot;very true or often true".

^{*} p < .05.

^{2 = &}quot;very true or often true".

^{*} p < .05. ** p < .01.

Table B.26 Mean (SD) Scores for CBCL Attention Problem Items for Boys and Girls with Hyper-Impulsive Type

Item	Boys (B) $(n = 40)$	Girls (G) (n = 20)	-	mificant rences
Acts too young for age	0.70 (0.8)	0.15 (0.4)	3.6***	B > G
Can't concentrate	1.03 (0.7)	0.80(0.8)	1.1	
Can't sit still, restless or hyperactive	1.48 (0.7)	1.25 (0.6)	1.3	
Confused or seems to be in a fog	0.25 (0.5)	0.05 (0.2)	2.2*	B > G
Daydreams	0.54 (0.7)	0.45 (0.6)	0.5	
Impulsive	1.18 (0.7)	0.80 (0.7)	1.9	
Nervous, highstrung or tense	0.60 (0.7)	0.50 (0.6)	0.5	
Nervous movements	0.28 (0.6)	0.32 (0.7)	-0.2	
Poor school work	0.38 (0.7)	0.15 (0.5)	1.3	
Clumsy	0.35 (0.7)	0.15 (0.4)	1.5	
Stares blankly	0.20 (0.5)	0.15 (0.4)	0.4	

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true";

Table B.27 Mean (SD) Scores for CBCL Attention Problem Items for Boys and Girls with Combined Type

Item	Boys (B)	Girls (G)	t & significant	
	(n = 67)	(n = 25)	diff	erences
Acts too young for age	0.85 (0.8)	0.81 (0.4)	0.2	
Can't concentrate	1.64 (0.5)	1.52 (0.6)	0.9	
Can't sit still, restless or hyperactive	1.67 (0.5)	1.43 (0.6)	1.7	
Confused or seems to be in a fog	0.51 (0.6)	0.30 (0.5)	1.5	
Daydreams	0.94 (0.7)	0.96 (0.9)	-0.1	
Impulsive	1.46 (0.6)	1.35 (0.6)	0.8	
Nervous, highstrung or tense	0.58 (0.7)	0.61 (0.8)	-0.2	
Nervous movements	0.22 (0.6)	0.32 (0.7)	-0.6	
Poor school work	0.97 (0.8)	0.36 (0.6)	3.5***	B > G
Clumsy	0.57 (0.7)	0.48(0.7)	0.5	
Stares blankly	0.33 (0.6)	0.24 (0.4)	0.7	

^{2 = &}quot;very true or often true".

^{*} p < .05. *** p < .001.

^{2 = &}quot;very true or often true".

*** p < .001.

Table B.28
Mean (SD) Scores for CBCL Delinquent Behavior Items for Boys and Girls with ADHD
Collapsed across Subtype

Item	Boys (B)	Girls (G)	t & sign	nificant
Item	(n = 208)	(n=93)	_	ences
Does not feel guilty	0.60 (0.7)	0.59 (0.7)	0.2	
Keeps bad company	0.49 (0.6)	0.23 (0.4)	4.0***	B > G
Lying and cheating	0.51 (0.6)	0.58 (0.6)	-0.8	
Prefers being with older kids	0.67 (0.7)	0.63 (0.7)	0.5	
Runs away from home	0.07 (0.3)	0.03 (0.2)	1.6	
Sets fires	0.11 (0.3)	0.08 (0.3)	0.9	
Steals at home	0.22 (0.5)	0.20(0.5)	0.3	
Steals outside home	0.11 (0.3)	0.08 (0.3)	1.0	
Swears	0.47 (0.7)	0.33 (0.6)	1.7	
Thinks about sex too much	0.05 (0.3)	0.14 (0.5)	-1.8	
Truant	0.03 (0.2)	0.02(0.1)	0.5	
Uses alcohol or drugs	0.01(0.1)	0.01(0.1)	0.3	
Vandalism	0.09 (0.3)	0.03 (0.2)	2.0*	B>G

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true";

Table B.29
Mean (SD) Scores for CBCL Aggressive Behavior Items for Boys and Girls with ADHD
Collapsed across Subtype

Item	Boys (B)	Girls (G)		gnificant
	(n=208)	(n=93)	diff	erences
Argues	1.28 (0.7)	1.30 (0.7)	-0.3	
Brags	0.62 (0.7)	0.48 (0.6)	1.7	
Cruelty, bullying, or meanness	0.42 (0.6)	0.31 (0.6)	1.5	
Demands attention	1.03 (0.8)	1.11 (0.8)	-0.8	
Destroys own things	0.48 (0.7)	0.27 (0.6)	2.6	
Destroys things belonging to others	0.43 (0.6)	0.34 (0.6)	1.2	
Disobedient at home	1.00 (0.6)	0.93 (0.5)	0.9	
Disobedient at school	0.61 (0.7)	0.27 (0.5)	5.0***	B > G
Jealous	0.61 (0.7)	0.86 (0.8)	-2.7**	G > B
Fights	0.37 (0.6)	0.19 (0.4)	2.9**	B > G
Physically attacks people	0.26 (0.5)	0.15 (0.4)	1.8	
Screams a lot	0.37 (0.6)	0.42 (0.7)	-0.6	
Shows off	0.90 (0.7)	0.80(0.7)	1.2	
Stubborn	0.84 (0.7)	0.87 (0.7)	-0.3	
Sudden changes in mood	0.72 (0.8)	0.71 (0.7)	0.1	
Talks too much	0.81 (0.8)	1.01 (0.8)	-2.0*	G > B
Teases a lot	0.50 (0.7)	0.41 (0.6)	1.0	
Temper tantrums	0.84 (0.8)	0.75 (0.8)	0.9	
Threatens people	0.26 (0.5)	0.15 (0.4)	1.8	
Unusually loud	0.57 (0.7)	0.67 (0.8)	-1.1	

^{2 = &}quot;very true or often true".

^{*} *p* < .05. *** *p* < .001.

^{2 = &}quot;very true or often true".

^{*} p < .05. ** p < .01. *** p < .001.

Table B.30 Mean (SD) Scores for CBCL Anxious Depressed Items for Boys and Girls with ADHD

Collapsed across Subtype				
Item	Boys (B)	Girls (G)		gnificant
	(n = 208)	(n = 93)	diffe	erences
Lonely	0.43 (0.6)	0.62 (0.7)	-2.3*	G > B
Cries a lot	0.35 (0.6)	0.43 (0.6)	-1.0	
Fears might do something bad	0.14 (0.4)	0.14 (0.4)	-0.2	
Has to be perfect	0.32 (0.6)	0.41 (0.5)	-1.3	
No one loves him/her	0.50(0.7)	0.59 (0.6)	-1.1	
Others out to get him/her	0.36 (0.6)	0.32 (0.5)	0.7	
Worthless or inferior	0.42 (0.6)	0.41 (0.5)	0.1	
Nervous, highstrung or tense	0.43 (0.6)	0.51 (0.7)	-1.0	
Fearful or anxious	0.25 (0.5)	0.30 (0.5)	-0.7	
Feels too guilty	0.09 (0.3)	0.19 (0.4)	-2.1*	G > B
Self-conscious or easily embarrassed	0.63 (0.7)	0.65 (0.7)	-0.2	
Suspicious	0.19 (0.5)	0.26 (0.5)	-1.1	
Unhappy, sad, or depressed	0.48 (0.6)	0.58 (0.6)	-1.2	
Worries	0.53 (0.6)	0.66 (0.7)	-1.5	

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true";

Table B.31
Mean (SD) Scores for CBCL Withdrawn Items for Boys and Girls with ADHD
Collapsed across Subtype

Item	Boys (B)	Girls (G)	t & significant
	(n = 208)	(n = 93)	differences
Rather be alone	0.41 (0.6)	0.41 (0.6)	0.1
Refuses to talk	0.26 (0.5)	0.26 (0.5)	0.0
Secretive	0.36 (0.6)	0.40 (0.5)	-0.6
Shy or timid	0.39 (0.6)	0.47 (0.6)	-1.1
Stares	0.27 (0.5)	0.20 (0.4)	1.1
Sulks a lot	0.52 (0.7)	0.56 (0.7)	-0.5
Underactive	0.23 (0.5)	0.22 (0.5)	0.2
Unhappy, sad or depressed	0.48 (0.6)	0.58 (0.6)	-1.2
Withdrawn	0.23 (0.5)	0.22 (0.4)	0.2

^{2 = &}quot;very true or often true".

^{*} p < .05.

^{2 = &}quot;very true or often true".

Table B.32 Mean (SD) CBCL Thought Problem Items for Boys and Girls with ADHD Collapsed across Subtype

Item	Boys (B)	Girls (G)	t & significant differences	
	(n = 208)	(n = 93)		
Can't get mind off certain thoughts	0.25 (0.5)	0.33 (0.6)	-1.2	
Hears sounds or voices	0.04 (0.2)	0.02 (0.1)	0.7	
Repeats certain acts	0.23 (0.5)	0.10 (0.4)	2.2*	B > G
Sees things	0.05 (0.3)	0.02 (0.2)	1.1	
Stares blankly	0.27 (0.5)	0.20 (0.4)	1.1	
Strange behavior	0.10 (0.4)	0.10 (0.4)	0.1	
Strange ideas	0.09 (0.4)	0.11 (0.3)	-0.4	

Note: Ratings for items as follows: 0 = "not true"; 1 = "somewhat or sometimes true"; 2 = "very true or often true". * p < .05.

APPENDIX C: CHILD HEALTH QUESTIONNAIRE ITEM SCORES

Table C.1

Effect Size Statistics (d) for Differences between Male Subtypes and Non-ADHD Controls for CHQ Scales

Scale	Inattentive	Hyp-Imp	Combined	
	(I)	(HI)	(C)	
Self-Esteem	0.71	0.40	0.93	
Role/Social Functioning	0.53	0.58	1.72	
Family Activities	0.79	1.43	1.95	
Family Cohesion	0.45	0.34	0.72	
Parent impact - Emotional	1.11	1.16	1.83	
Time Impact on Parents	0.73	0.79	1.54	

Effect Size Statistics (d) for Differences between Male Subtypes for CHQ Scales

Scale	Combined versus Inattentive	Combined versus Hyper-Impulsive	Hyper-Impulsive versus Inattentive
Self-Esteem	0.24	0.51	-0.33
Role/Social Functioning	0.71	0.64	0.02
Family Activities	0.79	0.37	0.43
Family Cohesion	0.24	0.31	-0.10
Parent impact - Emotional	0.53	0.48	0.03
Time Impact on Parents	0.54	0.47	0.03

Table C.3
Effect Size Statistics (d) for Differences between Female Subtypes and Non-ADHD Controls for CHQ scales

Scale	Inattentive	Hyp-Imp	Combined	
	(I)	(HI)	(C)	
Self-Esteem	1.14	0.14	0.64	
Role/Social Functioning	1.62	-0.03	0.96	
Family Activities	1.13	0.68	1.87	
Family Cohesion	0.50	0.41	0.98	
Parent impact - Emotional	1.60	0.25	1.33	
Time Impact on Parents	1.11	0.41	1.57	

Table C.4

Effect Size Statistics (d) for Differences between Female Subtypes for CHO Scales

Scale	Combined versus Inattentive	Combined versus Hyper-Impulsive	Inattentive versus Hyper-Impulsive
Self-Esteem	-0.41	0.46	0.88
Role/Social Functioning	-0.34	0.64	0.90
Family Activities	0.48	0.76	0.35
Family Cohesion	0.34	0.42	0.08
Parent impact - Emotional	0.20	0.80	1.17
Time Impact on Parents	0.28	0.74	0.50

Table C.5

Mean (SD) Scores for CHO Self-Esteem Items for Male Subtypes

Item	Inattentive (I)	Hyp-Imp (HI)	Combined (C)		ignificant subtype differences
Satisfaction with					
school ability	2.62 (1.0)	1.77 (1.0)	2.60 (1.1)	10.2***	I & C > HI
athletic ability	2.22 (1.0)	1.90 (1.0)	2.31 (1.1)	2.0	
friendships	2.16 (0.9)	2.13 (1.3)	2.45 (1.3)	1.6 [†]	
looks/appearance	2.07 (0.9)	1.79 (0.9)	1.14 (1.0)	1.8	
family relationships	1.87 (0.7)	1.95 (0.9)	2.14 (1.1)	1.7 †	
life overall	1.94 (0.9)	2.05 (1.0)	2.26 (1.1)	2.2	

Note: Ratings for items as follows: 1 = "very satisfied"; 2 = "somewhat satisfied"; 3 = "neither satisfied nor dissatisfied";

Table C.6

Mean (SD) Scores for CHQ Self-Esteem Items for Female Subtypes

Item	Inattentive (I)	400		F & significant subtype differences		
Satisfaction with						
school ability	2.66(1.2)	1.45 (0.6)	1.87 (0.9)	10.9*** [†]	I > HI & C	
athletic ability	2.48 (1.0)	1.84 (0.8)	2.04 (0.8)	3.7*	I > HI	
friendships	2.56 (1.2)	1.70 (0.8)	1.82 (0.8)	6.8***	I > HI & C	
looks/appearance	2.40 (1.2)	1.75 (0.8)	2.04 (0.9)	3.0		
family relationships	1.94 (1.2)	1.70 (0.6)	2.13 (1.1)	1.0		
life overall	2.00 (0.9)	1.75 (0.6)	2.17 (1.2)	1.1		

Note: Ratings for items as follows: 1 = "very satisfied"; 2 = "somewhat satisfied"; 3 = "neither satisfied nor dissatisfied";

^{4 = &}quot;somewhat dissatisfied"; 5 = "very dissatisfied"

[†] homogeneity of variance assumption violated.

^{***} p < .001.

^{4 = &}quot;somewhat dissatisfied"; 5 = "very dissatisfied"

[†] homogeneity of variance assumption violated.

^{*} p < .05. *** p < .001.

Table C.7

Mean (SD) Scores for CHQ Role/Social Functioning Items for Male Subtypes

Item	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	F & significant subtype differences
limited in kind of schoolwork or	3.67 (0.7)	3.63 (0.8)	3.09 (1.2)	8.4*** I & HI > C
activities with friends limited in the amount of time spent	3.61 (0.8)	3.62 (0.8)	2.97 (1.2)	10.4*** † I & HI > C
on schoolwork or activities limited in performing school work or activities with friends	3.57 (0.8)	3.59 (0.9)	2.97 (1.1)	9.3*** [†] I & HI > C

Note: Ratings for items as follows: 1 = "yes, limited a lot"; 2 = "yes, limited some"; 3 = "yes, limited a little"; 4 = "no, not limited".

Table C.8

Mean (SD) Scores for CHQ Role/Social Functioning Items for Female Subtypes

Item	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	F & significant subtype differences
limited in kind of schoolwork or activities with friends	3.15 (1.1)	4.00 (0.0)	3.61 (0.7)	7.4** † HI > I
limited in the amount of time spent on schoolwork or activities	3.38 (0.9)	3.84 (0.5)	3.48 (0.9)	2.1
limited in performing school work or activities with friends	3.12 (1.0)	3.89 (0.3)	3.48 (0.9)	5.2** † HI > I

Note: Ratings for items as follows: 1 = "yes, limited a lot"; 2 = "yes, limited some"; 3 = "yes, limited a little"; 4 = "no, not limited".

[†] homogeneity of variance assumption violated

^{***} p <.001.

[†] homogeneity of variance assumption violated.

^{**} p < .01.

Table C.9

Mean (SD) Scores for CHO Family Activity Items for Male Subtypes

(1.0) (H) (1.0) 3.95 (
` /	(1.2) 3.68 (1.3)
` /	(112)	
(1.1) 3.41	(1.2) 3.02 (1.4)	,
(1.1) 3.89	, ,	•
` '	` '	•
(1.1) 3.52	` '	•
((1.2) 3.16 (1.1) 3.52	(1.2) 3.16 (1.2) 2.70 (1.2)

Note: Ratings for items as follows: 1 = "very often"; 2 = "fairly often"; 3 = "sometimes"; 4 = "almost never"; 5 = "never".

Table C.10

Mean (SD) Scores for CHO Family Activity Items for Female Subtypes

Item	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	_	nificant subtype fferences
limited types of family activities	4.04 (1.1)	4.53 (0.9)	3.96 (1.4)	1.5	
interrupted various everyday activities	4.02 (1.1)	3.94 (1.2)	2.96 (1.3)	7.4**	I & HI > C
limited ability of family to "pick up and go"	3.96 (1.1)	4.47 (0.8)	3.67 (1.6)	2.4 †	
caused tension and conflict	3.46 (1.2)	3.72 (0.8)	2.71 (1.2)	4.9*	I & HI > C
been a source of disagreement or arguments	3.60 (1.0)	3.68 (1.1)	3.13 (1.5)	0.7	
caused cancellation or change of plans	4.19 (1.0)	4.74 (0.6)	4.04 (1.3)	2.7 [†]	

Note: Ratings for items as follows: 1 = "very often"; 2 = "fairly often"; 3 = "sometimes"; 4 = "almost never"; 5 = "never".

[†] homogeneity of variance assumption violated. * p < .05. ** p < .01. *** p < .001.

[†] homogeneity of variance assumption violated

^{*} p < .05. ** p < .01.

Table C.11

Mean (SD) Scores for Parent Impact - Emotional Items for Male Subtypes

Item	Inattentive Hyp-Imp (I) (HI)		Combined (C)	F & significant subtype differences		
Child's physical health	1.64 (1.0)	1.74 (1.0)	1.82 (1.2)	0.6		
Child's emotional well-being or behaviour	2.51 (1.3)	2.90 (1.4)	3.40 (1.3)	8.9***	C > I	
Child's attention or learning abilities	3.01 (1.4)	2.59 (1.5)	3.51 (1.4)	5.4**	C > HI	

Note: Ratings for items as follows: 1 = "none at all"; 2 = "a little bit"; 3 = "some"; 4 = "quite a bit"; 5 = "a lot". ** p < .01. *** p < .001.

Table C.12

Mean (SD) Scores for Parent Impact - Emotional Items for Female Subtypes

Item	Inattentive Hyp-Imp (I) (HI)		Combined (C)	F & significant subtype differences		
Child's physical health	1.81 (1.0)	1.32 (0.7)	1.78 (1.3)	1.7		
Child's emotional well-being or behaviour	2.94 (1.3)	2.21 (1.0)	2.91 (1.6)	2.2 [†]		
Child's attention or learning abilities	3.47 (1.2)	1.85 (1.1)	2.91 (1.5)	11.0***	C & I > HI	

Note: Ratings for items as follows: 1 = "none at all"; 2 = "a little bit"; 3 = "some"; 4 = "quite a bit"; 5 = "a lot".

[†] homogeneity of variance assumption violated.

^{***} p <.001.

Table C.13

Mean (SD) Scores for Parent Impact - Time Items for Male Subtypes

Item	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	F & significant subtype differences
Child's physical health	3.78 (0.5)	3.74 (0.7)	3.71 (0.8)	0.3
Child's emotional well-being or behaviour	3.40 (0.9)	3.24 (1.0)	2.77 (1.1)	8.1*** I>C
Child's attention or learning abilities	3.14 (0.9)	3.29 (1.0)	2.68 (1.1)	5.8** I & HI > C

Note: Ratings for items as follows: 1 = "yes, limited a lot"; 2 = "yes, limited some"; 3 = "yes, limited a little"; 4 = "no, not limited".

Table C.14

Mean (SD) Scores for Parent Impact - Time Items for Female Subtypes

Item	Inattentive (I)	Hyp-Imp (HI)	Combined (C)	F & significant subtype differences
Child's physical health	3.69 (0.6)	3.89 (0.5)	3.58 (0.9)	0.3
Child's emotional well-being or behaviour	3.29 (0.9)	3.33 (0.8)	2.83 (1.2)	1.1
Child's attention or learning abilities	3.01 (1.0)	3.63 (0.7)	3.00 (1.1)	3.1

Note: Ratings for items as follows: 1 = "yes, limited a lot"; 2 = "yes, limited some"; 3 = "yes, limited a little"; 4 = "no, not limited".

^{**} p < .01. *** p < .001.

Table C.15
Mean (SD) Scores for CHQ Role/Social Functioning Items for Boys and Girls with Inattentive Type

Item	Boys (B) (n = 96)	Girls (G) (n = 48)		gnificant erences
limited in kind of schoolwork or activities with friends	3.67 (0.7)	3.15 (1.1)	3.0**	B > G
limited in the amount of time spent on schoolwork or activities	3.61 (0.8)	3.38 (0.9)	1.6	
limited in performing school work or activities with friends	3.57 (0.8)	3.17 (1.0)	2.7**	B > G

Note: Ratings for items as follows: 1 = "yes, limited a lot"; 2 = "yes, limited some";

Table C.16
Mean (SD) Scores for CHQ Role/Social Functioning Items for Boys and Girls with Hyper-Impulsive Type

Item	Boys (B) (n = 38)	Girls (G) (n = 19)		mificant rences
limited in kind of schoolwork or activities with friends	3.63 (0.8)	4.00 (0.0)	-2.8**	G > B
limited in the amount of time spent on schoolwork or activities	3.62 (0.8)	3.84 (0.5)	-1.3	
limited in performing school work or activities with friends	3.59 (0.9)	3.89 (0.3)	-1.9	

Note: Ratings for items as follows: 1 = "yes, limited a lot"; 2 = "yes, limited some"; 3 = "yes, limited a little"; 4 = "no, not limited".

Table C.17
Mean (SD) Scores for CHQ Role/Social Functioning Items for Boys and Girls with Combined Type

Item	Boys (B) (n = 66)	Girls (G) (n = 23)		ignificant erences
limited in kind of schoolwork or activities with friends	3.09 (1.2)	3.61 (0.7)	-2.6*	G > B
limited in the amount of time spent on schoolwork or activities	3.00 (1.2)	3.48 (0.9)	-1.9	
limited in performing school work or activities with friends	3.00 (1.1)	3.48 (0.9)	-1.9	

Note: Ratings for items as follows: 1 = "yes, limited a lot"; 2 = "yes, limited some";

^{3 = &}quot;yes, limited a little"; 4 = "no, not limited".

^{**} p < .01.

^{**} p < .01.

^{3 = &}quot;yes, limited a little"; 4 = "no, not limited".

^{*} p < .05.

Table A.18

Mean (SD) Scores for Parent Impact - Emot	tional Items for	r Boys and Gir	els with Inattentive Type
Item	Boys (B)	Girls (G)	t & significant
	(n = 95)	(n = 48)	differences
Child's physical health	1.64 (1.0)	1.81 (1.0)	-1.0
Child's emotional well-being or behaviour	2.51 (1.3)	2.94 (1.3)	-1.9
Child's attention or learning abilities	3.01 (1.4)	3.47 (1.2)	-1.9

Note: Ratings for items as follows: 1 = "none at all"; 2 = "a little bit"; 3 = "some"; 4 = "quite a bit"; 5 = "a lot".

Table C.19

Mean (SD) Scores for Parent Impact - Emotional Items for Boys and Girls with

Hyper-Impulsive Type

Boys (B) (n = 39)	Girls (G) (n = 19)	t & significant differences
1.74 (1.0)	1.32 (0.7)	1.7
2.90 (1.4)	2.21 (1.0)	1.9
2.60 (1.5)	1.85 (1.1)	1.9
	(n = 39) 1.74 (1.0) 2.90 (1.4)	(n = 39) (n = 19) 1.74 (1.0) 1.32 (0.7) 2.90 (1.4) 2.21 (1.0)

Note: Ratings for items as follows: 1 = "none at all"; 2 = "a little bit"; 3 = "some"; 4 = "quite a bit"; 5 = "a lot".

Table C.20

Child's attention or learning abilities

Mean (SD) Scores for Parent Impact - Emot	ional Items fo	r Boys and Gir	ls with Combined Type
Item	Boys (B)	Girls (G)	t & significant
	(n = 65)	(n = 23)	differences
Child's physical health	1.82 (1.2)	1.78 (1.3)	0.1
Child's emotional well-being or behaviour	3.40 (1.3)	2.91 (1.6)	1.4

3.51 (1.4)

2.91 (1.5)

Note: Ratings for items as follows: 1 = "none at all"; 2 = "a little bit"; 3 = "some"; 4 = "quite a bit"; 5 = "a lot".

Table C.21

Mean (SD) Score for CHO Self-Esteem Items for Boys and Girls with Inattentive Type

Item	Boys (B) (n = 95)	Girls (G) (n = 48)		gnificant erences
Satisfaction with				
school ability	2.62 (1.0)	2.66 (1.2)	-0.2	
athletic ability	2.22 (1.0)	2.48 (1.0)	-1.5	
friendships	2.16 (0.9)	2.56 (1.2)	-2.1*	G > B
looks/appearance	2.07 (0.9)	2.40 (1.2)	-1.7	
family relationships	1.87(0.7)	1.94 (1.1)	-0.4	
life overall	1.94 (0.9)	2.00 (0.9)	-0.4	

Note: Ratings for items as follows: 1 = "very satisfied"; 2 = "somewhat satisfied";

Table C.22

Mean (SD) Scores for CHQ Self-Esteem Items for Boys and Girls with Hyper-Impulsive Type

Item	Boys (B) (n = 39)	Girls (G) (n = 20)	t & significant differences
Satisfaction with			
school ability	1.77 (1.0)	1.45 (0.6)	1.6
athletic ability	1.90 (1.0)	1.84 (1.0)	0.2
friendships	2.13 (1.3)	1.70 (0.8)	1.6
looks/appearance	1.79 (0.9)	1.75 (0.8)	0.2
family relationships	1.95 (0.9)	1.70 (0.6)	1.3
life overall	2.05 (1.0)	1.75 (0.6)	1.4

Note: Ratings for items as follows: 1 = "very satisfied"; 2 = "somewhat satisfied";

Table C.23

Mean (SD) Scores for CHO Self-Esteem Items for Boys and Girls with Combined Type

Wiean (SD) Scores for CHQ Sent-Esteem Items for Boys and Girls with Combined Type								
Item	Boys (B)	Girls (G)	t & significat					
	(n = 65)	(n=23)	diff	erences				
Satisfaction with								
school ability	2.60 (1.1)	1.87 (0.9)	2.8**	B > G				
athletic ability	2.31 (1.1)	2.04 (0.8)	1.0					
friendships	2.45 (1.3)	1.83 (0.8)	2.6*	B > G				
looks/appearance	2.14 (1.0)	2.04 (0.9)	0.4					
family relationships	2.14 (1.1)	2.13 (1.1)	0.0					
life overall	2.27 (1.1)	2.17 (1.2)	0.3					

Note: Ratings for items as follows: 1 = "very satisfied"; 2 = "somewhat satisfied";

^{3 = &}quot;neither satisfied nor dissatisfied"; 4 = "somewhat dissatisfied"; 5 = "very dissatisfied"

^{*} p < .05.

^{3 = &}quot;neither satisfied nor dissatisfied"; 4 = "somewhat dissatisfied"; 5 = "very dissatisfied"

^{3 = &}quot;neither satisfied nor dissatisfied"; 4 = "somewhat dissatisfied"; 5 = "very dissatisfied"

^{*} p < .05. ** p < .01.

Table C.24
Mean (SD) Scores for CHQ Family Activity Items for Boys and Girls with ADHD Collapsed

Item	Boys (B) (n = 201)	Girls (G) (n = 91)	t & significant differences
limited types of family activities	4.03 (1.2)	4.12 (1.2)	-0.6
interrupted various everyday activities	3.56 (1.3)	3.72 (1.2)	-1.1
limited ability of family to "pick up and go"	3.92 (1.3)	3.99 (1.2)	-0.4
caused tension and conflict	3.25 (1.2)	3.31 (1.2)	-0.4
been a source of disagreement or arguments	3.44 (1.2)	3.49 (1.2)	-0.4
caused cancellation or change of plans	4.11 (1.2)	4.26 (1.0)	-1.1

Note: Ratings for items as follows: 1 = "very often"; 2 = "fairly often"; 3 = "sometimes"; 4 = "almost never"; 5 = "never".

Table C.25
Mean (SD) Scores for Parent Impact - Time Items for Boys and Girls with ADHD
Collapsed across Subtype

Item	Boys (B) (n = 200)	Girls (G) (n = 91)	t & significant differences
Child's physical health	3.75 (0.6)	3.70 (0.7)	0.6
Child's emotional well-being or behaviour	3.16 (1.0)	3.18 (1.0)	-0.1
Child's attention or learning abilities	3.02 (1.0)	3.15 (1.0)	-1.0

Note: Ratings for items as follows: 1 = "yes, limited a lot"; 2 = "yes, limited some"; 3 = "yes, limited a little"; 4 = "no, not limited".

APPENDIX D: PUBLISHED PAPER

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Validity of DSM-IV ADHD Subtypes in a Nationally Representative Sample of Australian Children and Adolescents

Brian W. Graetz, M Psych (Clin), Michael G. Sawyer, Ph D, Philip Hazell, FRANZCP, Fiona Arney, B Sc (Hons), and Peter Baghurst, Ph D.

Mr B Graetz is a doctoral student in the Department of Psychiatry, University of Adelaide; Dr M Sawyer is an Associate Professor in the Department of Psychiatry, University of Adelaide; Dr P Hazell is a Conjoint Professor of Child & Adolescent Psychiatry, University of Newcastle; Ms F Arney is a Project Manager in the Public Health Research Unit, Women's and Children's Hospital; Dr P Baghurst is Head, Public Health Research Unit, Women's and Children's Hospital.

Corresponding author: Mr BW Graetz,

Research and Evaluation Unit, Women's and Children's Hospital,

77 King William Road, North Adelaide, South Australia, Australia, 5006.

e-mail: brian.graetz@adelaide.edu.au

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Objective: To examine the discriminant validity of *DSM-IV* Attention

Deficit/Hyperactivity Disorder (ADHD) subtypes in a nationally representative sample of Australian youth.

Method: The Diagnostic Interview Schedule for Children (DISC) including symptom specific impairment questions was administered to 3597 parents of children aged 6 to 17 years (response rate=70%). Parents also completed questionnaires assessing children's emotional and behavioral problems and quality of life.

Results: Current DSM-IV ADHD prevalence was 7.5% (6.8% with impairment) with Inattentive types being more common than Hyperactive-Impulsive and Combined types. ADHD was more prevalent among young males and linked to social adversity, particularly for Combined types. Compared to non-ADHD controls, all three ADHD subtypes were rated as having more emotional and behavioural problems and lower psychosocial quality of life, with Combined types consistently rated the most impaired. Combined types received higher ratings than Hyperactive-Impulsive and Inattentive types on externalizing behavior problems, disruption to family activities, and symptom specific impairments with schoolwork and peer-related activities. Inattentive types were rated as having lower self-esteem, more social and school-related problems, but fewer externalizing problems than Hyperactive-Impulsive types.

Conclusion: These findings support the view of *DSM-IV* ADHD subtypes as distinct clinical entities with impairments in multiple domains.

Keywords: Attention Deficit/Hyperactivity Disorder, DSM-IV

Successive editions of the *DSM* have revised the diagnostic criteria and subtyping associated with Attention Deficit/Hyperactivity Disorder (ADHD). Whereas ADHD was viewed as a single diagnostic category in *DSM-III-R* (American Psychiatric Association, 1987) it has been reconceptualised in *DSM-IV* (American Psychiatric Association, 1994) as a 2-dimensional disorder consisting of clustered symptoms of inattention and hyperactivity/impulsivity from which three subtypes can be derived: Predominantly Inattentive Type, Predominantly Hyperactive-Impulsive Type, and Combined Type.

If DSM-IV ADHD subtypes are to have clinical meaning and utility they should be distinguishable by criteria external to the symptomatology that define them (Cantwell and Rutter, 1994). Research investigating differences between the three DSM-IV ADHD subtypes has been predominantly with clinic-referred samples (Eiraldi et al., 1997; Faraone et al., 1998; Lahey et al., 1994; Lahey et al., 1998; McBurnett et al., 1999). These studies have consistently found ADHD subtypes exhibit different patterns of impairment according to symptom dimensions (McBurnett et al., 2000). ADHD subtypes with high levels of inattention (Combined and Inattentive types) exhibit greater academic and school-related impairments while subtypes high in hyperactivity/impulsivity (Combined and Hyperactive-Impulsive types) exhibit greater externalizing behavioral problems. Differences between ADHD subtypes have also been found in some studies for age and gender ratios, with Inattentive types found to be older, and containing proportionally more females than Combined and Hyperactive-Impulsive types (Faraone et al, 1998; Lahey et al, 1994).

Given that only a small proportion of children with ADHD attend clinics (Hoagwood et

al., 2000), and the likely referral bias for those who do attend, it is important to examine whether similar differences between ADHD subtypes are found with non-referred samples. To date, studies of non-referred samples in the United States (Gaub and Carlson, 1997; Willcutt et al., 1999; Wolraich et al., 1996), Germany (Baumgaertel et al., 1995) and Ukraine (Gadow et al., 2000) have found a similar pattern of differences between ADHD subtypes. However, all of these studies have used symptom checklists to identify ADHD subtypes which take into account only current symptomatology and not other essential *DSM-IV* criteria such as symptom duration, symptom onset, pervasiveness, impairment, or exclusion due to other disorders. It is likely these studies overestimate the prevalence of ADHD and, moreover, possibly skew correlates such as gender and age which are important in determining the discriminant validity of ADHD subtypes (Carlson et al., 1999).

The present study aims to examine the discriminant validity of *DSM-IV* ADHD subtypes in a nationally representative sample of Australian children and adolescents aged 6 to 17 years. Three key features distinguish this study from past investigations. First, survey participants were identified via a household survey rather than a school based survey. Second, a standardized diagnostic interview covering key *DSM-IV* criteria was used to identify children with ADHD. Third, a broad range of complimentary measures assessing emotional and behavioral problems, symptom-specific impairment, and quality of life was used to investigate impairment associated with ADHD.

Method

Subjects

The subjects for this study were 3597 children aged 6 to 17 years who participated in the Child and Adolescent Component of the National Survey of Mental Health and Well-being in Australia (Sawyer et al., 2000). The survey utilised a multi-stage probability methodology designed to identify a sample of 4500 Australian children aged 4 to 17 years. 'Clusters' of 10 fully responding households with children in the required age-range were sampled from each of 450 Census Collectors' Districts (CDs) across Australia. The number of CDs sampled within each state or territory was in proportion to the size of the target populations within each region, and were also distributed proportionately across metropolitan and non-metropolitan areas. The participation rate describing the proportion of households that were contacted, identified to contain a child aged 4 to 17 years, and that agreed to participate was 86%. The response rate was somewhat lower at 70% as its calculation took into account the estimated number of non-contacted households that were likely to contain a child between the ages of 4 and 17 years. The major reason for the reduced response rate was that some interviewers contacted new households and conducted interviews before they had completed the specified number of callbacks to households which they had visited earlier and found no one to be at home.

To assess the possibility of bias, the demographic characteristics of the children and families who participated in the study were compared with Australian population figures (based on the 1996 Australian Census). Comparisons included the children's age, gender, family structure, number of children living in the home, whether or not

children were attending school and children's place of birth. Parental (male and female caregiver) characteristics such as age, place of birth, occupation, educational characteristics, labour force status, and weekly income were also compared. Overall, it was found that while adolescents aged 16 to 17 years had been slightly under-sampled, the demographic characteristics of the survey sample in all other areas were highly comparable with the Australian Bureau of Statistics Census figures. Approximately, 8% of the 6 to 17 year olds who participated in the survey had, according to parents, received help for emotional or behavioral problems in the previous 6 months.

Proportionally, more Combined type children had received help (52%) than both the Inattentive (26%) and Hyper-Impulsive (21%) types, who in turn were more likely to have received help than non-ADHD children (6%).

Measures

Mental Disorders

The parent-version of the Diagnostic Interview Schedule for Children Version IV (DISC-IV) was employed to identify *DSM-IV* ADHD subtypes. The DISC-IV is designed for use with children aged 6 to 17 years and it has been shown to have acceptable test-retest reliability (Shaffer et al., 2000). Diagnoses for the present study are based on the most recent algorithms (Version F, February 2001) recommended to identify children with current ADHD except that children and adolescents were not required to meet criteria D (impairment) and criteria E (exclusion due to other disorders). Impairment was not included because one of the main aims of the study was to investigate differences in impairment between subtypes. It was not possible to include criteria E as the survey did not assess a number of disorders "which could better account for ADHD symptoms". Children not meeting the criteria for ADHD were

identified as controls. It is likely that some of these non-ADHD controls had a psychiatric disorder not assessed in the current study. Overall, approximately 11% of the non-ADHD control children had a Child Behavior Checklist Total Problems T Score which fell within the clinical range ($T \ge 60$) (Achenbach, 1991).

Emotional and Behavioral Problems

The CBCL (Achenbach, 1991) is a widely used standardized instrument for the assessment of childhood emotional and behavioral problems. Raw scores were used for the analyses conducted in this study as T scores are scaled differently across gender and age groups.

Symptom Specific Impairment

For children who meet the symptom criteria for ADHD, the DISC-IV assesses six areas where children's ADHD symptoms may impair their functioning. These include annoying or upsetting caregivers and teachers, problems with schoolwork, interference with peer and family activities, and distress to the child with the disorder. In each case, caregivers are asked to rate the level of children's impairment at the time during the last year when the child's symptoms were causing the most problems. Ratings employ a three point scale labelled "a lot of the time/some of the time/hardly ever", or "very bad/bad/not too bad". According to the latest published scoring algorithms for the DISC-IV, children are defined as being impaired if they score at least one severe rating or two intermediate ratings on these questions (Version E, November 2000).

Quality of Life

The 50 item parent version of the Child Health Questionnaire (CHQ-PF50) (Landgraf et

al., 1996) was completed by each child's primary caregiver. The questionnaire assesses the quality of life of children in several domains and also rates the impact of children's problems on their parents and families. The CHQ has been shown to be reliable with high levels of internal consistency on all of the scales. Moreover, the CHQ has been shown to discriminate between clinically-referred ADHD children and 'healthy' controls (Landgraf et al., 1996).

As recommended in the CHQ manual, raw scores on each scale were transformed to a 0-100 scale with higher scores indicating a better quality of life. For the purpose of reporting results in the present study, the names of some CHQ scales were altered to better reflect the items that comprise each scale. The summary names which were changed (with the published names in parentheses) were Pain and Discomfort (Bodily Pain), Physical Activities (Physical Functioning), Emotional Problems (Mental Health), and Behavioral Problems (Behavior).

Analyses

Chi square tests were used to examine differences between groups on categorical variables except for differences on the DISC specific impairment measures where logistic regression analyses were conducted so as to control for subtype differences on social demographic variables. Differences between groups on continuous measures were investigated using Analysis of Variance with *Scheffé* follow-up tests. All analyses were conducted using SAS Version 8 Statistical Software.

Results

Prevalence and Social Demographic Correlates

This survey found the overall prevalence of current *DSM-IV* ADHD to be 7.5% with the Inattentive type being more common than Combined and Hyperactive-Impulsive types $(\chi^2 \ (2) = 32.1, p < .0001)$ (Table 1). Pair wise chi-square tests indicate ADHD to be more prevalent among males in all three subtypes (Inattentive type $\chi^2 \ (1) = 19.0$, p<0001, Hyperactive-Impulsive type $\chi^2 \ (1) = 5.0$, p<03, and Combined type $\chi^2 \ (1) = 28.5$, p<.0001) with the male:female ratio for Combined types being approximately twice that of Hyperactive-Impulsive and Inattentive types. Children (6 to 12 years) were more prevalent in all three ADHD subtypes than adolescents (13 to 17 years) (Inattentive type $\chi^2 \ (1) = 6.6$, p = .02, Hyperactive-Impulsive type $\chi^2 \ (1) = 9.3$, p<.01, and Combined type $\chi^2 \ (1) = 8.8$, p<.01). The control group was older than both Hyperactive-Impulsive and Combined types, and Inattentive types were older than Hyperactive-Impulsive types.

Significant between-group differences were found for family type, household income, age parent left school and parental employment but not for the number of children living in the household. Although all three ADHD subtypes were found to be socially disadvantaged compared to controls on at least one variable, Combined types were most clearly linked to social adversity. Compared to controls, Combined types were more likely to be living in households where there was a single parent, household income was lower, parents had left school earlier, and the percentage of parents in employment was lower. Differences between ADHD subtypes were observed for parent education and parent employment. Parent education was higher for Inattentive and Hyperactive-

Impulsive types than Combined types and percentage of parents in employment was lower for Hyperactive-Impulsive and Combined types than Inattentive types.

Emotional and Behavioral Problems

All three ADHD subtypes scored higher than controls on all CBCL Scales, with the exception that Hyperactive-Impulsive types and Controls did not differ on ratings for Somatic Complaints (Table 2). Differences between ADHD subtypes were not found for two of the Internalizing Scales (Withdrawn and Somatic Complaints) but Combined types received higher scores on the Anxious/Depressed Scale than Inattentive and Hyperactive-Impulsive types and higher scores on the broader Internalizing Scale than Hyperactive-Impulsive types. On all three Externalizing Scales (Aggressive Behavior, Delinquency and Externalizing Behavior) Combined types scored higher than Hyperactive-Impulsive types who in turn scored higher than Inattentive types.

Combined and Inattentive types scored higher than Hyperactive-Impulsive types on Social Problems, and on the Attention Problems Scale, Combined types scored higher than Inattentives who in turn scored higher than Hyperactive-Impulsive types. Finally, Combined types scored higher than both other ADHD subtypes on the Thought Problems and Total Problems Scales.

Symptom Specific Impairment

Table 3 shows the percentage of children from each ADHD subtype exhibiting symptom specific impairment across the domains assessed by the DISC. Impairment ratings are not available for the non-disordered group. Differences between ADHD subtypes were found on all domains except distress to caregiver and interference with family activities. More Combined and Inattentive types were rated as having symptoms

that caused personal distress and annoyance to teachers than Hyperactive-Impulsive types. More Combined types were rated as having symptom specific problems with school-work than Inattentives who, in turn, were having more problems than Hyperactive-Impulsive types. Finally, a higher percentage of Combined types had symptoms which interfered with their peer activities than both Inattentive and Hyperactive-Impulsive types.

The current DISC algorithms indicate that clinically significant impairment (Criteria D) is met if children have at least one severe or two intermediate impairment ratings across any of the six impairment domains. All of the children from the Combined type met this criteria for impairment compared to 93 % of the Inattentive and 86% of the Hyperactive-Impulsive types. If the DISC criteria for impairment was included in case identification the overall prevalence for DSM-IV ADHD would have been 6.8%.

Quality of Life

Few between-group differences were observed on the Physical Health Scales of the CHQ although Inattentive types scored lower than controls on all four Physical Health Scales (General Health Perceptions, Physical Activities, Pain and Discomfort, and Role/Social Functioning due to Physical Health Problems) (Table 4). On all Psychosocial Health Scales the control group scored higher than the three ADHD subtypes indicating a higher quality of life. Differences between ADHD subtypes were observed on all these scales except the Family Cohesion Scale. On the mental health scales, Inattentive and Combined types scored lower on self-esteem than Hyperactive-Impulsive types, and Combined types were rated as having more emotional and behavioral problems than both Hyperactive-Impulsive and Inattentive types. Scores on

the role/social functioning scale due to emotional/behavioral problems indicate that Combined types experience greater limitations in their schoolwork and peer-group activities than Inattentives who in turn experience more limitations than Hyperactive-Impulsive types. Parent reports on the Family Health and Impact on Parents Scales indicate that the problems of Combined types more often disrupted family activities and limited the amount of time parents had for their own personal needs than the problems of Inattentive and Hyperactive-Impulsive types. Finally, Combined and Inattentive types received higher ratings on the emotional impact children's problems had on parents than Hyperactive-Impulsive types.

Discussion

The Child and Adolescent Component of the Australian National Survey of Mental Health and Well-Being found the current prevalence of DSM-IV ADHD to be 7.5% (6.8% with impairment). This figure is lower than ADHD prevalence rates reported in other studies which range between 8 and 20% (Baumgaertel et al., 1995; Gadow et al., 2000; Gaub and Carlson, 1997; Wolraich et al., 1996), but closer to the 3 to 5 % prevalence figure suggested in the DSM-IV (APA, 1994).

The requirement that more DSM-IV criteria be met for ADHD identification in the current study than in past studies (Baumgaertel et al., 1995; Gadow et al., 2000; Gaub and Carlson, 1997; Pineda et al., 1999; Wolraich et al., 1996) clearly contributed to the comparatively low prevalence figure as 14.7% of our sample would be identified as having ADHD based on symptom criteria alone. The only study, to date, to use full

DSM-TV criteria to assess ADHD reported a prevalence figure of 5.8% in Brazilian school children 12 to 14 years (Rhode et al., 1999). This is quite comparable to the 6.8% ADHD prevalence figure found for children 12 to 14 years in the current study. The inclusion of adolescents in the current study also contributed to the comparatively low ADHD prevalence figure as most previous studies restricted their samples to that of young school children, where the prevalence of ADHD is higher (Baumgaertel et al., 1995; Gadow et al., 2000; Gaub and Carlson, 1997; Pineda et al., 1999; Wolraich et al., 1996). For 6 to 12 years olds in this study the prevalence of current ADHD was 9.4%.

Consistent with most previous community-based studies, the current study found Inattentive types (3.7%) to be more common than both Combined (1.9%) and Hyperactive-Impulsive types (1.9%) (Baumgaertel et al., 1995; Gaub and Carlson, 1997; Wolraich et al., 1996). Hyperactive-Impulsive types were also found to be younger than Inattentive types (Lahey et al., 1994; Pineda et al., 1999). Although, males were predominant in all three subtypes the current study found the male:female ratio for Hyperactive (1.7:1) and Combined types (4.6:1) to be, respectively, somewhat lower and higher than previous community based studies (Baumgaertel et al., 1995; Carlson et al., 1997; Wolraich et al., 1996). The use of parent informants in the current study may have contributed to the lower male:female ratio for Hyperactive-Impulsive types as most previous studies have used teacher reports which generally show a greater male predominance for this subtype (Gomez et al., 1999, Pineda et al., 1999). Differences in the male:female ratios were not due to the fact that the ADHD subtypes in the current study had to meet additional DSM-IV criteria as the gender ratios remained the same when we examined those meeting symptom criteria alone.

While all three ADHD subtypes showed some signs of social adversity compared to controls, this link was most evident with Combined types who were disadvantaged on most variables. Few community-based studies have investigated the relationships between social adversity and DSM-IV ADHD subtypes, although Pineda et al. (1999) found ADHD to be more prominent among low socioeconomic status children, particularly for those subtypes with high levels of hyperactive-impulsive symptoms (Combined and Hyperactive-Impulsive types). Studies of referred populations have also found greater social adversity among Combined types (Eiraldi et al., 1997; McBurnett et al., 1999)

Parent reports from the CBCL and CHQ clearly indicate that all three ADHD subtypes exhibit more emotional and behavioral problems and experience a lower psychosocial quality of life compared to non-ADHD children. Overall, similar patterns of discrimination were observed between the three ADHD subtypes across the impairment measures. Most notably, Combined types were rated as showing greater impairment in more domains than Hyperactive-Impulsive and Inattentive types. Combined types were rated as having more externalizing problems (CHQ Behavioral Problems, CBCL Externalizing Behavior Scales) and more problems with their school-work and peer-related activities (DISC symptom impairment, CHQ Role-Social Functioning due to emotional and behavioral problems). The problems of Combined types were also rated as causing greater disruption to family activities (CHQ Family Activities scale) and putting greater limitations on the amount of time parents had for their own personal needs (CHQ Impact on Time Scale) than the problems of Inattentive and Hyperactive-Impulsive types. Finally, Combined types were rated as having more internalizing problems than Hyperactive-Impulsive types (CBCL Internalizing Scale, CHQ

Emotional Problems).

Reports from parents also suggest that Inattentive types were experiencing more difficulties than Hyperactive-Impulsive types in a number of areas. Inattentive type children were rated as having lower self-esteem (CHQ Self-esteem), more social problems (CBCL Social Problems Scales), to be experiencing greater problems in their school-work and to be more annoying to their teachers (DISC symptom impairment) than Hyperactive-Impulsive types. The emotional impact children's problems had on parents was greater for the Inattentive than Hyperactive-Impulsive types (CHQ Emotional Impact). The only area where Hyperactive-Impulsive types were rated as having greater impairment than Inattentive types was in externalizing behavior problems (CBCL Externalizing, Delinquent and Aggressive Behavior Scales). The fact that approximately 7% of Inattentive and 14% of Hyper-Impulsive types did not meet the DISC criteria for clinically significant impairment suggests the possibility that the DSM-IV symptom thresholds for these two subtypes maybe somewhat over-inclusive when applied to non-referred populations.

The overall pattern of impairment found for *DSM-IV* ADHD subtypes in the current study is consistent with that reported by previous community-based studies using symptom checklists to identify ADHD subtypes (Baumgaertel et al., 1995; Gadow et al., 2000; Gaub and Carlson, 1997; Wolraich et al., 1996). As with previous studies, ratings for the three ADHD subtypes in the current study suggest different patterns of impairment according to symptom dimensions (McBurnett et al., 2000). ADHD subtypes with high levels of inattention (Combined and Inattentive types) exhibit greater social and school-related impairments while the subtypes high in

hyperactivity/impulsivity (Combined and Hyperactive-Impulsive types) display more externalizing behavioral problems. If anything, the current study found somewhat greater discrimination between Combined and Hyperactive-Impulsive types with regard to externalizing problems than previous reports, although these studies also observed the trend for greater externalizing behaviors among Combined types (Baumgaertel et al., 1995; Wolraich et al., 1996).

Limitations

There are a number of limitations with the current study. First, there was exclusive reliance on parent reports to identify diagnostic groups as well as social demographic and impairment data. Teacher reports would have been desirable, both to assess the level of parent-teacher agreement regarding symptomatology which current research suggests is relatively low (Gomez et al., 1999; Mitsis, et al., 2000), and to obtain data regarding academic achievement.

Second, while this study was able to assess most of the *DSM-IV* criteria for ADHD it was not able to assess Criteria E, namely whether symptoms were better accounted for by other disorders. Including this criteria in the assessment may have lowered the prevalence of ADHD and perhaps altered the pattern of discrimination found between ADHD subtypes in the current study. For example, the symptoms of some children with ADHD in the current study may be better accounted for by an anxiety disorder which previous research suggests are associated more with Combined and Inattentive types than Hyper-Impulsive types (Wolraich et al., 1996). The lack of control over other disruptive disorders may have also influenced the observed correlates. As previously noted, studies have found that Combined types are more likely to have a

comorbid Disruptive Disorder (Wolraich et al., 1996) and the presence of such a disorder could account for the greater social adversity and poorer functioning reported for this subtype. However, given that this study found Combined types to be more impaired on the DISC symptom specific impairment questions suggests that they may well experience greater problems on the basis of their ADHD symptomatology alone.

Clinical Implications

The findings of the current study strongly support the view that DSM-IV ADHD is associated with pervasive impairments which impact not only on the individual child but also on parents and families. Impairment appears particularly severe for Combined types who were rated as exhibiting greater difficulties in a number of domains. Overall, reports from parents suggest gender, age and impairment differences exist between DSM-IV ADHD subtypes which are consistent with previous studies predominantly based on teacher reports (Baumgaertel et al., 1995; Gaub and Carlson, 1997; Wolraich et al., 1996), and also provide support for the discriminant validity for the current ADHD subtype classification. Although the link between social adversity and ADHD has been previously reported (Biederman et al., 1995; Pineda et al., 1999), the findings of the current study suggest that children from socially disadvantaged backgrounds are more likely to meet the Combined type classification. This is of concern given the severe impairment associated with this subtype. Although longitudinal studies are required to clarify the link between social adversity and disruptive disorders such as ADHD the results of the current study suggest the possibility that intervention efforts aimed at reducing adversity may be required.

- Achenbach TM (1991), Manual for the Child Behavior Checklist/4-18 and 1991

 Profile. Burlington: University of Vermont Department of Psychiatry
- American Psychiatric Association (1987), Diagnostic and Statistical Manual of Mental Disorders, 3rd edition-revised (DSM-III-R). Washington, DC: American Psychiatric Association
- American Psychiatric Association (1994), Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). Washington, DC: American Psychiatric Association
- Baumgaertel A, Wolraich ML, Dietrich M (1995), Comparison of diagnostic criteria for attention deficit disorders in a German elementary school sample. *J Am Acad Child Adolesc Psychiatry* 34:629-638
- Biederman J, Milberger S, Faraone SV, Kiely K, Guite J, Mick E, Ablon S, Warburton R, Reed E (1995), Family-environment risk factors for Attention-Deficit

 Hyperactivity Disorder: A test of Rutter's Indicators of Adversity. *Arch Gen*Psychiatry 52:464-470
- Cantwell DP, Rutter M (1994), Classification: Conceptual issues and substantive findings. In: *Child and Adolescent Psychiatry: Modern Approaches*, Rutter M, Taylor E, Hersov L eds. Oxford, England: Blackwell Scientific Publications, pp 3-21
- Carlson CL, Shin M, Booth J (1999), The case for DSM-IV subtypes in ADHD. Mental

 Retard Dev Dis Res Rev 5:199-206
- Carlson CL, Tamm L, Gaub M (1997), Gender differences in children with ADHD,

 ODD, and co-occurring ADHD/ODD identified in a school population. J Am

 Acad Child Adolesc Psychiatry 36:1706-1714

- Eiraldi RB, Power TJ, Nezu CM (1997), Patterns of comorbidity associated with subtypes of Attention-Deficit/Hyperactivity Disorder among 6- to 12- year-old children. *J Am Acad Child Adolesc Psychiatry* 36:503-514
- Faraone SV, Biederman J, Weber W, Russell RL (1998), Psychiatric,
 neuropsychological, and psychosocial features of DSM-IV subtypes of
 Attention-Deficit/Hyperactivity Disorder: Results from a clinically referred
 sample. J Am Acad Child Adolesc Psychiatry 37:185-193
- Gadow KD, Nolan EE, Litcher L, Carlson GA, Panina N, Golovakha E, Sprafkin J, Bromet EJ (2000), Comparison of Attention-Deficit/Hyperactivity Disorder symptom subtypes in Ukrainian schoolchildren. J Am Acad Child Adolesc Psychiatry 39:1520-1527
- Gaub M, Carlson CL (1997), Behavioral characteristics of DSM-IV ADHD subtypes in a school-based population. *J Abnormal Child Psychol* 25:103-111
- Gomez R, Harvey J, Quick C, Scharer I, Harris G (1999), DSM-IV AD/HD:

 Confirmatory factor models, prevalence, and gender and age differences based on parent and teacher ratings of Australian primary school children. *J Child Psychol Psychiatry* 40:265-274
- Hoagwood K, Kelleher KJ, Feil M, Comer DM (2000), Treatment services for children with ADHD: A national perspective. *J Am Acad Child Adolesc Psychiatry* 39:198-206
- Lahey BB, Applegate B, McBurnett K, Biederman J, Greenhill L, Hynd GW, Barkley RA, Newcorn J, Jensen P, Richters J, Garfinkel B, Kerdyk L, Frick PJ, Ollendick T, Perez D, Hart EL, Waldman I, Shaffer D (1994), DSM-IV field

- trials for Attention Deficit Hyperactivity Disorder in children and adolescents.

 Am J Psychiatry 151:1673-1685
- Lahey BB, Pelham WE, Stein MA, Loney J, Trapani C, Nugent K, Kipp H, Schmidt E,

 Lee S, Cale M, Gold E, Hartung CM, Willcutt E, Baumann B (1998), Validity of

 DSM-IV Attention-Deficit/Hyperactivity Disorder for younger children. J Am

 Acad Child Adolesc Psychiatry 37:695-702
- Landgraf JM, Abetz L, Ware JE (1996), *The CHQ User's Manual*. Boston: The Health Institute, New England Medical Centre
- McBurnett K, Pfiffner LJ, Ottolini YL (2000), Types of ADHD in DSM-IV. In:

 *Attention Deficits and Hyperactivity in Children and Adults, Accardo PJ,

 Blondis TA, Whitman BY, Stein MA, eds. New York: Marcel Dekker, pp 229
 239
- McBurnett K, Pfiffner LJ, Willcutt E, Tamm L, Lerner M, Ottolini YL, Furman MB (1999), Experimental cross-validation of DSM-IV types of Attention-Deficit/Hyperactivity Disorder. J Am Acad Child Adolesc Psychiatry 38:17-24
- Mitsis EM, McKay KE, Schulz KP, Newcorn JH, Halperin JM (2000), Parent-teacher concordance for *DSM-IV* Attention-Deficit/Hyperactivity Disorder in a clinic-referred sample. *J Am Acad Child Adolesc Psychiatry* 39:308-313
- Pineda D, Ardila A, Rosselli M, Arias BE, Henao GC, Gomez LF, Mejia SE, Miranda ML (1999), Prevalence of Attention-Deficit/Hyperactivity Disorder symptoms in 4- to 17-year-old children in the general population. *J Abnormal Child Psychol* 27:455-462
- Rohde LA, Biederman J, Busnello EA, Zimmermann H, Schmitz M, Martins S, Tramontina S (1999), ADHD in a school sample of Brazilian adolescents: A

- study of prevalence, comorbid conditions, and impairments. J Am Acad Child Adolesc Psychiatry 38:716-722
- Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, Nurcombe B, Patton GC, Prior MR, Raphael B, Rey J, Whaites LC, Zubrick SR (2000), *The Mental Health of Young People in Australia*. Canberra: Commonwealth Department of Health and Aged Care
- Shaffer D, Fisher P, Lucas CP, Dulcan MK, Schwab-Stone ME (2000), NIMH

 Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV):

 Description, differences from previous versions, and reliability of some common diagnoses. J Am Acad Child Adolesc Psychiatry 39:28-38
- Willcutt EG, Pennington BF, Chhabildas NA, Friedman MC, Alexander J (1999),

 Psychiatric comorbidity associated with *DSM-IV* ADHD in a nonreferred sample of twins. *J Am Acad Child Adolesc Psychiatry* 38:1355-1362
- Wolraich ML, Hannah JN, Pinnock TY, Baumgaertel A, Brown J (1996), Comparison of diagnostic criteria for Attention-Deficit Hyperactivity Disorder in a county-wide sample. *J Am Acad Child Adolesc Psychiatry* 35:319-324

Table 1
Prevalence and Social Demographic Correlates

Measure	Inattention (I)	Hyper-Impulse (HI)	Combined (C)	Controls (N)	Test Statistic	Pairwise Comparisons
	3.7% (N= 133)	1.9% (N=68)	1.9% (N=67)	92.5% (N=3298)		(sig. at $p < .05$)
Male %	68.4%	63.2%	82.1%	48.1%	$\chi^2 = 55.0**$	C > I & HI > N
Age: % Child (6–12 yrs)	69.2%	76.5%	76.1%	57.2%	$\chi^2 = 26.1**$	I, HI, C > N
% Adoles (13-17 yrs)	30.8%	23.5%	23.9%	42.8%		
Mean (SD) age	11.0 (2.9)	9.4 (3.5)	10.0 (3.0)	11.5 (3.4)	F = 14.2**	N > HI & C; I > HI
Family Type: % Two parent	78.8%	78.8%	67.2%	85.2%	$\chi^2 = 20.8**$	N > I & C
% Sole parent	21.2%	21.2%	32.8%	14.8%		
Mean (SD) No. of Children	2.4 (1.0)	2.6 (1.3)	2.6 (1.1)	2.5 (1.1)	F = 0.6	
H/hold Income^a: % ≥ \$500/wk	70.1%	68.3%	58.1%	76.0%	$\chi^2 = 9.8*$	N > C
% < \$500/wk	29.9%	31.7%	41.9%	24.0%		
Age Parent left school ^b (%<17 yrs)	46.3%	44.1%	65.0%	43.6%	$\chi^2 = 11.2*$	N, I & HI > C
Parental Employment ^c %	80.0%	65.5%	60.0%	83.2%	$\chi^2 = 32.2**$	N & I > HI & C

^{**} p < .0001. * p < .05.

Note: ^aH/hold income refers to gross weekly household income in \$Aus.

^bAge parent left school is based on the parent in the household with the highest level education.

^cParental employment refers to the percentage of households with one or more employed parents.

Table 2
Mean (SD) Child Behavior Checklist Scores

CBCL Scale	Inattentive	Hyper-Impulse	Combined	Controls	F ratio	Pairwise Comparions
	(I)	(HI)	(C)	(N)		(sig. at $p < .05$)
Total Problems	39.6 (25.2)	43.8 (26.9)	62.1 (27.2)	16.1 (16.0)	236.8***	C>HI & I>N
Externalizing	12.7 (9.4)	17.7 (10.0)	26.7 (11.2)	5.7 (6.4)	251.7***	C > HI > I > N
Internalizing	10.3 (9.5)	9.3 (9.0)	12.5 (8.8)	4.7 (5.5)	79.3***	C, I & HI > N; C > HI
Withdrawn	3.6 (3.6)	2.9 (3.1)	3.9 (3.1)	1.4 (2.0)	71.6***	C, HI & I > N
Somatic	2.0 (2.4)	1.8 (2.5)	2.2 (2.2)	1.2 (1.8)	18.2***	C & I > N
Anxious Depressed	5.3 (5.4)	5.0 (5.3)	7.1 (5.6)	2.3 (3.0)	81.4***	C > I & HI >N
Social Problems	4.1 (3.5)	3.2 (3.5)	4.8 (3.1)	1.1 (1.7)	177.4***	C & I > HI > N
Thought Problems	1.2 (1.8)	1.0 (1.4)	1.6 (2.1)	0.2 (0.7)	94.7***	C > HI & I > N
Attention Problems	7.9 (4.3)	6.7 (4.1)	10.5 (3.9)	1.9 (2.6)	380.6***	C > I > HI > N
Delinquent Behavior	2.9 (2.9)	3.9 (4.1)	6.4 (4.0)	1.2 (2.0)	150.0***	C > HI > I > N
Aggressive Behavior	9.8 (7.0)	13.9 (6.7)	20.3 (8.3)	4.5 (4.9)	246.8***	C > HI > I > N

^{***}p < .0001.

Note: F tests controlled for gender, age, family type, household income, parent education and parent employment.

Table 3
Percentage of Children with DISC Symptom Specific Impairment

Impairment Category	Inattentive	Hyper-Impulse	Combined	Significance of	Pairwise Comparisons
	(I)	(HI)	(C)	Group Differences	(sig. at p<.05)
Distress to Caregiver	86.4	88.2	88.1	p = 0.99	
Interfere with Family Activities	30.2	31.8	48.5	p = 0.14	
Interfere with Peer Activities	36.4	28.4	58.2	p = 0.007	C > I & HI
Problems with Schoolwork	61.1	34.3	84.9	p <0.001	C > I > HI
Annoyance to Teachers	70.2	49.3	75.8	p = 0.0015	C & I > HI
Distress to Child	60.8	42.2	63.6	p = 0.032	C & I > HI
Overall Impairment	93.1	85.9	100.0	p < 0.0017	C > I & HI

Note: Logistic Regression Analyses controlled for age, gender, parent education and parent employment.

Table 4

Mean (SD) Child Health Questionnaire Scale Scores

CHQ Scale	Inattentive (I)	Hyper-Impulse (HI)	Combined (C)	Controls (N)	F ratio	Pairwise Comparions (sig. at p < .05)
General Health	70.5 (18.4)	72.9 (15.5)	71.6 (17.6)	77.3 (15.8)	7.9***	N > I
Physical Activities	90.0 (20.5)	93.1 (14.9)	93.8 (17.4)	95.4 (14.7)	5.2*	N > I
Pain and Discomfort	80.0 (22.6)	85.0 (20.6)	83.7 (17.6)	87.5 (17.0)	10.2***	N > I
Mental Health						
Self Esteem	65.0 (18.0)	75.3 (18.6)	66.2 (19.8)	82.4 (17.2)	58.9***	N > HI > I & C
Emotional Problems	75.6 (14.7)	76.1 (16.6)	69.7 (17.7)	85.3 (10.6)	72.5***	N > I & HI > C
Behavioral Problems	62.9 (17.5)	58.7 (17.5)	42.5 (21.6)	84.2 (13.5)	272.7***	N > I & HI > C
Role/Social Functioning (due	to)					
Physical Health	88.0 (26.9)	91.7 (22.0)	96.6 (11.9)	96.1 (14.8)	11.9***	N & C > I
Emot. & Behav. Problems	78.9 (29.8)	86.5 (24.1)	62.3 (35.8)	95.9 (14.5)	120.5***	N>HI>I>C

Table 4

Mean (SD) Child Health Questionnaire Scale Scores (cont)

CHQ Scale	Inattentive	Hyper-Impulse	Combined	Controls	F ratio	Pairwise Comparions
	(I)	(HI)	(C)	(N)		(sig. at $p < .05$)
Family Health						
Family Activities	69.8 (24.1)	67.0 (26.0)	54.9 (26.5)	89.0 (15.8)	139.7***	N > I & HI > C
Family Cohesion	66.2 (23.3)	67.6 (21.6)	62.0 (26.9)	77.0 (20.0)	22.8***	N > I, HI & C
Impact on Parents						
Emotional Impact	56.0 (23.9)	67.2 (24.8)	55.6 (24.1)	85.3 (18.4)	136.7***	N > HI > I & C
Impact on Time	77.3 (23.1)	79.4 (24.6)	67.8 (28.5)	93.7 (14.8)	91.2***	N > I & HI > C

^{*}p < .01. ***p < .0001.

Note: F tests controlled for gender, age, family type, household income, parent education and parent employment.