

# Attention Deficit Hyperactivity Disorder Post-Test

Name \_\_\_\_\_  
(Please enter legal name above)

Birth date (required)

Format: 01/03/1999

M	M	D	D	Y	Y	Y	Y

Where do you work? (example: HCMC, MVAHCS, etc.) Enter N/A if you are not employed.

Hospital \_\_\_\_\_ Unit \_\_\_\_\_

\*Email Address \_\_\_\_\_

\*TCHP hospitals must use work email address.

I verify that I have read this home study and have completed the post-test and evaluation. By checking this box, I am submitting my electronic signature to this statement.

1. What percentage of patients fall into the ADHD combined subtype?
  - a) 5-10%
  - b) 75%
  - c) 50%
  - d) 15-20%
  
- 2) Which of the following disorders is NOT a comorbid condition with ADHD?
  - a) Conduct disorder
  - b) Learning disability
  - c) Tourette's syndrome
  - d) Asthma
  
- 3) Which of the following is NOT a routine part of the comprehensive examination to diagnose ADHD?
  - a) Hearing and vision tests
  - b) EEG
  - c) Medical examination
  - d) Careful history

- 4) True or false? For a diagnosis of ADHD, symptoms must occur early in life, before age 7 and continue for at least 6 months.
  
- 5) True or false? The cause of ADHD is unknown.
  
- 6) Which of the following types of medication might be used to treat ADHD symptoms?
  - a) Antihypertensives
  - b) Psychostimulants
  - c) Tricyclic antidepressants
  - d) All of the above
  
- 7) True or false? The best behavioral management techniques are consistency and positive reinforcement.
  
- 8) Which of the following is a recommended part of the treatment plan for ADHD?
  - a) Eliminating sugar from the diet
  - b) Medication
  - c) Psychotherapy
  - d) Biofeedback
  - e) B & C only
  - f) A, B, & C
  
- 9) True or false? Social skills problems resolve when the child is placed on medication.
  
- 10) True or false? Special supports are available at the college level for those with ADHD, as long as the school receives federal funding.
  
- 11) True or false? Most people outgrow ADHD.

**Expiration date:** The last day that post tests will be accepted for this edition is **December 31, 2017**—your envelope must be postmarked on or before that day.

## Evaluation: Attention Deficit/ Hyperactivity Disorder

**Please complete the evaluation form below by placing an “X” in the box that best fits your evaluation of this educational activity. Completion of this form is required to successfully complete the activity and be awarded contact hours.**

At the end of this home study program, I am able to:	Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
1. Describe behavior that may indicate ADHD.	
2. Identify co-morbid disorders to ADHD	
3. Identify 2 or more medications used to treat ADHD.	
4. Describe other elements, besides medication, that should be included in the plan of treatment for ADHD.	
5. The teaching / learning resources were effective. <i>If not, please comment:</i>	

The following were disclosed in writing prior to, or at the start of, this educational activity (please refer to the first 2 pages of the booklet).	YES or NO
6. Notice of requirements for successful completion, including purpose and objectives	
7. Conflict of interest	
8. Disclosure of relevant financial relationships and mechanism to identify and resolve conflicts of interest	
9. Sponsorship or commercial support	
10. Non-endorsement of products	
11. Off-label use	
12. Expiration Date for Awarding Contact Hours	
13. Did you, as a participant, notice any bias in this educational activity that was not previously disclosed? <i>If yes, please describe the nature of the bias:</i>	

14. How long did it take you to read this home study and complete the post test and evaluation:  
 \_\_\_\_\_ hours and \_\_\_\_\_ minutes.

15. Did you feel that the number of contact hours offered for this educational activity was appropriate for the amount of time you spent on it?  
 \_\_\_ Yes  
 \_\_\_ No, more contact hours should have been offered  
 \_\_\_ No, fewer contact hours should have been offered.

Expiration date: December 31, 2017