NCAA Medical Exception Documentation Reporting Form
to Support the Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)
and Treatment with Banned Stimulant Medication

- Complete and maintain (on file in the athletics department) this form and required documentation supporting the medical need for a student-athlete to be treated for ADHD with stimulant medication.
- Submit this form and required documentation to Drug Free Sport in the event the student-athlete tests positive for the banned stimulant (see Drug Testing Exceptions Procedures at www.ncaa.org/drugtesting).

To be completed by the Institution:

Institution Name: Stephen F. Austin State University

Institutional Representative Submitting Form:
Name: Jeff Smith
Title: Head Athletic Trainer
Email: smithjs6@sfasu.edu
Phone: (936) 468-4550

Student-Athlete Name
Student-Athlete Date of Birth

To be completed by the Student-Athlete’s Physician:

Current Treating Physician (print name):
Specialty:
Office address
Physician signature: ___________________________ Date ____________

Check off that documentation representing each of the items below is attached to this report
  o Diagnosis.
  o Medication(s) and dosage.
  o Blood pressure and pulse readings and comments.
  o Note that alternative non-banned medications have been considered, and comments.
  o Follow-up orders.
  o Date of clinical evaluation: _________________
  o Attach written report summary of comprehensive clinical evaluation. Please note that this includes the original clinical notes of the diagnostic evaluation.
    The evaluation should include individual and family history, address any indication of mood disorders, substance abuse, and previous history of ADHD treatment, and incorporate the DSM criteria to diagnose ADHD. Attach supporting documentation, such as completed ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores.
    The evaluation can and should be completed by a clinician capable of meeting the requirements detailed above.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.

http://documentcenter.ncaa.org/msaa/saa/HealthandSafety/FormsTemplates/06142012ADHDreportingform.docx/RHB
ATTACHMENT

Attention Deficit Hyperactivity Disorder (ADHD) Guideline Attachment

Criteria for letter from prescribing Physician to provide documentation to the Athletics Department/Sports Medicine staff regarding assessment of student-athletes taking prescribed stimulants for Attention Deficit Hyperactivity Disorder (ADHD), in support of an NCAA Medical Exception request for the use of a banned substance.

The following must be included in supporting documentation:

- Student-athlete name.
- Student-athlete date of birth.
- Date of clinical evaluation.
- Clinical evaluation components including:
  - Summary of comprehensive clinical evaluation (referencing DSM-IV criteria) -- attach supporting documentation.
  - ADHD Rating Scale(s) (e.g., Connors, ASRS, CAARS) scores and report summary -- attach supporting documentation.
  - Blood pressure and pulse readings and comments.
  - Note that alternative non-banned medications have been considered, and comments.
  - Diagnosis.
  - Medication(s) and dosage.
  - Follow-up orders.

Additional ADHD evaluation components if available:

- Report ADHD symptoms by other significant individual(s).
- Psychological testing results.
- Physical exam date and results.
- Laboratory/testing results.
- Summary of previous ADHD diagnosis.
- Other comments.

Documentation from prescribing physician must also include the following:

- Physician name (Printed)
- Office address and contact information.
- Specialty.
- Physician signature and date.

DISCLAIMER: The National Collegiate Athletic Association shall not be liable or responsible, in any way, for any diagnosis or other evaluation made, or exam performed, in connection herewith, or for any subsequent action taken, in whole or in part, in reliance upon the accuracy or veracity of the information provided hereunder.
The NCAA bans classes of drugs because they can harm student-athletes and can create an unfair advantage in competition. Some legitimate medications contain NCAA banned substances, and student-athletes may need to use these medicines to support their academics and their general health. The NCAA has a procedure to review and approve legitimate use of medications that contain NCAA banned substances through a Medical Exceptions Procedure. The diagnosis of adult ADHD remains clinically based utilizing clinical interviews, symptom-rating scales, and subjective reporting from patients and others. The following guidelines will help institutions ensure adequate medical records are on file for student-athletes diagnosed with ADHD in order to request an exception in the event a student-athlete tests positive during NCAA Drug Testing.

1. **General considerations.** Student-athletes diagnosed with ADHD in childhood should provide records of the ADHD assessment and history of treatment. Student-athletes treated since childhood with ADHD stimulant medication but who do not have records of childhood ADHD assessment, or who are initiating treatment as an adult, must undergo a comprehensive evaluation to establish a diagnosis of ADHD. There are currently no formal guidelines or standards of care for the evaluation and management of adult ADHD. The diagnosis is based on a clinical evaluation. ADHD is a neurobiological disorder that should be assessed by an experienced clinician and managed by a physician to improve the functioning and quality of life of an individual.

   a. **Student-athletes** should have access to a comprehensive continuum of care including educational, behavioral, psychosocial and pharmacological services provided by licensed practitioners who have experience in the diagnosis and management of ADHD. Student-athletes treated with ADHD stimulant medication should receive, at a minimum, annual clinical evaluations.

   b. **Mental health professionals** who evaluate and prescribe medical therapy for student-athletes with ADHD should have appropriate training and experience in the diagnosis and management of ADHD and should have access to consultation and referral resources, such as appropriate medical specialists.

   c. **Primary care professionals** providing mental health services (specifically the prescribing of stimulants) for student-athletes with ADHD should have experience in the diagnosis and management of ADHD and should have access to consultation and referral resources (e.g., qualified mental health professionals as well as other appropriate medical specialists).

2. **Recommended ways to facilitate academic, athletics, occupational and psychosocial success** in the college athlete with adult ADHD taking prescribed stimulants include:

   a. Access to practitioners experienced in the diagnosis and management of adult ADHD.

   b. A timely, comprehensive clinical evaluation and appropriate diagnosis using current medical standards.
c. Access to disability services.

d. Appropriate medical reporting to athletics departments/sports medicine staff.

e. Regular mental health/general medical follow-up.

3. **Student-Athlete Document Responsibility.** The student-athlete’s documentation from the prescribing physician to the athletics departments/ sports medicine staff should contain a minimum of the following information to help ensure that ADHD has been diagnosed and is being managed appropriately (see Attachment for physician letter criteria):

   a. Description of the evaluation process which identifies the assessment tools and procedures.

   b. Statement of the Diagnosis, including when it was confirmed.

   c. History of ADHD treatment (previous/ongoing).

   d. Statement that a non-banned ADHD alternative has been considered if a stimulant is currently prescribed.

   e. Statement regarding follow-up and monitoring visits.

4. **Institutional Document Responsibility.** The institution should note ADHD treatment in the student-athlete’s medical record on file in the athletics department. In order to request a medical exception for ADHD stimulant medication use, it is important for the institution to have on file documentation that an evaluation has been conducted, the student-athlete is undergoing medical care for the condition, and the student-athlete is being treated appropriately. The institution should keep the following on confidential file:

   a. Record of the student-athlete’s evaluation.

   b. Statement of the Diagnosis, including when it was confirmed.

   c. History of ADHD treatment (previous/ongoing).

   d. Copy of the most recent prescription (as documented by the prescribing physician).
5. **Requesting an NCAA Medical Exception:**

   a. The student-athlete should report the banned medication to the institution upon matriculation or when treatment commences in order for the student-athlete to be eligible for a medical exception in the event of a positive drug test.

   b. A student-athlete’s medical records or physician’s letter should **not** be sent to the NCAA, unless requested by the NCAA.

   c. The use of the prescribed stimulant medication **does not** need to be reported at the time of NCAA drug testing.

   d. Documentation should be submitted by the institution in the event a student-athlete tests positive for the banned stimulant.

**Note:** The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports may approve stimulant medication use for ADHD without a prior trial of a non-stimulant medication. Although the NCAA Medical Exception Policy requires that a non-banned medication be considered, the medical community has generally accepted that the non-stimulant medications may not be as effective in the treatment of ADHD for some in this age group.
NCAA Guidelines to Document ADHD Treatment with Banned Stimulant Medications
Addendum to the January 2009 Guidelines
Q & A March 2009

Updated July 2010
(*New Questions)

1. *What is the outcome in the case of a student-athlete who tests positive for stimulant medication prescribed to them by a legitimate medical provider but has no documentation to support the diagnosis, and who subsequently undergoes an evaluation that determines the student-athlete does not have ADD/ADHD?*

   - This case above will be reviewed under the drug-testing appeals process. The outcome of that process may be not to penalize the student-athlete, but require the student-athlete to discontinue using the banned medication.

2. *Is the documentation of a diagnostic assessment required to meet the NCAA Medical Exception Policy for treatment with stimulants for ADD/ADHD the same as that required for academic accommodations through the institution’s disability resource center?*

   - No, the diagnostic evaluation to meet the NCAA documentation criteria does not need to include the full battery of testing for learning disabilities generally conducted for the institution’s disability resource center review. In order to meet NCAA criteria, the institution must submit documentation of the clinicians write up, to include a comprehensive history and assessment as it relates to DSM criteria for ADHD, including the measures used to rate the student-athlete’s symptoms of attention deficit. This evaluation should be accompanied by a signed letter from the prescribing physician describing the course of treatment and current prescription.

3. Why is the NCAA instituting a stricter application of the medical exception policy for the use of banned stimulant medications to treat ADHD?*

   - The stricter application reflects a stronger stand on policy enforcement, protecting the student-athlete competing while using these stimulants, and the integrity of the sport. *This stricter application of the medical exception policy is intended to provide clearer documentation of the student-athlete’s evaluation, and not intended to replace the clinician’s evaluation and treatment.*

As experienced across campus, more and more college students-athletes are being treated with stimulant medications for ADHD. These stimulants are banned for use in NCAA competition for both performance and health reasons, and using them may result in a positive drug test and loss of eligibility, unless the student-athlete provides adequate documentation of a diagnostic evaluation for ADHD and appropriate monitoring of treatment. In recent years, the number of student-athletes testing
positive for these stimulant medications has increased 3 fold, and in many cases there has been inadequate documentation submitted in support of the request for a medical exception to the NCAA banned drug policy.

4. Who was consulted in the development of the guidelines?

- The NCAA sought consultation from MDs, Psychiatrists, Psychologists and others in the development of the guidelines for appropriate documentation requirements; these were then reviewed and approved by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports.

5. How was the change communicated to the membership?

- Beginning in January 2008, the membership received notification of the effective date of the stricter application -- August 2009 -- in the form of NCAA News articles, notices in email communications, and the posting of a video describing the rational and expectations of the stricter application. This 18 month period of notice would allow member institutions to inform current and incoming student-athletes to be prepared to gather the necessary documentation of the diagnosis, course of treatment and current prescription.

6. Who needs to conduct the evaluation?

- The initial evaluation may be conducted by clinicians with experience in assessing ADHD; these include school psychologists, clinical psychologists, psychiatrists, other MD’s and their supervised clinicians.

7. What type of ADHD evaluation documentation needs to be submitted to support an ADHD diagnosis and treatment with banned stimulant medication? What is acceptable and what is not acceptable proof an evaluation has been conducted?

- The documentation should include a comprehensive clinical evaluation, recording observations and results from ADHD rating scales, a physical exam and any lab work, previous treatment for ADHD, and the diagnosis and recommended treatment. The physician can provide documentation of the above either with a cover letter and attachments or provide the medical record. This documentation should be kept on file in the athletics department until such time that the student-athlete tests positive for the
stimulant. A simple statement from the prescribing physician that he or she is treating the student-athlete for ADHD with said medication IS NOT adequate documentation.

8. Will an assessment conducted more than three-five years ago be acceptable?

- Yes, in fact the expectation is that for many student-athletes, the evaluation and initiation of treatment likely began during grade school. Documentation of that evaluation, along with the history of treatment and current prescription, should be submitted by the student-athlete to their sports medicine staff upon matriculation.

9. What is required of a student-athlete who for years has been prescribed stimulant medication to treat ADHD but has not undergone a full assessment?

- In order to obtain a medical exception, the student-athlete must undergo a full assessment as described above. This may be conducted on campus, through a community mental health service, or by any experienced clinician.

10. Does a student-athlete need to have an updated letter from the prescribing physician on file each year of their eligibility?

- Yes, an annual follow-up with the prescribing physician is the minimum standard, and that can be reflected in a letter from the physician or a copy of the medical record, with written indication of the current treatment.

11. Do physicians have to use a certain form when performing the evaluation for ADHD?

- There is no specific form physicians need to use to perform an evaluation. The guidelines present the criteria identifying what to report, and several ADHD rating scales are listed, but it is the totality of the clinician’s evaluation that should be reflected in the documentation. This evaluation should be conducted by a clinician experienced in assessing ADHD.

12. Can an institution pay for the evaluation to diagnose ADHD?

- From an interpretation: Institution paying for academic performance testing
Date Issued: October 26, 1988 Date Published: October 26, 1988 (Item Ref: g).

g. Institution Paying for Academic Performance Testing: Determined that Constitution 3-1-(h)-(4)-(i) [incidental benefits -- tutoring expenses] would permit an institution to pay for tests to determine the academic performance level of enrolled student-athletes in order to identify potential academic problems, inasmuch as such a diagnostic test is considered part of the tutoring process. Recommended that this interpretation be published in LAC subsequent to review by LIC.

13. What happens if neither the school nor student-athlete can afford to pay for the testing?

- In each division, the institution can submit an incidental expense waiver. For Division I, SAOF may be used if it is approved by their conference office.

14. Some student-athletes are embarrassed and don’t reveal that they are taking medication for ADHD. How does the institution address this issue?

- The institution should be proactive in communicating the importance to all student-athletes about reporting to sports medicine all medical issues and medications – in order to avoid loss of eligibility and to respond appropriately in any medical emergency. The need for this reporting should be expressed to the student-athlete as standard operating procedure and addressed during initial medical assessments and subsequent health histories. The NCAA is preparing a poster to remind student-athletes to report all medications.

15. Does the student-athlete need to first try non-stimulant medication to treat ADHD?

- The student-athlete does not need to be put on a trial of non-stimulant medication, but the documentation must note that a non-stimulant alternative was considered and why the stimulant medication was chosen.

16. If a student-athlete received a medical exception for the use of banned stimulant medication to treat ADHD prior to August 2009, will that student-athlete be required to meet this policy application?

- There is no 'grandfathering' on this issue; for any positive drug test occurring from August 1, 2009, a medical exception for the use of banned stimulant medication must
include the required documentation, even if a student-athlete has received a medical exception for ADHD stimulant medication prior to August 2009.

17. How will the policy address a student-athlete who tests positive for a banned stimulant prescribed by their physician but has not undergone a full assessment for an ADHD diagnosis?

- If a student-athlete has not undergone an evaluation and/or cannot produce documents at the time the positive test is confirmed with the institution, the student-athlete must be declared ineligible until 1) the documentation can be produced or 2) a drug-test appeal is heard and approved.

18. Does a student-athlete currently on stimulant medication but lacking a formal evaluation need to discontinue the medicine in order to undergo the assessment?

- If a student-athlete has been on a prescribed stimulant medication, but no evaluation documentation is available, and the student-athlete will be referred for evaluation to document the diagnosis of ADHD, they can continue the medication if helpful and they are tolerating it. Clinicians familiar with ADHD regularly see patients who are taking ADHD medications and have no formal documentation at the time. There is no need to stop the medication and interfere with appropriate treatment of the medical condition. The evaluation is a clinical evaluation which includes taking a comprehensive history, evaluation current/past symptoms, reviewing the effects of medications (including getting information from the patient's prescription/med bottle), checklists, etc. There is no need to take the patient off the medication for evaluation especially if they are doing well.

19. How will clinical notes and testing results be secure once the institution sends these documents to the NCAA?

- The information provided by the school to the NCAA to address drug-testing issues is covered by the Student-Athlete Statement and Drug-Testing Consent compliance forms. All subsequent use of these materials by NCAA review committees follow strict NCAA confidentiality protocols.

20. How will this policy be communicated to student-athletes?
The institution is responsible to communicate to all student-athletes NCAA banned drug policies, including the medical exception policy. The medical exception policy information is available in the Drug-Testing Program handbook, on-line at NCAA.org and also included in the Drug-Education and Drug-Testing video (to be updated summer 2009). In addition, the NCAA will provide posters spring 2009 to all NCAA institutions that alert student-athletes to the need to report all medications.
Adult Attention Deficit Hyperactivity Disorder (ADHD)
Sample Evaluation Format*

Comprehensive Clinical Assessment.

1. **Careful Longitudinal History Identifying Lifelong Symptoms and Current Impairment.**
   Evaluate for other conditions in addition to ADHD that would explain the symptoms and impairment including:
   - Mood disorders (major depressive disorder, bipolar disorder)
   - Anxiety disorders (panic, obsessive-compulsive, generalized anxiety, social anxiety, posttraumatic stress)
   - Substance use disorders
   - Antisocial disorder
   - Learning disorders

2. **Past History.**
   - Psychiatric
   - General Medical (focus on cardiovascular disease risk factors)
   - Occupational
   - Relationship
   - Legal
   - Medications (prescribed, over-the-counter, alternative, supplements)
   - Substance use (alcohol, caffeine, nicotine, illicit)
   - Review of previous medical records if available

3. **Personal/Social History** (includes corroboration of patient ADHD symptom reports if available).

4. **Family History.**
   - Psychiatric
   - General Medical (focus on cardiovascular disease risk factors)

5. **Review of Systems.**
   - General (focus on cardiovascular disease risk factors)
   - Sleep
   - Appetite
   - Weight
   - Suicide/Homicide

6. **Mental Status Examination.**

7. **Physical Exam/Indicated Laboratory/Testing*** (e.g., blood pressure, pulse, electrocardiogram).
8. Adult ADHD Rating Scales [e.g., Adult ADHD Self-Report Scale (ASRS); Conners’ Adult ADHD Rating Scales (CAARS)].

9. Other Testing (e.g., psychological/neuropsychological testing).

10. Assessment/Diagnosis.

11. Treatment /Follow-up Plan (e.g., initial follow-up +/- 1 month; periodically thereafter).

12. Consultation with ADHD experienced practitioner as needed.

13. Disability services evaluation as needed.

14. Fact sheet for stimulant use for ADHD.

15. Review of important safety information regarding stimulant use (e.g., avoidance in symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, glaucoma, during or within 14 days of MAOI use).

16. Practitioner policy for stimulant misuse; lost or stolen stimulant prescription.

   Sample: STUDENT STIMULANT MISUSE POLICY:

   Stimulants are Schedule-II drugs, which are controlled medications by the DEA (Drug Enforcement Administration). This means your doctor cannot give refills for your stimulant medication unless a new prescription is written for each refill. Schedule-II medications cannot be refilled by telephone. Misuse of stimulant medications is a common and recognized concern in the USA. THIS OFFICE WILL NOT TOLERATE MISUSE. EVEN THE APPEARANCE OF MISUSE IS ENOUGH JUSTIFICATION TO CEASE STIMULANT TREATMENT. THERE WILL BE NO REFILLS GIVEN FOR LOST OR STOLEN PRESCRIPTIONS. Do not give your prescription medication to anyone. Keep your medication in a safe place where others do not have access.

   * Format is intended as a guideline and not as a specific way to practice. It is an example drawn from clinical practice experience and current scientific literature. The prescribing practitioner should use individual professional judgment.

   ** Impairment defined as relative to an average-functioning individual.

   *** There are no across-the-board recommendations for laboratory testing or diagnostic examinations for adult ADHD. The prescribing practitioner may request testing as individually indicated and appropriate.
**Adult ADHD-RS-IV* with Adult Prompts**

The ADHD-RS-IV with Adult Prompts is an 18-item scale based on the DSM-IV-TR criteria for ADHD that provides a rating of the severity of symptoms. The adult prompts serve as a guide to explore more fully the extent and severity of ADHD symptoms and create a framework to ascertain impairments. The first 9 items assess inattentive symptoms and the last 9 items assess hyperactive-impulsive symptoms. Scoring is based on a 4-point Likert-type severity scale: 0 = none, 1 = mild, 2 = moderate, 3 = severe. Clinicians should score the highest score that is generated for the prompts for each item.

Example: if one prompt generates a “2” and all others are a “1,” by convention, the rating for that item is still a “2”

Significant symptoms in clinical trials are generally considered at least a “2” – moderate.

<table>
<thead>
<tr>
<th></th>
<th>Carelessness</th>
<th>Difficulty sustaining attention in activities</th>
<th>Doesn't listen</th>
<th>No follow through</th>
<th>Can't organize</th>
<th>Avoids/dislikes tasks requiring sustained mental effort</th>
<th>Loses important items</th>
<th>Easily distractible</th>
<th>Forgetful in daily activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Carelessness</td>
<td>Do you make a lot of mistakes (in school or work)?</td>
<td>Is this because you're careless?</td>
<td>Do you rush through work or activities?</td>
<td>Do you have trouble with detailed work?</td>
<td>Do you not check your work?</td>
<td>Do people complain that you're careless?</td>
<td>Are you messy or sloppy?</td>
<td>Is your desk or workspace so messy that you have difficulty finding things?</td>
</tr>
<tr>
<td>2.</td>
<td>Difficulty sustaining attention in activities</td>
<td>Do you have trouble paying attention when watching movies, reading, or attending lectures?</td>
<td>Or on fun activities such as sports or board games?</td>
<td>Is it hard for you to keep your mind on school or work? Do you have unusual trouble staying focused on boring or repetitive tasks?</td>
<td>Does it take a lot longer than it should to complete tasks because you can't keep your mind on the task?</td>
<td>Is it even harder for you than some others you know?</td>
<td>Do you have trouble remembering what you read and do you need to re-read the same passage several times?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Doesn't listen</td>
<td>Do people (spouse, boss, colleagues, friends) complain that you don't seem to listen or respond (or daydream) when spoken to or when asked to do tasks? A lot?</td>
<td>Do people have to repeat directions?</td>
<td>Do you find that you miss the key parts of conversations because of drifting off in your own thoughts? Does it cause problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>No follow through</td>
<td>Do you have trouble finishing things (such as work or chores)?</td>
<td>Do you often leave things half done and start another project?</td>
<td>Do you need consequences (such as deadlines) to finish?</td>
<td>Do you have trouble following instructions (especially complex, multi-step instructions that have to be done in a certain order with different steps)?</td>
<td>Do you need to write down instructions, otherwise you will forget them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Can't organize</td>
<td>Do you have trouble organizing tasks into ordered steps?</td>
<td>Is it hard prioritizing work and choose?</td>
<td>Do you need others to plan for you?</td>
<td>Do you have trouble with time management? Does it cause problems?</td>
<td>Does difficulty in planning lead to procrastination and putting off tasks until the last moment possible?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Avoids/dislikes tasks requiring sustained mental effort</td>
<td>Do you avoid tasks (work, chores, reading, board games) that are challenging or lengthy because it's hard to stay focused on these things for a long time?</td>
<td>Do you have to force yourself to do these tasks?</td>
<td>How hard is it?</td>
<td>Do you procrastinate and put off tasks until the last moment possible?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Loses important items</td>
<td>Do you lose things (eg. important work papers, keys, wallet, coat, etc.) A lot? More than others?</td>
<td>Are you constantly looking for important items?</td>
<td>Do you get into trouble for this (at work or at home)?</td>
<td>Do you need to put items (eg. glasses, wallet, keys) in the same place each time, otherwise you will lose them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Easily distractible</td>
<td>Are you ever very easily distracted by events around you such as noise (conversation, TV, radio), movement, or clutter?</td>
<td>Do you need relative isolation to get work done?</td>
<td>Can almost anything get your mind off of what you are doing, such as work, chores or if you're talking to someone?</td>
<td>Is it hard to get back to a task once you stop?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Forgetful in daily activities</td>
<td>Do you forget a lot of things in your daily routine? Like what? Chores? Work? Appointments or obligations?</td>
<td>Do you forget to bring things to work, such as work materials or assignments due that day?</td>
<td>Do you need to write regular reminders to yourself to do most activities or tasks, otherwise you will forget?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Question</td>
<td>Severity Options</td>
<td>Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Squirms and fidgets. Can you sit still or are you always moving your hands or feet, or fidgeting in your chair? Do you tap your pencil or your feet a lot? Do people notice?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Can't stay seated. Do you have trouble staying in your seat? At work? In class? At home (e.g., watching TV, dinner)? In church or temple?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Runs/climbs excessively. Do you feel restless inside? A lot? Do you talk when others are talking, without waiting until they finish asking? Do you feel more agitated when you cannot get your point across in conversations or at work?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Can't play/work quietly. Do you have a hard time playing/working quietly, or do you often need to be busy even when you have free time? Are you agitated or restless in leisure activity (nonstructured times or on vacation)?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>On the go, &quot;driven by a motor&quot;. Is it hard for you to slow down? Do you feel like you (often) have a lot of energy and that you always have to be moving, are always &quot;on the go&quot;? Do you feel like you're driven by a motor? Do you feel unable to relax?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Talks excessively. Do you talk a lot? All the time? More than other people? Do people complain about your talking? Is it a problem? Are you often louder than the people you are talking to?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Blurts out answers. Do you consciously resist fidgeting or squirming? Do you give answers to questions before someone finishes asking? Do you say things before it is your turn? Do you say things that don't fit into the conversation? Do you do things without thinking? A lot?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Can't wait for turn. Do you have to force yourself to remain seated? Is it hard for you to wait your turn (in conversation, during a lecture)? Are you frequently frustrated with delays? Does it cause problems?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Intrudes/interrupts others. Do you feel restless inside? A lot? Do you talk when others are talking, without waiting until they finish asking? Do you feel more agitated when you cannot get your point across in conversations or at work? Do you butt into others' conversations before being invited?</td>
<td>0, 1, 2, 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Instructions

The questions on the back page are designed to stimulate dialogue between you and your patients and to help confirm if they may be suffering from the symptoms of attention-deficit/hyperactivity disorder (ADHD).

Description: The Symptom Checklist is an instrument consisting of the eighteen DSM-IV-TR criteria. Six of the eighteen questions were found to be the most predictive of symptoms consistent with ADHD. These six questions are the basis for the ASRS v1.1 Screener and are also Part A of the Symptom Checklist. Part B of the Symptom Checklist contains the remaining twelve questions.

Instructions:

Symptoms

1. Ask the patient to complete both Part A and Part B of the Symptom Checklist by marking an X in the box that most closely represents the frequency of occurrence of each of the symptoms.

2. Score Part A. If four or more marks appear in the darkly shaded boxes within Part A then the patient has symptoms highly consistent with ADHD in adults and further investigation is warranted.

3. The frequency scores on Part B provide additional cues and can serve as further probes into the patient’s symptoms. Pay particular attention to marks appearing in the dark shaded boxes. The frequency-based response is more sensitive with certain questions. No total score or diagnostic likelihood is utilized for the twelve questions. It has been found that the six questions in Part A are the most predictive of the disorder and are best for use as a screening instrument.

Impairments

1. Review the entire Symptom Checklist with your patients and evaluate the level of impairment associated with the symptom.

2. Consider work/school, social and family settings.

3. Symptom frequency is often associated with symptom severity, therefore the Symptom Checklist may also aid in the assessment of impairments. If your patients have frequent symptoms, you may want to ask them to describe how these problems have affected the ability to work, take care of things at home, or get along with other people such as their spouse/significant other.

History

1. Assess the presence of these symptoms or similar symptoms in childhood. Adults who have ADHD need not have been formally diagnosed in childhood. In evaluating a patient's history, look for evidence of early-appearing and long-standing problems with attention or self-control. Some significant symptoms should have been present in childhood, but full symptomology is not necessary.
# Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today’s appointment.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Today’s Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
</tbody>
</table>

1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?

2. How often do you have difficulty getting things in order when you have to do a task that requires organization?

3. How often do you have problems remembering appointments or obligations?

4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?

5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?

6. How often do you feel overly active and compelled to do things, like you were driven by a motor?

7. How often do you make careless mistakes when you have to work on a boring or difficult project?

8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?

9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?

10. How often do you misplace or have difficulty finding things at home or at work?

11. How often are you distracted by activity or noise around you?

12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?

13. How often do you feel restless or fidgety?

14. How often do you have difficulty unwinding and relaxing when you have time to yourself?

15. How often do you find yourself talking too much when you are in social situations?

16. When you’re in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?

17. How often do you have difficulty waiting your turn in situations when turn taking is required?

18. How often do you interrupt others when they are busy?

## Part A

## Part B
NCAA Medical Exceptions – including case examples for use of stimulants, finasteride (Propecia), and testosterone. This stricter application will be applied effective August 2009.

The NCAA list of banned drug classes is composed of substances that are generally reported to be performance enhancing. The NCAA bans performance enhancing drugs to protect student-athlete health and safety and ensure a level playing field, and it also recognizes that some of these substances may be legitimately used as medications to treat student-athletes with learning disabilities and other medical conditions.

Accordingly, the NCAA allows exceptions to be made for those student-athletes with a documented medical history demonstrating the need for regular use of such a drug. The benefit of a medical exception procedure is that in most cases the student-athlete’s eligibility remains intact during the process.

Exceptions may be granted for substances included in the following classes of banned drugs: stimulants, beta blockers, diuretics, anti-estrogens, anabolic agents (steroids)*, and peptide hormones* (Bylaw 31.2.3). (*anabolic agents and peptide hormones must be approved by the NCAA before the athlete is allowed to participate while taking these medications. The institution, through its director of athletics, may request an exception for use of an anabolic agent or peptide hormone by submitting to The National Center for Drug Free Sport (Drug Free Sport) any medical documentation it wishes to have considered.)

In all cases, a student-athlete, in conjunction with his or her physician, must document that other non-banned alternatives have been considered prior to requesting the medical exception for the use of a medication containing a banned substance. It is the responsibility of the institution to educate student-athletes about this policy, and to follow-up with any student-athlete who identifies the use of a banned medication to determine if standard non-banned medications have been pursued and documented.

In order for a student-athlete to be granted a medical exception for the use of a medication that contains a banned substance, the student-athlete must:

- have declared the use of the substance to his or her athletics administrator responsible for keeping medical records,
- present documentation of the diagnosis of the condition, and
- provide documentation from the prescribing physician explaining the course of treatment and the current prescription.

Requests for medical exceptions will be reviewed by physicians who are members of the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. Medical exceptions will be granted if the student-athlete has presented adequate documentation noted above.

Unless requesting a review for the medical use of an anabolic agent or peptide hormone, a student-athlete's medical records or physicians’ letters should not be sent to the NCAA unless requested by the NCAA. Also, the use of the substance need not be reported at the time of NCAA drug testing.
Following are three treatment issues to help illustrate the medical exception procedure:

**ADHD** – Attention Deficit/Hyperactivity Disorder is one of the most common neurobehavioral disorders of childhood and can persist through adolescence and into adulthood. ADHD is generally diagnosed in childhood, but sometimes not until college or later. The most common medications used to treat ADHD are methylphenidate (Ritalin) and amphetamine (Adderall), which are banned under the NCAA class of stimulants. In order for a medical exception to be granted for the use of these stimulant medications, the student-athlete must show that he or she has undergone standard assessment to identify ADHD. Frequently a student-athlete may find that the demands of college present difficult learning challenges. They may realize that some of their teammates are benefitting from the use of these medications, and figure they should ask their team physician or family doctor to prescribe the same for them. **If they do not undergo a standard assessment to diagnose ADHD, they have not met the requirements for an NCAA medical exception.** Most colleges provide these types of assessment through their student support services or counseling and testing centers. The student-athlete should either provide documentation of an earlier assessment, or undergo an assessment prior to using stimulant medication for ADHD. If the diagnosis is ADHD, the student-athlete may then pursue treatment with the team physician or family physician for a prescription for stimulant medication, and provide all documentation to the appropriate athletics administrator to keep in the file in the event the student-athlete is selected for drug testing and tests positive. At that point, the athletics administrator will be instructed to provide the documentation for review by the medical panel, and if all is in order, the student-athlete’s medical exception is granted.

**Male-pattern baldness** -- Androgenic alopecia is a common form of hair loss in both men and women. In men, this condition is also known as male-pattern baldness. Hair is lost in a well-defined pattern, beginning above both temples. Over time, the hairline recedes to form a characteristic "M" shape. Hair also thins at the crown of the head, often progressing to partial or complete baldness. Non-banned medications are available to treat this condition. Finasteride (trade name Propecia), which is prescribed in some cases to treat male-pattern baldness, is a banned substance under the class of masking agents, as it interferes with the ability to identify steroid use. Before using finasteride, a student-athlete must exhaust other standard medications and document this effort. All documentation should be submitted to the sports medicine staff to review and maintain in the student-athlete’s record. In the event a student-athlete tests positive for the use of finasteride, the institution will then submit the full record for a medical exception review.

**Hypogonadism** – or testosterone deficiency, results either from a disorder of the testes (primary hypogonadism) or of the hypothalamus or pituitary glands (secondary hypogonadism). Causes of primary hypogonadism include Klinefelter’s syndrome, undescended testicles, and hemochromatosis. Secondary hypogonadism can be due to aging, increasing body mass index, and/or type 2 diabetes mellitus. Treatment for hypogonadism may include testosterone medication. Testosterone falls under the banned drug class “anabolic agents”. A student-athlete must request approval to use medication with testosterone **prior to participation** while using this substance. A full medical documentation of the diagnosis, course of treatment and prescription history must be provided by the institution prior to allowing the student-athlete to compete on this medication. If a student-athlete tests positive for testosterone and has not obtained prior approval to use this substance, the case must go to appeal.

In all cases, if a student-athlete does not meet the criteria for a medical exception, the student-athlete may request an appeal hearing of his positive drug test. In this case, the student-athlete’s eligibility will be suspended pending the outcome of the appeal. Questions about this policy may be directed to Mary Wilfert, Associate Director, Health and Safety, mwilfert@ncaa.org or 317-917-6319.