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

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

**General information**
ID number ________________________________________________________________
Gender __________________________________________________________________
Date of birth __________________________________________________________________
Hospital (BUP/rehabilitation service) ____________________________________________
Date of medical record review ________________________________________________
Name of clinic that reviewed the medical records ________________________________
Date of diagnosis: ______ Child’s age when diagnosed: _____year___month
Medical record information related to the assessment found in different location: Yes___ No___
If yes, where: _______________
Reason for referral: ___________________________________________________________
Categories from BUP form: __________________________________________________

**Part II. Diagnostic criteria**

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

<table>
<thead>
<tr>
<th>G1. Inattention. At least 6 of the following symptoms of inattention must have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the age and developmental level of the child.</th>
<th>Yes at home</th>
<th>Yes in other settings</th>
<th>Unreliable/insufficient information</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] G1 INATTENTION</td>
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<tr>
<td>(1) Often fails to give close attention to details, or makes careless errors in schoolwork, work or other activities.</td>
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<tr>
<td>(2) Often fails to sustain attention to play activities or tasks.</td>
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<td>(3) Often appears to not listen to what is being said to him or her.</td>
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<tr>
<td>(4) Often fails to follow through on instructions or to finish schoolwork, chores or duties in the workplace (not because of oppositional behaviour or failure to understand instructions).</td>
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<tr>
<td>(5) Is often impaired in organising tasks and activities.</td>
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<td>(6) Often avoids or strongly dislikes tasks, such as homework, that require sustained mental effort.</td>
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<td>(7) Often loses things necessary for certain tasks or activities, such as school assignments, pencils, books, toys or tools.</td>
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<td>(8) Is often easily distracted by external stimuli.</td>
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<td>(9) Is often forgetful in the course of daily activities.</td>
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</table>

**Minimum 6 criteria met**

**G2. Hyperactivity.** At least three of the following symptoms of hyperactivity have persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child:

<table>
<thead>
<tr>
<th>Yes at home</th>
<th>Yes in other settings</th>
<th>Unreliable/insufficient information</th>
</tr>
</thead>
</table>

**G2 HYPERACTIVITY**

| (1) Often fidgets with hands and feet or squirms on seat. |
(2) Often leaves seat in the classroom or other situations in which remaining seated is expected.

(3) Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, only feelings of restlessness may be present).

(4) Is often unduly noisy in playing, or has difficulty engaging quietly in leisure activities.

(5) Exhibits a persistent pattern of excessive motor activity that is not substantially modified by social context or demands.

**Minimum 3 criteria met**

**G3. Impulsivity.** At least one of the following symptoms of impulsivity has persisted for at least 6 months, to a degree that is maladaptive and inconsistent with the developmental level of the child.

<table>
<thead>
<tr>
<th>Yes at home</th>
<th>Yes in other settings</th>
<th>Unreliable/insufficient information</th>
</tr>
</thead>
</table>

**G3 IMPULSIVITY**

(1) Often blurts out answers before questions have been completed.

(2) Often fails to wait in lines or await turns in games or group situations.

(3) Often interrupts or intrudes on others (e.g. butts into others’ conversations or games).

(4) Often talks excessively without appropriate response to social constraints.

**Minimum 1 criterion met**

**G4. Onset of the disorder is no later than the age of 7 years.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unreliable/insufficient information</th>
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</thead>
</table>
## G5. Pervasiveness. The criteria should be met for more than a single situation, e.g. the combination of inattention and hyperactivity should be present both at home and at school, or at both school and in another setting where children are observed, such as a clinic. (Evidence for cross-situationality will ordinarily require information from more than one source; parental reports about classroom behaviour, for instance, are unlikely to be sufficient.)

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unreliable/insufficient information</th>
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## G6. The symptoms in G1-G3 cause clinically significant stress or impairment in social, academic or occupational functioning.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unreliable/insufficient information</th>
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</table>

## G7. The disorder does not meet the criteria for pervasive developmental disorders (F84.-), manic episode (F30.-), depressive episode (F32.-), or anxiety disorders (F41.-).

<table>
<thead>
<tr>
<th>G7 Criteria met</th>
<th>G7 Criteria not met</th>
<th>Unreliable/insufficient information</th>
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### Part II Basis for assessment of diagnosis

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

Axis I Clinical psychiatric syndrome______________________________________________
_______________________________________________________________________________

Axis II Specific developmental disorders____________________________________________
_______________________________________________________________________________

Axis III Mental retardation________________________________________________________

Axis IV General medical conditions________________________________________________
_______________________________________________________________________________

Axis V Abnormal psychosocial situations____________________________________________
_______________________________________________________________________________

Version 3 (October 2015)
Axis VI Global assessment of functioning

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

C. Somatic diagnoses (according to medical records)
Other somatic diagnoses

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

1. Information about the child’s developmental history (anamnesis)
   Yes __  No __  Information missing □

2. Medical/neurological examination
   Yes __  No __  Information missing □

3. Questionnaires
   Parent 1: ______
   Child Behavior Check-List (CBCL) – parent version Yes __  No __
   T-score on ADHD scale: ____________ Information missing □
   Other sub-/diagnosis scales with T-score in clinical area (specify type of T-score and result):
   ______________________________ Information missing □

   Parent 2: ______
   Child Behavior Check-List (CBCL) – parent version Yes __  No __
   T-score on ADHD scale: ____________ Information missing □
   Other sub-/diagnosis scales with T-score in clinical area (specify type of T-score and result):
   ______________________________ Information missing □

   Teacher Rating Form (TRF) Yes __  No __
   T-score for ADHD scale: ______________ Information missing □
   Percentile on AD/HD subscale I: ________ Information missing □
   Percentile on AD/HD subscale HI: ________ Information missing □
   Other sub-/diagnosis scales with T-score in clinical area (specify type of T-score and result):
   ______________________________ Information missing □
Barkley ADHD rating scale – parent Yes No
Inattention over 95%-ile. Yes No Information missing
Raw score: Information missing
Hyperactivity/impulsivity over 95%-ile Yes No Information missing
Raw score: Information missing
Total over 95%-ile. Yes No Information missing
Raw score: Information missing

Barkley ADHD rating scale – teacher Yes No
Inattention over 95%-ile. Yes No Information missing
Raw score: Information missing
Hyperactivity/impulsivity over 95%-ile Yes No Information missing
Raw score: Information missing
Total over 95%-ile. Yes No Information missing
Raw score: Information missing

Brown ADD scale Yes No
T-scores over 65 on the following scales:
1. Organising, prioritising and activating to work: Yes No Information missing
2. Focusing, sustaining and shifting attention to tasks: Yes No Information missing
3. Regulating alertness, sustaining effort and processing speed: Yes No Information missing
4. Managing frustration and modulating emotions: Yes No Information missing
5. Utilising working memory and accessing recall: Yes No Information missing
6. Monitoring and self-regulating action: Yes No Information missing

☐ Other (specify type of screening from, scores): ________________________

______________________________

______________________________

4. Survey of comorbid psychiatric disorders:

K-SADS: Yes No
Satisfies diagnosis of ADHD: Yes No
Satisfies other diagnoses (specify yes/no or which): ________________

______________________________

DAWBA: Yes No
Satisfies diagnosis of ADHD: Yes No
Satisfies other diagnoses (specify yes/no and which): ________________
5. **Evaluation of cognitive ability/developmental level** (write ‘yes’ or ‘no’ if the test is registered in the medical record, enter a dash – if the results are missing)

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

6. **Assessment of language:**

a. **Språk 6-16 (‘Language 6-16’):** Yes ___ No ___ Total score _______
   Information missing □

b. **Illinois Test of Psycholinguistic Abilities (ITPA):** Yes __ No __ Information missing □

c. **Reynell Yes ___ No ___** score (stanine):
Expressive____ Information missing☐
Receptive____ Information missing☐
Total_______ Information missing☐

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

e. **Clinical Evaluation of Language Fundamentals (CELF-4): Yes__ No __**
  
  Core language skills (s.s):____ Information missing☐
  Receptive language (s.s):____ Information missing☐
  Expressive language (s.s):____ Information missing☐
  Language content (s.s):____ Information missing☐
  Language structure (s.s):____ Information missing☐
  Language memory (s.s):____ Information missing☐
  Working memory (s.s):____ Information missing☐

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

7. **Neuropsychological examination** Yes__ No__

   NEPSY: Yes__ No __
   
   **Scores** (specify which subtest(s) and score):
   
   ____________________________

   Other (specify which and score):
   
   ____________________________
   ____________________________

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

   Inattention, score (in percentile):____________ Information missing☐
   Impulsivity, score (in percentile):____________ Information missing☐
   Sustained attention, score (in percentile):________ Information missing☐
   Vigilance, score (in percentile):___________ Information missing☐

9. **QB Test Yes__ No __**

   Inattention score:____________ Information missing☐
   Hyperactivity score:___________ Information missing☐
   Impulsivity score:___________ Information missing☐

10. **BRIEF**
Parent: Yes__ No __  
BRI T-score:_______ Information missing☐  
Teacher: Yes__ No __  
BRI T-score:_______ Information missing☐  
GEC T-score:_______ Information missing☐  
GEC T-score:_______ Information missing☐  
MI T-score:_______ Information missing☐  
MI T-score:_______ Information missing☐

11. **Informant information**

School/kindergarten observation Yes__ No __
Conversation with teacher Yes__ No __
Observation of play in clinic Yes__ No __
Other observation in clinic Yes__ No __
Observation in the home Yes__ No __
Other:_____________

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

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

Yes ______ No ___

Degree of certainty: Very certain ___Somewhat certain ___Uncertain ______

If no or uncertain:
Discrepancy between information in the medical record and the diagnosis☐ Yes ☐ No ☐ N/A ☐

Insufficient/missing information ☐

Inadequate differential diagnostic evaluation/assessment ☐

Diagnosis made solely for the purpose of trying out a drug ☐

Tentative diagnosis, no further assessment available ☐
Multiple referral episodes

If yes:

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

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

Criterion A. Either (1) or (2)

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

<table>
<thead>
<tr>
<th>INATTENTION</th>
<th>Yes at home</th>
<th>Yes at school</th>
<th>Unreliable/insufficient information</th>
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<tbody>
<tr>
<td>Often fails to give close attention to details, or makes careless errors in schoolwork, work or other activities.</td>
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<tr>
<td>Often fails to sustain attention in tasks and play activities.</td>
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<tr>
<td>Often appears not to listen to what is being said to him or her.</td>
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<td>Is often easily distracted by external stimuli.</td>
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</tbody>
</table>
Is often forgetful in the course of daily activities.

Six or more criteria for inattention met:  YES___  NO___

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

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

Often has difficulty awaiting turn.

Often interrupts or intrudes on others.

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

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

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

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

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

B. DSM-IV AD/HD diagnosis confirmed after medical record review YES____ NO____

DSM-IV criteria
A.1 Inattention Yes__ No__ Uncertain__
A.2 Hyperactivity-impulsivity Yes__ No__ Uncertain__
B. Symptom onset before age 7 years  
   Yes__ No__ Uncertain__

C. Impairment in 2 or more settings  
   Yes__ No__ Uncertain__

D. Evidence of clinically significant impairment in social, academic or occupational functioning.  
   Yes__ No__ Uncertain__

E. Symptoms are not better explained by other disorders.  
   Yes__ No__ Uncertain__

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

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

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

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

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