Focus on ADHD: Software

The Focus software is written in Visual Basic to run in Microsoft Access. The software is designed to:

- perform calculations needed in the titration algorithms employed in the Focus study
- print titration reports for practitioners and progress reports for parents and teachers.

We have tried to make the software as flexible as possible. We recognize that different practices have different amounts of time to spend with the database and different needs. Thus, there are a minimum number of items which need to be entered, and other optional items, which would simplify later operations if they were completed. Similarly, we have tried to design a system where screens can filled out at different times, or in different orders.

GETTING STARTED

Launching the software: Double click on the ICON on the desktop. The Medication Management Program will begin.

Navigation:

- Click on a button to execute that function
- Use tab to move between fields (or enter on the numeric key pad)
- DO NOT use the wheel on the mouse to scroll down; this can move you to a different child’s record.
- There are pull-down boxes that appear as white rectangles with a down arrow in the right-hand corner. Enter the first letter of the field, or use the pull down menu by clicking on the arrow to highlight the appropriate value.

The Focus switchboard:

- **System Forms:** Scoring necessary for titration, basic child information
- **Reports:** based on the scoring results
- **Monitoring:** lists of children either due for a new monitoring report or over due for rating forms
- **Maintenance:** input practice information

The opening switchboard links to these different functions.

It looks like this:
You will click on a button to execute that task.

**SYSTEM FORMS**

**Within the System Forms area are three main forms:**

- New child/first visit form
- Patient Follow-up form
- New Prescription form

When you are seeing a child to initiate ADHD medication (their first ADHD visit), click the New Child, First Visit button. This will take you to another screen showing the options for the first visit:

- Input Child, Parent Teacher information
- New child, first visit form
- First visit medication form
ENTERING A NEW CHILD INTO THE FOCUS SYSTEM:

*The Child Information Form.*
Click on Input Child Parent Teacher Information. You will see the Child Information Form. This is the area where you can store the background information about the child and people completing the ratings. **You MUST enter the following fields:**

- Child Name
- Date of Birth
- Gender
- If rating forms are being obtained from more than one teacher, you will need to enter their names.

Required fields are marked with an asterisk.

Age and gender are needed to compute ADHD-RS percentiles; teacher name is necessary in order to be able to compare the responses of individuals to their prior response.

There are optional fields for child’s address, phone, parent’s name, school name and school address. There are fields for the practitioner’s name and any medical record number the practice might use. You can also enter any notes you might wish.
Begin by entering the child’s name and date of birth. The field for DOB has a date format. Click either at the left or right edge of the cell, then enter the numbers in a MM DD YYYY format. For example, a birth date of January 5, 1995 would be entered as 01051995. The ADHD-RS is normed for ages 5 and older, so the software will not allow you to enter a birth date for a child younger than five.

Gender is entered into a “pull down” field. Clicking on the triangle on the right side of the box shows the options so you can highlight your choice, or you just type the first letter (m or f) in order to bring up the correct gender.

Fields for Practitioner name and Medical Record number follow. These are optional.

Below that are tabs for parent information and teacher information. Click on the tabs to get to those fields. Also, to move to the parent information, you can click ALT-P; ALT-T moves you to the teacher tab. Parent contact information is
stored in the parent tab; teacher name and school address/phone is stored in the teacher tab. Spaces are provided for two teachers. If two teachers are rating a child, you must enter teacher names. Other information is optional.

These fields are not necessary for calculating the ADHD-RS scores or clinically significant change, but are used in reports prepared by the Focus software. For example, the software will print out progress reports that can be given to the parent and the teacher (described in more detail below). Those reports use the parent’s name and teacher’s name in the greeting. Some practices may choose to call families that need to complete another set of forms. The monitoring lists of children either due for new rating forms or overdue will print out a call list of parents to reach about filling out forms. Those calls can be expedited if the parent name and phone number is entered in this form.

It is possible to only enter the child name, date of birth and gender before scoring an ADHD-RS. Other information can be added to the database later, if desired. You can return to this information from the follow-up form, by clicking the button to view/modify Child, Parent, Teacher information. If you do not enter all the required fields, the record will not be saved.

Some practices may wish to enter the required child information before the initial visit; others may elect to fill out this information when they are ready to score the ADHD-RS.
If you want to stop entry after completing the child information, you can click on the Close Form button.

**Entering the first ADHDRS.**
If you want to enter the ADHD-RS immediately after entering the child information, click on the ADHDRS button which is in the center of the Child Information Form. This will open the ADHD-RS score form. Note that the Child’s Name appears in the upper left, followed by practitioner name (if entered), gender and date of birth. These items can not be edited here, but help confirm you are entering data for the right child.

If you have entered the Child Information earlier and closed the form, you may get to the First Visit Form by Clicking on the New Child, First Visit form on the Focus switchboard. Then click on the New Child First Visit Form in the First Visit screen. If you arrive at the 1st Visit Form in this manner, you will find the pull-down menu for the child’s name. You can then select the appropriate child from the database. You can scroll down, or you can enter the first letter of the last name and get to the general area of the list where the child’s name is located.

The ADHD-RS Score Form.

Half way down the screen is the entry for the ADHD-RS. You must enter the date of survey and who is completing the survey.
After the date of survey is entered, you will see the age and ADHD-RS age group appear. The pull down-box for person completing the survey has options for the parent and teacher 1 and teacher 2. If names have been entered into the child information form, they will appear on the pull-down menu. If there are two teachers, this helps you figure out who is teacher 1 and who is teacher 2.

Further to the right is a field showing the medications the child is on and the date. Since this is the first visit, it will say “No medication”.

Enter the survey responses. This can be done in two ways;
- You can simply enter the numbers in the squares at the end of each row of buttons.
- You can click on the appropriate button for each question. The number selected will appear in the box at the end of the row.

If the respondent does not complete a question, leave it blank. However, the results of the ADHDRS are suspect if three or more questions are left blank. A warning will appear if more than three questions have been left blank. The percentile scores will still be assigned, but should be used with caution.

Once the responses have been entered, hit the “calc” button. The box at the right will show the cumulative total score. The “IS” and “HS” boxes show the raw scores for the Hyperactivity and Inattention scores respectively. Percentile ranges and their interpretation are provided for the overall score, hyperactivity score and the inattentive score. Since this is the first visit, the Total Clinical Change and Inattentive Clinical Change fields indicate that there was no previous report.
You may receive the parent ADHD-RS and Teacher ADHD-RS forms at the same time. If you have a second form for the same child, you can click on the New Survey button mid-form to score additional surveys.

The older and newer buttons allow you to look at previous ADHD-RS scores for a child. An error in a previous entry could be corrected in this manner. If you change a response to the survey, you will need to hit Calc again to recalculate the score.

Check boxes in the upper area allow you to select reports to print. The score report lists the raw scores and percentiles shown in the box on the lower right for the last ADHD-RS entered for the child. Even if the screen is showing an earlier ADHD-RS form, the Current Score Report prints information from the most recent report.

The First Visit Checklist can be printed out and placed in the chart as a reminder of the areas to discuss during the first visit treating ADHD.

Buttons at the far upper right can allow you to open the first medication form or the child information form (if anything needs to be updated).

The First Medication form is where the first medication and dosage is noted. **Entering medication information into the software is critical for the correct functioning of the titration report.** The drug name can be found on the pull-down menu or typed in, and dosages for AM, Mid-day and Evening can be
entered for as many as two drugs. You can click whether the child is in the titration phase or in the maintenance phase of treatment. The default value is titration. You must enter the prescription date, medication and the dose prescribed. If the child is not dosed at one or more of the times, leave those fields with 0s in them (this is the default value).

If you know what medication and dose will be prescribed for the child at the time the ADHD-RS is completed, you can click on the Open 1st Medication Form button on the upper right of the ADHD-RS form. If you enter this information later, you can select the First Medication Form button on the Child’s First Visit screen.

View/Modify Child, Parent, Teacher Information button allows you to go back to the child information form to update, add or view information.

The Close Form button closes the First Visit form and returns you to the switchboard.

**Patient Follow-Up Form**
This form is used for subsequent visits for the child. Click on the Patient Follow-Up Form button on the Focus Switchboard and you will see a screen that looks almost like the First Visit ADHD-RS score screen. The Child Lookup box provides a pull-down menu of children in the Focus database. You can highlight the name of the child for whom you are scoring a form, or you can type the first
letter of the last name to get to the approximate area in the list. You must select a child before you enter any other data.

Child Information.
Once a child is selected, information on practitioner (if entered), gender, date of birth will appear.

Enter the survey date and who completed the survey. These must be completed. The child’s age at time of survey and age-group will be calculated.

The fields to the right show the date of last medication prescription entered for the child and the medication and dosage. Confirm that this information is correct. If you have failed to enter a medication dose, you can add it by clicking Open New Medication Form. If there is an error in the entry, you may correct the information using the “Edit Current Medication Form” button, make changes to the existing record and click ‘done’.

You can still enter the ADHD-RS form and then open the new medication form to update that information. The medication information must be up-to-date before the titration report is printed.

Enter the responses to the ADHD-RS as you have entered the earlier survey. Calculate will display the percentile ranges and the clinical change. The next to the bottom box shows the total clinical change. This shows if the Total score is statistically significantly different from the previous total score. The bottom box shows the inattentive clinical change. This will show if the inattentive scale is statistically significantly different from the previous inattentive score.

The newer and older buttons allow you to review other surveys. The form shows how many surveys have been completed for the child. It does not count the current survey until you have completed all of it. The surveys are ordered from most recent to oldest, so the current form is always Form 1.

New Medication.
For each medication dose, you must enter:
- Prescription date
- Drug name
- Dosage
It is advisable to note the severity of side effects.

The New Medication Form button on the Follow-up Form takes looks a little different from the first medication form. It shows the current medication, treatment status (titration or maintenance) and a place to record side effects in the blue box. Enter information on the new prescription in the orange box. When you enter information on the new medication and the date of the medication, also complete the side effects box. You must enter the date, medication and dosage.
If you notice an error in the current prescription information, close the form and click on the Edit Meds button to correct the information.

The Close button will return you to the Patient Follow-up Form.

You may access the New Medication Form by either clicking the button on the Follow-up Form or by clicking on the New Prescription button on the Focus switchboard.

REPORTS.

The upper right corner lists various reports that can be printed: the titration report, current score report, patient progress report, and teacher progress report.

The titration report displays the changes in scores on the ADHDRS forms, the percentile range of each score, and the medication dose that corresponds to those scores. It will be discussed in more detail below.

The current score report, described earlier, prints out the results from the most recent individual ADHD-RS.

The Parent Progress Report and the Teacher Progress Reports can be printed as desired. The progress reports require at least two surveys from the respondent since they report change since the previous report. They produce a paragraph thanking the individual for completing the last survey and providing them feedback about the score and any significant change in scores since the last time they completed a form. These reports are optional. Providing feedback can bolster the motivation of respondents to continue filling out forms, since they feel they are getting feedback.

You can print the progress reports from the follow-up form or from the Focus switchboard. From the Focus switchboard, use the pulldown menu to select the appropriate child, and then click on the Teacher progress or Parent Progress buttons.

The Titration Report.
The Titration Report is the key report in the Focus software. It provides a chronological reporting of ADHD-RS scores organized by respondent, with medication information included as well.

The titration report is printed out for an individual child. You can print the titration report after completing the ADHD-RS follow-up forms, or you can print it from the opening switchboard. If printing from the opening switchboard, you must select the child for whom you are reporting.

The report lists the date, Hyperactivity Scale Score and range; Inattention Scale score and range; any clinically significant change since the previous report for
the inattention scale, and the total score and range and whether there is clinical change in the total score.

Each medication dosage is noted by the date of the prescription, drug and dosage, and whether any side effects were noted. This information appears in bold on the report and is ordered sequentially. ADHD-RS forms completed by parents and teachers are sorted by date and grouped with the appropriate medication dosage. A report completed less than three days after a medication change would be assigned to the earlier dosage, since we would expect that it takes more than 3 days before we see a medication effect on behavior.

The ADHDRS results are reported in each time period for the parent, teacher 1 and teacher 2 if available. The dates of the report are included as well as the scores.

In order to determine if a medication dosage has produced a significant change, one can look at the rightmost column on the report. In Sample 1, following, we see that the parent and teacher 1 both report significant improvement in the rightmost column. The column next to it shows the raw score and the percentile range.

You can access the titration report in two ways. You can click the button on the on the Follow-up Form. You can also print the titration report from the Focus switchboard. Use the pull-down menu to select the child whose report you want to print and then click the titration report button.

**MONITORING**

The materials in this section are optional. This section allows you to produce lists of children who need to have another ADHD-RS form completed, or who are overdue for having an ADHD-RS form completed. If you have entered parent name and phone number in the parent/child/teacher information screen, you can print out a sheet that could serve as a call list. If you have not, you can still print out a list of children’s names in order to pull charts and then call the families.

Some practices may want to monitor the receipt of the ADHD-RS forms in this manner; others may not.

*Set Monitoring Interval.* The Set Monitoring Interval allows you to set the intervals after which you consider an ADHD-RS form due and overdue. The default values are to consider an ADHD-RS form due 7 days after the completion of the last ADHD-RS, and consider it overdue at 21 days. You can keep these dates or change them.

*Titration Due and Overdue.* Clicking the Titration due button produces a list of those whose last titration report was 7 days ago. The Titration Overdue button produces a list of patients whose most recent ADHD-RS form was at least 21 days before (if you use the default value).
**Maintenance Due and Overdue.** The Maintenance Due and Maintenance Overdue buttons produce similar lists of children on Maintenance status. The date intervals for their follow-up are greater and can be set in the Set Monitoring Interval Form, like the Titration intervals. The default values for Maintenance are 70 days for a report due, and 120 days for a report being overdue.

**USING THE FOCUS SOFTWARE TO TITRATE MEDICATIONS**

Now, let’s look at how the software helps you titrate medications.

**Example 1.**

Our first hypothetical child is Carol Brown. Carol is a 7-year old female. To simplify, we’ll only look at the ADHD-RS forms completed by Carol’s teacher, Beth Smith.

Ms. Smith completes the Baseline ADHD-RS for Carol on 1/10/2004. Carol has a total score of 51 on the ADHD-RS, which is in the “Very High” range. Carol’s pediatrician places her on a dose of Ritalin 5 mg TID on January 11, 2004. He prints out the handouts contained in the Focus software and gives them to Carol’s mom.

On January 18, 2004, Ms. Smith completes another ADHD-RS for Carol. It shows that Carol’s total score has decreased to 44, which is in the high range, but the decrease is not statistically significant.

Her titration report looks like this:

Her pediatrician increases Carol’s dose of Ritalin to 10 mg TID on January 19.
On February 1, Ms. Smith completes her third ADHD-RS for Carol. Carol’s total score has decreased to 36, which is in the borderline clinical range. It is not a significant improvement over the previous dose.

Carol’s titration report looks like this:

Her pediatrician then increases Carol’s Ritalin to 15 mg TID on February 3.

Ms. Smith completes another ADHD-RS on February 11. The results of this survey show that Carol’s total score is now 12, which is in the average range. This is a significant improvement.

The titration report looks like this:

If Carol’s pediatrician were using the clinically significant change model, he or she would keep Carol on the dose of 15 mg of Ritalin TID, since her score was now in the average range and she had experienced a significant improvement. She did report minor side effects.
If Carol’s pediatrician were using the forced-choice titration model, he or she would now try Carol on a dose of 20 mg Ritalin TID. Carol was placed on this dose February 13. Her teacher, Ms. Smith, completed an ADHD-RS form on February 25. Carol’s total score was 4, which is in the below-average range, but it was not statistically significantly different from her previous score.

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug 1</th>
<th>Drug 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03/04</td>
<td>Ritalin AM: 15 MD: 15 PM: 15</td>
<td>AM: 0 MD: 0 PM: 0</td>
</tr>
<tr>
<td>Side Effects: Minor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher</td>
<td>8: average (50-74)</td>
<td>8: average (50-74)</td>
</tr>
<tr>
<td>2/11/04</td>
<td>Significant Improvement</td>
<td>Significant Improvement</td>
</tr>
<tr>
<td>Teacher</td>
<td>2/15/04</td>
<td>2/13/04</td>
</tr>
<tr>
<td>2: average (50-74)</td>
<td>2: below avg (&lt; 50)</td>
<td>No Significant Change</td>
</tr>
<tr>
<td>Side Effects: None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/25/04</td>
<td>4: below avg (&lt; 50)</td>
<td>No Significant Change</td>
</tr>
</tbody>
</table>

Using the forced-choice titration model, her pediatrician chooses the dose that produced a significant change and put her in the average range, 15 mg.

During the titration, Carol experienced some minor side effects from medications. She was not always hungry, but her family learned to give her some nutritious snacks.

The titration report shows scores for inattention and hyperactivity and changes in them as well as the total score and changes in it.

There may be an occasional situation in which the improvement in attentiveness lags behind improvement in hyperactivity/impulsivity. This can be checked by looking at the pattern of changes for the inattention scale and its clinical change. For Carol, scores went from 26 (very high) at baseline, to 23 (high average) at 5 mg, to 22 at 10 mg. it then dropped to 6 (average) at 15 mg and 2 at 20 mg. The pattern closely parallels that for the total score and requires no special action.

**Example 2.**

Example 2 is Garry Green, a 7-year-old boy. Garry is in a school where he has one primary teacher, who was able to fill out the forms regularly. His parents, of course did so, as well.

At baseline on 1/10/2004
- His mother’s score was a 30, which is in the borderline clinical range (slightly above the 90th percentile) for his age and sex. This is high enough, however, to warrant obtaining teacher reports on his classroom behavior.
- His teacher’s report yielded a score of 51, in the very high range (above the 98th percentile).
Garry’s pediatrician then started him on 5mg of Ritalin TID on 1/11/2004. On 1/18/2004, a parent and teacher report were received in the office and scored (see above).

- The parent score was now a 19, reflecting significant improvement over the prior score. The score of 19 was in the above average range.
- The teacher report was a 44, falling from the very high to the high average range but showing no significant improvement.

The physician then increased the dose to 10 mg t.i.d. because neither score was yet in the average range. That was done on 1/19/2004.

- On 1/31/2004, the parent returned a questionnaire, which had a score of 10. This score brought Garry’s behavior rating into the average range. However, it was not a significant improvement over the prior score of 19.
- When Garry’s teacher returned the form on 2/1/2004 and it was scored, the score had now dropped to 35. This is in the above average range, and does not reflect a significant change over the prior score of 44 (following).
The physician then increased the dose to 15 mg t.i.d. on 2/3/2004 (above).

- The parent score then dropped to 7 (below average), but without a significant clinical change.
- The teacher score dropped to 12 in the below average range, and that showed a significant improvement.

If the pediatrician were following the *clinically significant change procedure*, he or she would realize that the score for teachers was now in the average range and was also a significant improvement over the prior score. The doctor would then establish the 15 mg schedule during school hours as the maintenance dose. The doctor would then have to consider what to do about the afternoon dose, and weigh two factors: 1) both parent and teacher scores ratings are important, but teacher ratings are paramount; 2) although the parent ratings have not shown a significant improvement following the first titration and the doctor might consider a dose increase. However, the ratings for the child are in the below average range (score=7) and unlikely to improve any further.

If the pediatrician were following the *forced titration schedule*, he or she would increase the dose to 20 mg TID. In this example, that was done on 2/13/2004.

- The parent rating of 2/22/2004 declined to 6, showing no significant improvement over the prior score. This score is in the below average range.
- The teacher rating of 2/25/2004 declined to 4, also below average, and showing no significant improvement over the prior dose.
Because the scores at 15 mg were in the average range and the scores at 20 mg did not produce a significant improvement, the maintenance dose would be 15 mg TID.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hyperactivity Score/Status</th>
<th>Inattention Score/Status</th>
<th>Inattention Clinical Change</th>
<th>Total Score/Status</th>
<th>Total Clinical Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/13/2004</td>
<td>20 MD: 0 PM: 0</td>
<td>20</td>
<td>No Significant Change</td>
<td>60</td>
<td>No Significant Change</td>
</tr>
</tbody>
</table>

Example 3.

Example 3. Bret Blake is an 11-year-old boy who had ratings from two teachers as well as a parent. Both teachers see him more than once per day, but one is primarily with him in the morning, and the other primarily after lunch. The data were entered by the teacher’s name into the software, with the primary morning teacher being “Teacher 1” and the afternoon teacher being “Teacher 2”.

At baseline, on 1/10/2004
- His mother’s score was a 51, which is in the very high clinical range (above the 98th percentile) for his age and sex.
- His Teacher 1’s report yielded a score of 51, in the very high range (above the 98th percentile).
- His Teacher 2’s report yielded a score of 40, in the high range (93rd to 98th percentile).

It is of interest to note that there is an 11 point difference in the ratings of the two teachers, with one seeing him as “very high” and the other as “high”. The two scores, however, are not different at a clinically significant level—if there were, there would be an asterisk before the date for each teacher’s scores.

On 1/11/2004, the doctor then chose to start medication with 10 mg of Metadate CD, plus 5 mg of Ritalin after school.
On 1/18/2004, a parent and teacher report were received in the office and scored.

- The parent score was now a 44 (high range), reflecting no significant improvement over the prior score.
- The Teacher 1 report was a 44, also, still in the high average range, and showing no significant improvement.
- The Teacher 2 report was now a 29. This score is in the above average range, but showing no significant improvement.
- At this point the two teacher’s scores are significantly different from one another (see asterisks). The pediatrician might begin to wonder whether there were differences due to the way the classroom were run, differences in types of material, or in the reliability of the teachers as raters. The possibility of using different doses at different times of day might occur to the physician, although acting on that now would probably be premature (and, besides, not possible given the longer-acting nature of the medication chosen).
On 1/19/2004, the physician then increased the dose to 20 mg of Metadate CD in the morning and 10 mg of Ritalin after school.

ADHD-RSs were returned on 2/1/2004
- The parent score was now a 35 (high range), reflecting no significant improvement over the prior score.
- The Teacher 1 report was a 39, also, still in the high average range, and showing no significant improvement.
- The Teacher 2 report was now a 26. This score is in the above average range, and also showing no significant improvement.
- The two teacher's scores continue to be significantly different from one another. Still, neither is in the average range yet, so their difference in size is not likely to lead to any further action to resolve the discrepancies.

The dose was then increased on 2/3/2004 to 30 mg of Metadate CD plus 15 mg of Ritalin after school.

The ADHD-RSs were returned on 2/11/2004:
- The parent score was now a 12. This is in the average range, reflecting a significant improvement over the prior score.
- The Teacher 1 report was a 12, also in the average range, and showing a significant improvement.
- The Teacher 2 report was 10, in the below average range and showing a significant change.
Using the *clinically significant change procedure*, the pediatrician would now decide to stop titration and establish the 30 mg Metadate CD/15 mg Ritalin doses for maintenance.

Following the *forced titration schedule*, the pediatrician would continue increasing the dose to 40 mg Metadate CD and 20 mg Ritalin for the afternoon. This was done on 2/12/2004:

- The parent rating of 2/22/2004 declined to 4, showing no significant improvement over the prior score. This score is in the below average range.
- The Teacher 1 rating of 2/25/2004 declined to 4, also below average, and showing no significant improvement over the prior dose.
- The Teacher 2 rating declined to 4 and there was no clinical significant difference from the prior dose.

Because the scores at 30 mg of Metadate CD with 15 mg of Ritalin in the afternoon showed a significant improvement and going to 40 showed no improvement, the physicians would want prescribe the lower doses (30/15) as the maintenance doses.
<table>
<thead>
<tr>
<th>Date</th>
<th>Hyperactivity Score/Status</th>
<th>Inattention Score/Status</th>
<th>Inattention Clinical Change</th>
<th>Total Score/Status</th>
<th>Total Clinical Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/13/2004</td>
<td>M Drug 1: Ritalin AM: 20 PM: 20</td>
<td>Drug 2: AM: 0 PM: 0</td>
<td>Side Effects: None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How to enter:

<table>
<thead>
<tr>
<th>Task</th>
<th>Category</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD-RS (enter)</td>
<td>ADHDRS</td>
<td>1. New Child, 1st Visit&gt;1st Visit form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. New Child, Parent child teacher info&gt;enter rating scales button</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Patient Follow-up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. From ADHD-RS screen, button for enter new survey</td>
</tr>
<tr>
<td>ADHD-RS (edit)</td>
<td>ADHD-RS</td>
<td>Follow-up visit&gt; older/newer buttons to find form, change scores, click calculate to recalculate score.</td>
</tr>
<tr>
<td>Vanderbilt (enter)</td>
<td>Vanderbilt</td>
<td>1. Click on Vanderbilt check box</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. New Child, 1st Visit&gt;1st Visit form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. New Child, Parent child teacher info&gt;enter rating scales button</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Patient Follow-up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>From Vanderbilt screen, button for enter new survey</td>
</tr>
<tr>
<td>Vanderbilt (edit)</td>
<td>Vanderbilt</td>
<td>Click on Vanderbilt check box&gt;Follow-up visit&gt; older/newer buttons to find form, change scores, click calculate to recalculate score.</td>
</tr>
<tr>
<td>Background information on parent and child</td>
<td>Background information</td>
<td>New Child first visit&gt;Enter parent, child, teacher information</td>
</tr>
<tr>
<td>Child’s name</td>
<td>Background information</td>
<td>New Child first visit&gt;Enter parent, child, teacher information</td>
</tr>
<tr>
<td>Medication</td>
<td>Medication</td>
<td>New Child&gt;first visit&gt;first medication</td>
</tr>
<tr>
<td>Medication-edit</td>
<td>Medication</td>
<td>Patient follow-up&gt;edit medication</td>
</tr>
<tr>
<td>Parent’s name</td>
<td>Background information</td>
<td>New Child first visit&gt;Enter parent, child, teacher information</td>
</tr>
<tr>
<td>Parent’s name—correction</td>
<td>Background information</td>
<td>Follow-up form&gt;edit parent, child, teacher information</td>
</tr>
<tr>
<td>Reference</td>
<td>Physician Reference</td>
<td>Modules as file on computer</td>
</tr>
<tr>
<td>Teacher’s Name</td>
<td>Background information</td>
<td>New Child first visit&gt;Enter parent, child, teacher information</td>
</tr>
<tr>
<td>Teacher’s name—correction</td>
<td>Background information</td>
<td>Follow-up form&gt;edit parent, child, teacher information</td>
</tr>
</tbody>
</table>