



A Study on The Impact of Attention Deficit Hyperactivity Disorder (ADHD) in Adults

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ABSTRACT

The unfulfilled needs and experiences of adults with attention deficit hyperactivity disorder (ADHD) are not well documented. Few studies have used qualitative approaches in this field; most previous research in this area has been quantitative in nature. The purpose of this research is to shed more light on the real-world experiences of adults with ADHD. If a participant tested positive for ADHD symptoms and received a diagnosis of the disorder with the Conners' Adult ADHD Diagnostic Interview for DSM-IV, they were eligible to participate in this study. Eleven participants in all finished this study. The open-ended, exploratory interviews used a phenomenological methodology. Three main themes—The Burden of ADHD Symptoms, Perceived Positive and Negative Effects of ADHD, and Challenge of Accessing Services—each with multiple sub themes were examined using thematic analysis method. The experiences of adult ADHD patients are highlighted in this study. It is critical that professionals understand the disorder's perceived benefits and drawbacks as well as how it may affect the lives of their patients. Additionally, by being aware of the stigma surrounding ADHD, clinicians can better tailor individualised treatment plans to the needs of their patients. It is significant to note that comorbid diagnoses were experienced by this sample, which may restrict how the results are interpreted. In this field, more research may be conducted to examine how patients feel about being officially diagnosed with ADHD.

Introduction

Many people consider attention deficit hyperactivity disorder (ADHD) to be a childhood neurodevelopmental disorder (Rosler et al. 2010). Nonetheless, a survey of the literature and follow-up research on people with ADHD indicate that the disorder's symptoms can last well into adulthood (Faraone et al., 2006; Davidson, 2008). Despite this body of work, Matheson et al. (2013) found little evidence of the unfulfilled needs and experiences of adults with ADHD. Adults with ADHD frequently have high rates of comorbidities; according to Faraone and Biederman (1998), three out of four patients have at least one comorbid mental illness. Sometimes these other mental illnesses can take centre stage, making it easy to ignore or even miss the signs of ADHD.

As a result, people with ADHD may not receive enough treatment or may not receive a proper diagnosis, which can lead to challenges and difficulties that last a lifetime.

Background/Review of the Literature

According to research, adults with ADHD frequently report psychological and psychosocial issues that can lower their quality of life in terms of their health and ability to function as adults.

Adults with ADHD are more likely than adults without ADHD to experience depression, anxiety, substance abuse, anti-social behaviours, lowered socioeconomic status from work-related stress, social skills deficiencies from difficulty recognizing affect, increased expression of anger, increased risk of motor vehicle accidents, and more. Due to impulsive spending, ADHD can negatively affect finances, career opportunities, income, retirement funds, friendships, groups, families, and coworkers (Brod et al. 2012)

Consequently, an undue psychological and psychosocial burden is frequently linked to undiagnosed and untreated ADHD. These impairments may negatively impact quality of life if left untreated.

One major challenge that many people with mental illnesses - ADHD in particular - face is stigma. Prior studies have observed that certain individuals exhibit hesitancy and reluctance to socially interact and engage with their fellow peers who are experiencing the disorder. A study of this kind was conducted at an American university. Undergraduate students were asked to rate how likely it was that they would rather interact with a peer who had been diagnosed with ADHD, a peer who had a general medical condition, or a peer who had an unclear flaw like perfectionism. The social desirability of peers with an ADHD diagnosis was found to be lower than that of peers with the other two diagnoses.

It's unclear if stigma results from a general misconception about ADHD that it only affects children or from a lack of knowledge about the disorder. Since the causes are still unknown, researchers have asked for more data to look into the stigma attached to adults with ADHD.

In order to shed light on the experience of ADHD in adulthood, researchers have requested additional research using a variety of methodologies. A substantial portion of the literature currently available on adults with ADHD has used samples from the United States and the United Kingdom (Lebowitz, 2013). Thus, the purpose of this study is to investigate the experiences of adult ADHD patients in Western Ireland from a clinical sample. The study's justification is straightforward: by comprehending the stigma and impairments linked to adult ADHD, practitioners can become more cognizant of the challenges faced by patients seeking support services and potential obstacles that could impair treatment compliance, especially in a Western Irish setting. Prior studies involving people with ADHD have primarily used quantitative methods (Young, 2005; McCarthy et al. 2013).

However, qualitative methods are better suited to offer a comprehensive understanding of patients' experiences (Pope & Mays, 1995). Early intervention can enhance quality of life, self-esteem, overall functioning, outcome, and long-term prognosis, just like it can with any illness or disability (Agarwal et al. 2012; Shaw et al. 2012; Harpin et al. 2013; Matheson et al. 2013). As a result, this research is crucial to guaranteeing that individuals in need of assistance can get it quickly. The perspectives of adults with ADHD are not well understood in the scientific literature (Young et al., 2008; Henry & Hill Jones, 2011), especially when it comes to untreated cases. It is therefore hoped that by educating clinicians about the lived experiences of adults with ADHD, this research study will add to the body of literature.

Rationale of Research

This research on adult ADHD intricately examines the dynamic interplay among neurobiological, environmental, and psychological factors contributing to its manifestation. Through a meticulous literature review, we aim to pinpoint gaps in understanding and refine diagnostic criteria for adult ADHD. Employing a comprehensive approach encompassing neuropsychological assessments, self-report measures, and clinical interviews, we endeavour to unveil the diverse symptomatology and functional impairments experienced by adults with ADHD. The study further explores the impact on occupational, academic, and social domains, providing a comprehensive perspective on the daily challenges faced by individuals and its perceived positive and negative effects. By addressing these multifaceted aspects, my research seeks to significantly increase awareness of Adult ADHD, know about the development of tailored interventions, and contribute invaluable insights to the ever-evolving landscape of mental health research. Ultimately, this endeavour aspires to destigmatize adult ADHD, improve clinical recognition, and lay the groundwork for more effective therapeutic approaches, thus positively impacting the lives of individuals navigating the complexities of this often-overlooked condition.

Research Methodology

Primary Research:

- Primary research is data and analysis gathered directly from the source for the first time with the goal of resolving the research issue.
- The data is gathered by the researcher straight from the respondents or sample population, which is the original source.
- After gathering the research data, the researcher analyses it to make inferences and resolve the research issue.
- A variety of techniques, including surveys, questionnaires, interviews, and observations, are used in primary research.
- Researchers can solve specific research problems with the help of primary data, which provides them with pertinent information.
- Because the information was gathered directly from the respondents, it is more accurate.
- Fifty people received questionnaires for the research project in order to learn about the impact of ADHD in adults and increase awareness of this disorder.
- Primary data has been chosen as a source of data collection for this research project because of its many benefits.

Secondary Research:

- Research that has previously been assembled, arranged, published, and compiled by others is referred to as secondary research. It consists of research findings published in research reports and related documents, as well as studies and reports from government organisations, trade associations, and other companies operating in a certain sector.
- This study's data may be accessed through websites, public libraries, data from previously completed surveys, etc.
- It saves time to gather and analyse secondary data because the researcher already has access to it.
- The researcher can save money by using secondary data, which can be obtained for free or at a very low cost.
- To investigate the impact of ADHD in adulthood, a variety of research papers, articles, and blogs have been reviewed.

Qualitative Data:

- Researchers utilise qualitative research to better understand the underlying beliefs, attitudes, and motivations of the sample population. It is primarily exploratory in nature.
- It sheds light on the research issue and aids in the formulation of concepts or theories for prospective quantitative studies.
- Qualitative research is also utilised to delve deeper into the research problem and identify trends in thoughts and opinions.
- Focus groups and group discussions, individual interviews (by phone or in person), and observations are a few popular techniques.
- Open-ended questions that may remain unanswered in surveys and questionnaires can be obtained through qualitative data collection. It also provides the researcher with important context for understanding the research problem.

Design

50 respondents were given a survey as part of the research design, which included a primary data collection method. Additionally, the design included secondary data that was communicated through an analysis of earlier research in the relevant field, suggesting that a particular section of the study was exploratory in nature.

Research Objectives:

1. Determine the current prevalence of ADHD in adults within a specified population.
2. Examine the impact of ADHD on various life domains, including occupational, academic, social and familial aspects.
3. Seek deeper insight into the lived experiences of adults with ADHD.
4. Find out the burden of symptoms of ADHD.
5. Know more about the perceived positive and negative effects of ADHD.
6. Assess the prevalence of comorbid psychiatric and medical conditions in adults with ADHD.
7. Investigate the resilience factors and coping strategies employed by adults with ADHD to navigate challenges and enhance adaptive functioning.
8. Evaluate the overall quality of life for adults with ADHD,
9. Examine the association between adult ADHD and educational outcomes, including academic achievement, attainment of higher education, etc.
10. Examine the stigma associated with adult ADHD and explore levels of mental health literacy within the general population.

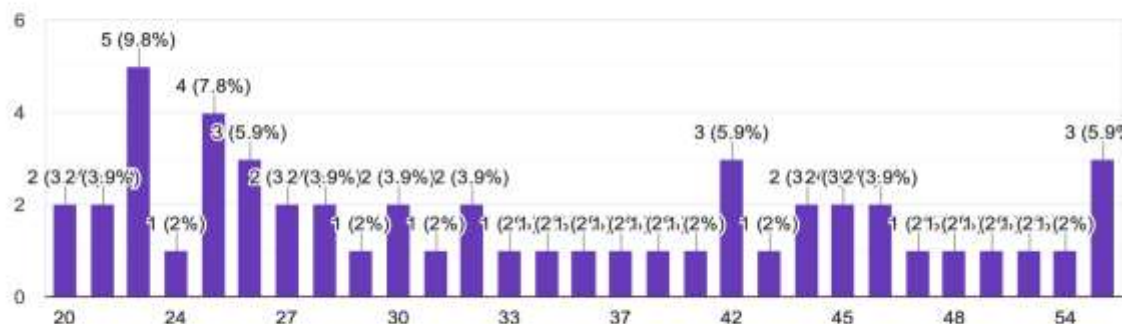
Analysis & Interpretation:

Primary data

Question 1:

What is your age?

51 responses



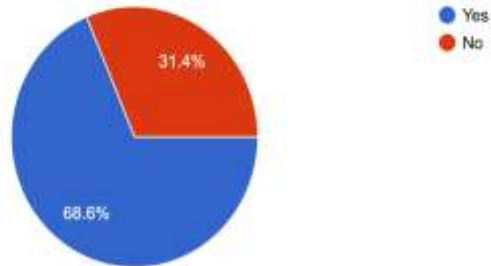
Analysis:

Here, the respondents of this survey are from various age groups ranging from 20 years old to even 55 years old which shows the impact of ADHD in adulthood.

Question 2:

Do you think ADHD is real? If your answer is No, please do not answer any further questions.

51 responses



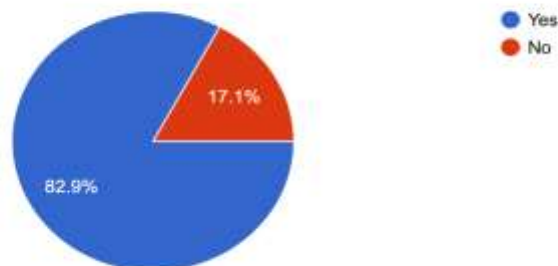
Analysis:

Out of 51 people surveyed, 16 people believe that ADHD is not real which is 31.4% of the people surveyed and it is a shocking percentage.

Question 3:

Have you ever been diagnosed with ADHD?

35 responses



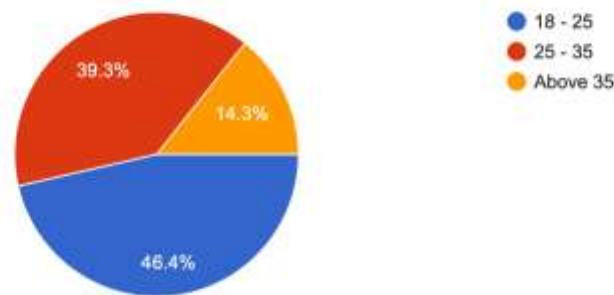
Analysis:

Only those who voted yes on the above question (whether they believe ADHD is real) were allowed to answer further questions and the further questions were answered by 35 respondents. Out of 35 respondents, almost 83% surveyed have been diagnosed with ADHD.

Question 4:

If your answer is yes to the above question, how old were you when you got diagnosed?

28 responses



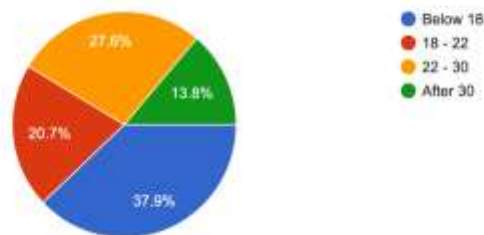
Analysis:

Out of 28 respondents, 13 people (46.4%) were diagnosed between 18 - 25 years old, 11 people (39.3%) were diagnosed between 25 - 35 years old and the remaining 4 people (14.3%) were diagnosed after 35 years old.

Question 5:

At what age did you first start noticing symptoms of ADHD?

29 responses



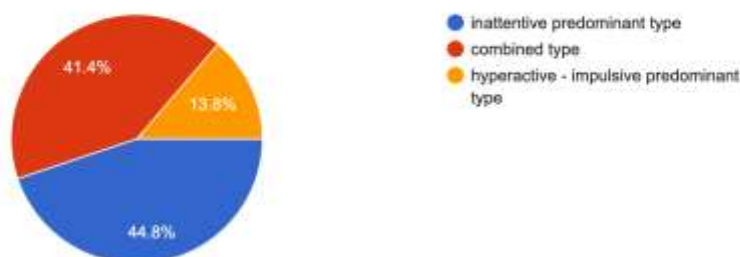
Analysis:

Almost 38% of the respondents started noticing symptoms of ADHD before they turned 18 years old meaning that they had symptoms of ADHD prevailing in childhood. 6 respondents, that is, 20.7% of them noticed symptoms between 18 - 22 years old, almost 28% of respondents started noticing symptoms of their ADHD when they were between 22 - 30 years old and the remaining 13.8% respondents noticed symptoms of ADHD after turning 30.

Question 6:

What type of ADHD do you have?

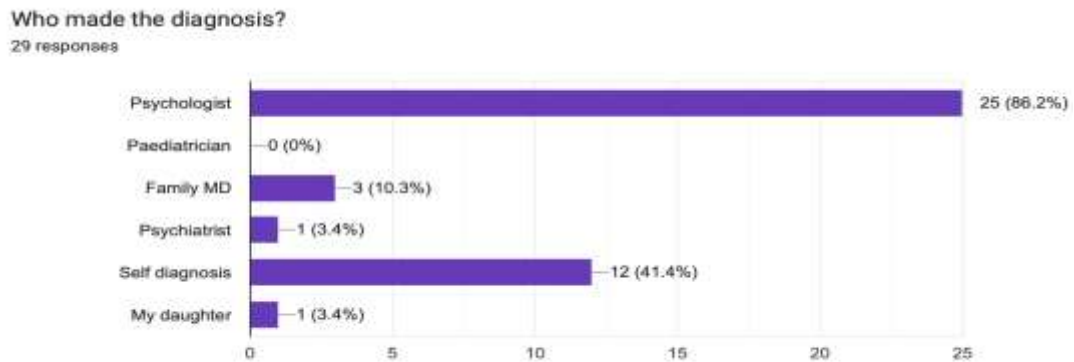
29 responses



Analysis:

A lot of the respondents here have the inattentive predominant type of ADHD with 41.4% of them having combined type and a few chunk of them having ADHD which is primarily of Hyperactivity type.

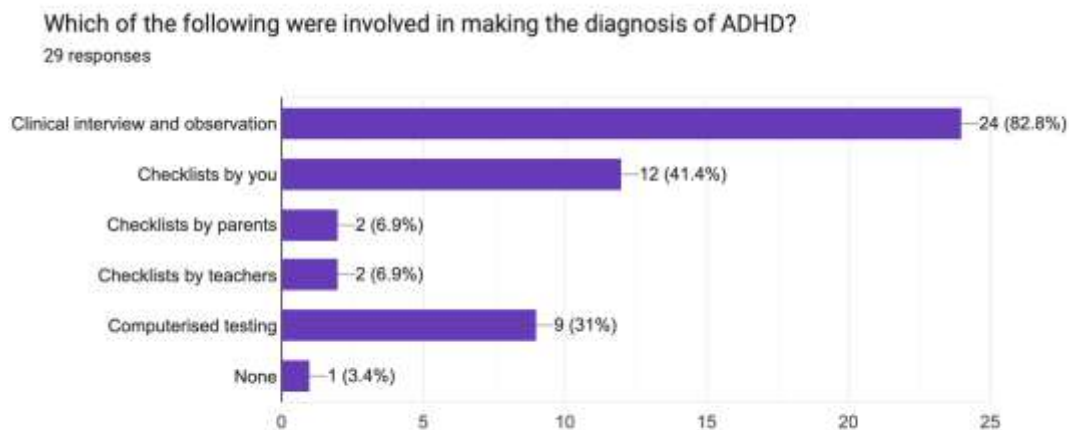
Question 7:



Analysis:

Majority of the respondents have been diagnosed by a psychologist, with self diagnosis coming in second. Some respondents were diagnosed by family MD and psychiatrist and the last one where a respondent was diagnosed by his daughter was when he was not aware of his ADHD.

Question 8:



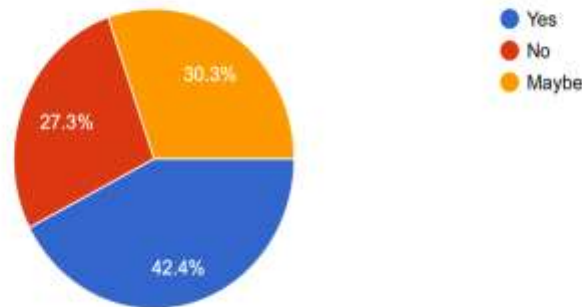
Analysis:

There are certain ways to determine if a person has ADHD, with one of them being a clinical interview and observation through which a diagnosis is made. Majority of the respondents were diagnosed by clinical interview and observation with almost half of them making checklists by themselves for self diagnosis. Some respondents knew about their diagnosis through a computerised testing and 4 of them knew they had ADHD by the checklists that were made by their teachers and parents.

Question 9:

Do you have any family history of ADHD?

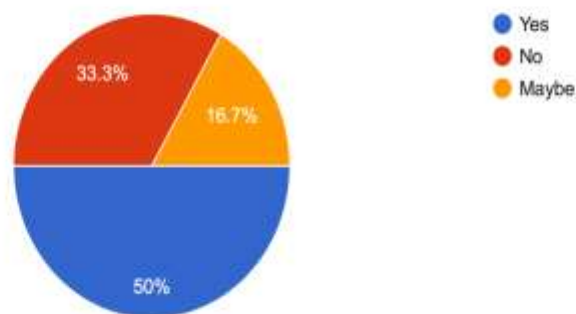
33 responses

**Analysis:**

Majority of the respondents believe that they have a family history of ADHD, with 42.4% agreeing to it. 27% respondents do not think that they have a family history of ADHD and 30% people are unsure about their family history of having people with ADHD.

Question 10:**If you are a parent of a child who has ADHD, do you think your child was harder to control than children of his/her age as a child?**

12 responses

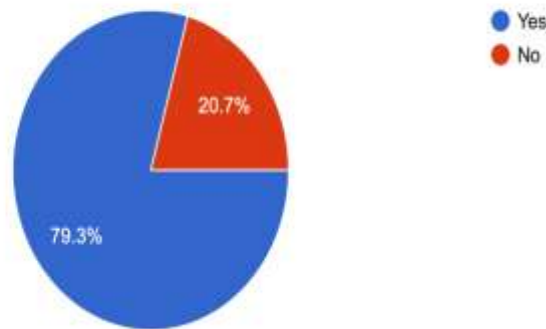
**Analysis:**

There were not a lot of parents who answered this survey and hence there are only 2 responses to this question with exactly half of the respondents of this question agreeing that their child who had ADHD was more difficult to control than kids who were their child's age. 33.3% said that their child was not more difficult than other kids with almost 17% respondents being unsure about their kids' controllability.

Question 11:

Have you taken any medication for ADHD?

29 responses



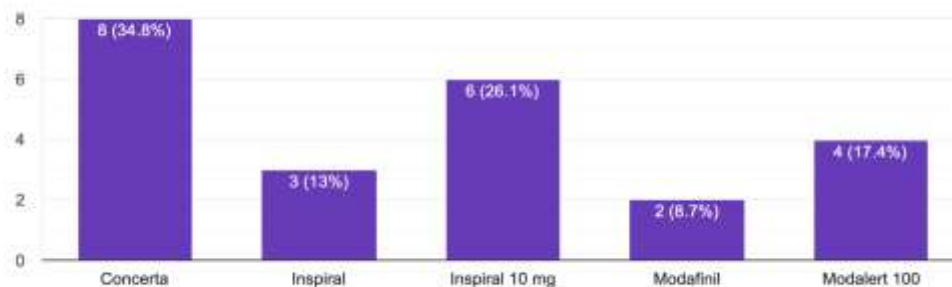
Analysis:

Almost 80% of the respondents have taken medication for ADHD in order to cope with its symptoms and its effects on daily functionality. 20% of the respondents responded no to taking any kind of medication which indicates that the people who said no might be the ones who were self diagnosed and did not seek any professional help.

Question 12:

If your answer is yes to the above question, would you please mention which medicine do you take?

23 responses



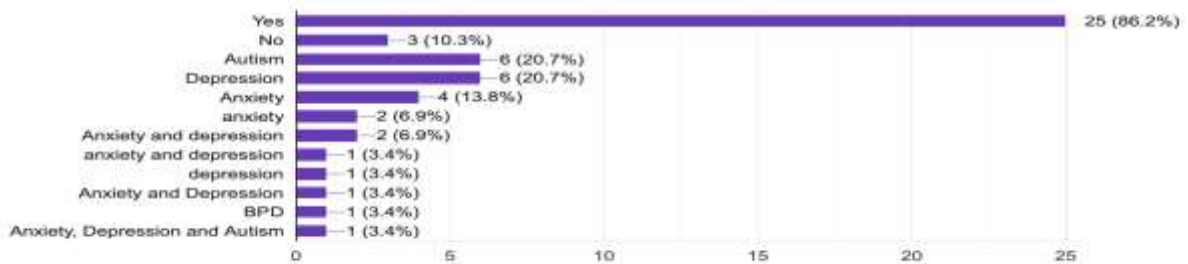
Analysis:

A lot of respondents who responded yes to whether they take medication consumed Concerta tablets. 6 people responded that they take Inspiral 10 mg with 3 people mentioning Inspiral but not mentioning the milligram or the dosage of it. Some respondents take modafinil and modalert which are similar in nature.

Question 13:

Do you have any comorbidity? if yes, please specify.

29 responses

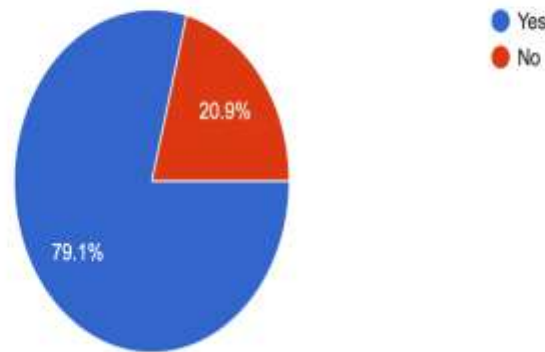


Analysis:

86% of the respondents said that they have comorbidities, with the majority of them having autism and depression. Some of the respondents have anxiety and BPD, with one respondent having anxiety, depression and autism.

Question 14:**Do you think it is necessary to raise awareness about people who have ADHD?**

43 responses



Shockingly, almost 21% of the respondents do not think that it is necessary to raise awareness about ADHD at all. 79% of the respondents agree that it is necessary to raise awareness which is a good amount of people for a survey of 50 people but it also shows that there is still a lot of misunderstanding and stigma around ADHD and we have a long way to go.

Secondary data**Analysis:**

Demographic information provided quantitative data that was entered and analysed using SPSS. As data were only collected for descriptive purposes, only descriptive statistics were performed. Qualitative analysis consisted of using a thematic approach in order to determine similarities across transcripts as well as highlighting the differences between them. Analysis consisted of six phases: (1) familiarisation with data, (2) generating initial codes, (3) searching for themes among codes, (4) reviewing themes, (5) defining and naming themes, (6) producing the final report. The end result was a full coding system that was descriptive of the collective experience of ADHD in adulthood. A phenomenological approach was adopted which emphasises the participant's perceptions, feelings and experiences as the paramount object of the study. This approach encourages participants to discuss the topic in their own words, focusing on the human experience subjectively.

Results:

In total, 17 out-patients were approached to participate. Two individuals declined to participate and four individuals were unable to be contacted, resulting in 11 participants completing the semi-structured individual interviews; nine male and two female with an age range of 20–54 years. Eight of the participants were currently employed, and three were unemployed. Four participants were single, four were married and one was cohabiting. One participant had obtained an I.T. degree, one had a University degree, seven had completed education as far as the Leaving Certificate, one only had Junior Certificate education and one had a Postgraduate Degree. Comorbidity was diagnosed based on use of the M.I.N.I. Each participant had more than one diagnosis with the majority being mood disorders (n=8; 72%) following by generalised anxiety disorder (n=5; 45.5%) and panic disorders and/phobias (n=5; 45.5%)

Three main themes were found: The Burden of symptoms of ADHD, Perceived Positive and Negative Effects of ADHD and Challenge of Accessing Services. Each main theme contained a few sub themes which are described in greater detail below. Quotes from interviews are provided, followed by the number in parenthesis (x) attributed to the interviewee. Ellipses (...) mark parts omitted from the quote and words within brackets are clarifications made by the authors.

The burden of symptoms of ADHD**Inattention and poor concentration**

The impairment associated with poor concentration, distractibility and inattention were described to the extent and the burden of experiencing symptoms of ADHD in adulthood. Inattention and lack of concentration resulted in significantly difficulties with basic tasks such as reading, watching television, writing a letter, forgetting things (in terms of relationships), multitasking and getting 'side tracked by something else'(2). Often in adulthood, demands

become more complex and individuals are expected to function more responsibly and independently, yet poor abilities to maintain concentration exacerbate the burden of living with ADHD. The majority of participants often compare their concentration levels with others and are aware of the impact this has on their lives. 'I Try Watching And Learning New things, but I just don't have the concentration for it like others would'(10), 'My concentration levels delay me from completing a task ...so yeah it would probably take me longer to complete a task than the average person'(5), 'I just Would not have been able to Have Focused for nearly as long as everyone else ...It definitely puts me behind in college'(6)

Hyperactivity and impulsivity

Participants reported difficulties related to hyperactivity and impulsivity noting a tendency to blurt things out without sufficient thought in terms of saying things uncontrollably, not completing tasks, negative future consequences and more subtly through relationships. 'It affects my work in that I just can't get things done...there are a lot of little jobs where I do 80% of it and then I leave the other 20%, and kind of avoid it and go and do something else'(3), 'I would say that I don't have a filter on what I say ...never aggressively, but there's just no filter ...I just sit on my hands and try not to say anything'(8), 'Say I have €20 in my pocket for shopping and I bumped into someone on the street and they asked if I wanted to go do this, then I might spend the €20, all my shopping money and have no food then for the week ...like I lost a lot of weight the last months...just from being impulsive with money I have set aside for food and stuff'(4), 'I just think it's great idea at the time but then I realise maybe it's not a great idea...let's say I'm painting the garden fence and I've a lot of that to do and that's fine ...and instead of finishing the fence, I go over and start painting the shed'(5). One participant described having a hyperactive mind rather than displaying hyperactive behaviour: 'I Wouldn't Outwardly Be hyperactive, but I might find it very hard to be concentrating on a single clear thought. My mind would be racing and tumbling after itself'(9)

Limited possibilities

Limited possibilities was identified as an emerging theme, in that participants explained how their symptoms and difficulties elicited a sense of lost potential. 'It would stop me doing courses or jobs where I would have to retain the information because I get nervous about it then because I know it won't stay in. So it's that kind of thing that stopped me. You know I would have loved to have gone on and maybe go back to college or do something but that kept me away'(2), 'I could never hold a job down. I would always lose focus of the job or I just wouldn't bother just doing the same stuff over and over again and I always found it very mundane. I've had so many jobs since I was 16 it's ridiculous'(4). Participants described how they felt like they failed to fulfil their potential, yet knowing they are capable of doing more: 'I'm Not Doing the work as well as I should be because I know that I can work very well. If I don't, I'm automatically seen by other people as poor performance so then I would be putting myself under more pressure to get the work done ...definitely procrastination is a big thing for me'(9). Again, participants reflected upon their childhood and how undiagnosed symptoms may have limited their educational opportunities from an early age: 'I spent half of my time in the corridor, outside of the classroom. One half in the corridor and the other half in the principal's office'(4), 'I would have to really learn things and then they were gone. And that used to upset me and I couldn't understand. Things would go when I learned it and then that night it was gone ...I suppose things just got harder, to retain all of the information'(2)

Perceived positive and negative effects of ADHD

Every cloud has a silver lining

Some participants noted the benefits of some of the symptoms experienced. 'I kind of like being like that at the same time as well. Doing things on impulse is always better rather than stuff that you plan out, it never works'(4). ADHD could perhaps contribute to a fulfilled and exciting life 'kind of defines me as a person I suppose ...just the impulsiveness to go and do something that somebody else wouldn't have done'(4). One participant noted the advantages of having an overactive mind, looking to the bright side of being easily distracted. 'I suppose sometimes it is useful (being easily distracted), if I'm stuck in my own head a bit too much and I'm just Overthinking things and stuff like that, it's definitely a good thing to be able to let your mind wander a bit, not to think about anything too heavy'(6). It was suggested that being impulsive and unpredictable can make a person more likeable. 'Maybe the spontaneous aspect, people seem to enjoy that'(8)

Low self-confidence and self-esteem

A lot of participants reported psychosocial effects of symptoms of ADHD. For example, some participants reported lack of self-confidence and self-esteem prevented them from taking part in new experiences: 'I get frustrated a lot with how I lack in college work, I would just be very easily distracted and then just lower self-esteem. Like it can happen before I go to do something and then getting frustrated during. Before I start something I think what's the point, I can't do that anyways'(6). Negative comparisons to others affected making new friends: 'I suppose I would have been a little less inclined to get to know people ...I felt like everybody was way ahead of me anyways'(6). Confidence appeared to limit possibilities in terms of employment prospects: 'I never stuck at anything ...then I guess I have no confidence either. I never thought I would be able to do it ...I wouldn't go for a job or I would never try for things'(3), and functioning at work 'I know I should be doing it quicker and I can do it quicker'(5). Low self-confidence and self-esteem had several consequences during childhood, causing frustration and embarrassment compared with peers: 'I get frustrated because everyone else can do it and I can't and I get frustrated out of that'(11), 'It made me a bit nervous, I realised that they were remembering and I wasn't'(2)

Coping

A sense of disorganisation was evident throughout the interviews which was considered debilitating and draining. 'I get distracted with work or that and just getting frustrated and feeling like I can't do it and I get down on myself that I'm not good enough so it's just like being distracted and also just feeling like I can't do it anymore, getting frustrated and giving up. So I definitely struggle with that kind of thing'(6), 'I procrastinate, again that would be quite typical because jobs often seem very big and overwhelming'(7). The Impression from interviews was that daily tasks, such as household chores, washing

clothes, packing a bag, making breakfast can appear impossible and overwhelming. 'When I wake up in the morning, just the thought of having to do all of that, I mightn't bother doing that ...because that time in the morning when I'm just after waking up, any series of tasks like that complicated would be insurmountable, I would want another half an hour just staring there beforehand'(9). Strategies were employed to overcome these challenges. 'One trick that I try to teach myself in general is what I've learned from mental health tools is to try and do the next little thing and not think of all the things that I have to do. That's a little bit more manageable in terms of thinking ...I'm trying to train myself to just think about the next little step'(7). Participants described how they learned to cope with forgetfulness by immediately writing things down or asking different people instead of the same person all the time to avoid being labelled as forgetful. Coping with symptoms of ADHD in adulthood was described as something you just had to accept. 'You just manage, it's like someone with a limp, you just manage to walk. I suppose you just kind of brush it to the side and learn to get on with things'(5).

Challenge of accessing services

Stigma

Perceived stigma towards mental health in general was discussed as an issue for both the person experiencing mental health difficulties and their families. Going to hospital and attending the psychiatric services were considered the most severe and unwanted forms of treatment. 'Well I would say I had a huge resistance to Psychiatry ...because to me that was another downhill step ...as long as I didn't go to a Psychiatrist that meant I was ok. And then at that point, it was as long as I haven't been institutionalised'(7), 'They (my family) can't really handle mental health issues. Like if I had cancer, it would be ok'(7). The majority of participants discussed what they thought ADHD was and confessed that they believed it to be restricted to childhood. 'When I heard of ADHD I used to always think it was hyperness ...I thought it was just a childhood thing'(2), 'I often heard about it (ADHD) in kids really more so than adults. The impression I got is that it would be kids just throwing tantrums ...I always thought it was unruly kids'(5), 'People question is ADHD made up, is it an excuse for boldness'(9). ADHD is viewed in a negative light, and stigma attached to the disorder may arise from character portrayals in the media. 'The bad character in that had ADHD so it's not seen in a positive light. It might not be a positive thing'(8)

Conclusion

The experiences of adult ADHD patients are highlighted in this study. It is critical that medical professionals understand the disorder's perceived benefits and drawbacks as well as how it may affect the lives of their patients. Additionally, by being aware of the stigma surrounding ADHD, clinicians can better tailor individualised treatment plans to the needs of their patients. Patients' attitudes toward receiving a formal diagnosis, as well as viewpoints related to a delayed diagnosis or delayed treatment, should be the subject of more research in this area.

References

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C., Watters, et al. "The impact of attention deficit hyperactivity disorder (ADHD) in adulthood: a qualitative study." *rish Journal of Psychological Medicine* (2017), vol. 2017, no. 2017, 2017, p. 7. [researchgate.net](https://www.researchgate.net/publication/317604534), <https://www.researchgate.net/publication/317604534> The impact of attention deficit hyperactivity disorder ADHD in adulthood a qualitative study.

Appendix

1. What is your age?

2. Do you think ADHD is real? If your answer is No, please do not answer any further questions.*

Yes

No

3. Have you ever been diagnosed with ADHD?

Yes

No

4. If your answer is yes to the above question, how old were you when you got diagnosed?

18 - 25

25 - 35

Above 35

5. At what age did you first start noticing symptoms of ADHD?

Below 18

18 - 22

22 - 30

After 30

6. What type of ADHD do you have?

inattentive predominant type

combined type

hyperactive - impulsive predominant type

7. Who made the diagnosis?

Psychologist

Paediatrician

Family MD

Psychiatrist

Self diagnosis

Other:

8. Which of the following were involved in making the diagnosis of ADHD?

Clinical interview and observation

Checklists by you

Checklists by parents

Checklists by teachers

Computerised testing

Other:

9. Do you have any family history of ADHD?

Yes

No

Maybe

10. If your answer is yes to the above question, how did you find out?

11. If you are a parent of a child who has ADHD, do you think your child was harder to control than children of his/her age as a child?

Yes

No

Maybe

12. Have you taken any medication for ADHD?

Yes

No

13. If your answer is yes to the above question, would you please mention which medicine you take?

14. Do you have any comorbidity? If yes, please specify.

Yes

No

Other:

15. Do you think it is necessary to raise awareness about people who have ADHD?*

Yes

No