A Randomized Clinical Trial of BaDuanJin in Treatment of Attention Deficit Hyperactivity Disorder with Hyperactive-Impulsive Symptom

STATISTICAL ANALYSIS PLAN

Clinicaltrials.gov Number: NCT04282460

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Core writing group

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SAP version history

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Version Date	SAP version#	Details of Changes	Signatures
September 27, 2021	1.0	-	-
December 8, 2021	1.2	Adding detail description of multiple imputations	Daqian Zhu Weili Yan Yin Wang
December 12, 2021	1.3	Add Graphical/Table displays	Daqian Zhu Weili Yan Yin Wang
July 26, 2022	1.4	Adding more secondary outcomes (CANTAB test and BRIEF2 scale) analyses; Adding effect size description	Daqian Zhu Weili Yan Yin Wang
October 25, 2022	2.0	Adding more detail information of sample size calculation ; Adding detail description of GLMM estimation	Daqian Zhu Weili Yan Yin Wang

Protocol A Randomized Clinical Trial of BaDuanJin in Treatment of Attention Deficit Hyperactivity Disorder with Hyperactive-Impulsive Symptom

Statistical Analysis plan

The Data Management and Statistical Analysis Plan is directed to support the aims of the study

Version 2.0

September 27, 2021 Draft

October 25, 2022 Modified

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Introduction

ADHD is a common neurodevelopmental disorder characterized by a persistent pattern of inattention and/or hyperactivity and impulsivity, resulting in functional impairment in multiple settings. The prevalence in China is estimated to be 6.26%[1]. Physical exercise is indicted as an alternative approach to the treatment of ADHD, used independently or complementary to medication or behavioral interventions that can yield both acute and lasting positive effects on executive function, which is known as the core neurobiological deficit in ADHD. Baduanjin exercise, a combination of physical exercise and Chinese qigong movement, is considered as a potential alternative treatment to ADHD in Traditional Chinese Medicine (TCM). This study aims to evaluate the effectiveness of Baduanjin exercise on reducing the hyperactive-impulsive symptoms of children with ADHD compared with the current treatment, routine exercise, as the control treatment.

1.Study Objective and Outcomes

1.1. Study Objective

The aim of this randomized controlled trial is to explore the effectiveness of Baduanjin practice versus routine physical exercise in improving Hyperactive-Impulsive Symptoms among pediatric ADHD patients.

2.2. Outcomes

2.2.1. Primary outcome

Hyperactivity/Impulsivity score change assessed by doctor version of SNAP-IV scale at 3th month.

Time Frame: Baseline, 3th month after initiation of intervention

Type: repeated measured continuous variable

2.2.2. Secondary outcomes

(1) Hyperactivity/Impulsivity score change assessed by doctor version of SNAP-IV scale at 6th month.

Time Frame: Baseline, 6th month after initiation of intervention

Type: repeated measured continuous variable

(2) Hyperactivity/Impulsivity score changes assessed by parent version of SNAP-IV scale.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(3) Changes of Scoring evaluation of the TCM symptoms.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(4) Change scores of inattention and Oppositional Defiant Disorder (ODD) subscale assessed by doctor version of SNAP-IV scale.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(5) Change scores of inattention and Oppositional Defiant Disorder (ODD) subscale score assessed by parent version of SNAP-IV scale.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(6) The changes of Weiss Functional Impairment Rating Scale (WFIRS) score.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(7) The changes of parent version of Achenbach Child Behavior Checklist (CBCL) score.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(8) The changes of Child version of Achenbach Child Behavior Checklist (CBCL) score.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(9) The changes of CANTAB test (neuropsychological tests) score.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(10) The changes of BRIEF2 scale (ecological rating scale) score.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(11) The changes of Visual Perception-2nd edition (DTVP-2) score.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

(12) The changes of Child Sensory Integration Checklist score.

Time Frame: Baseline, 3th month and 6th month after initiation of intervention

Type: repeated measured continuous variable

3. Study Design

3.1. Design

The trial is a single-blind, superiority, randomized controlled trial. Patients fulfil the eligibility criteria as outlined in the protocol are invited to participate consecutively and are randomized individually to control or experimental arm. Block randomization (block size of 4) will be applied.

3.2. Trial Sites

Single center: Children's hospital of Fudan University

Children’s Hospital of Fudan University is a comprehensive tertiary pediatric hospital and one of the national children’s medical centers. Patients are enlisted at the clinic of both Child psychology department and TCM department.

3.3. Interventions

3.3.1. Experimental group

Intervention: Baduanjin exercise

Use the Baduanjin training system to practice the whole set of Baduanjin at least once a day and at least 5 days each week and last for 3 months.

More detailed information of Baduanjin practice is presented in the protocol.

3.3.2. Control group

Active Comparator: Regular physical exercise

Take routine physical exercise (any kind of routine physical exercise including jogging, bike-riding, badminton, table tennis, soccer, basketball, aerobics and rope skipping.) for 30 minutes, 5 days each week under the supervision of caregivers in addition to regular physical activities at school and last for 3 months.

3.4. Randomization

According to the random seeds (seed:20200618), numbers from 1 to 6 were randomly generated by the R software (version 4.0.0) for each block, and each number corresponded to one of six plans for allocating four participants of the block to two arms in a 1:1 ratio. Each allocation sequence was placed in small, opaque, and sealed envelopes numbered and marked in order from one to four and were enclosed in a larger,

opaque, and sealed envelope marked with the block number.

A randomization plan and concealed envelopes were prepared by an independent team of statisticians from the Clinical Trial Unit (CTU) of the Children's Hospital of Fudan University. Recruited patients will be randomly allocated in a 1:1 ratio to the control or experimental group based on the randomization plan: After obtaining signed informed consent from the eligible participant, the trained physician will meet with the prespecified institutional nurse to achieve the allocation plan for the very participant, as indicated by the corresponding envelope. Block envelopes and the four enclosed small envelopes will be opened in order. The nurse will administer the allocation record form in front of the physician.

3.5. Blinding

The physicians in charge of outcome evaluation will be blinded about the grouping of the patients. The trial statistician will also be blinded regarding the treatment code when he develops the statistical analysis plan and writes the statistical programs, which will be validated and completed using dummy randomization codes. The actual allocation will only be provided to the study team after lock of the database.

3.6. Sample Size

The sample size was calculated based on the primary outcome. According to our 3 months pilot study, the change score of Hyperactivity/Impulsivity assessed by doctor version of SNAP-IV scale in Baduanjin practice group (N=23) was 3.52 with a standard deviation of 5.81. Based on the outpatient data among ADHD patients, the mean change score Hyperactivity/Impulsivity assessed by doctor version of SNAP-IV scale in regular physical exercise patients was 0.37 with a standard deviation of 3.72. We assumed that the difference in the mean change score between Baduanjin practice group and regular

physical exercise group was 3.1 a standard deviation of 5.8. So as to demonstrate superiority with 80% of power and a significance level of 0.05 (two-sided), at least 56 participants for each arm will be required. With an anticipated a drop-out rate of 5%, a total of 120 participants need to be randomized.

4.Analysis Consideration

4.1. Trial hypothesis

The hypothesis H0: “No difference in the change of Hyperactivity/Impulsivity score assessed by doctor version of SNAP-IV scale at 3th month between two groups.” will be tested against the alternative” H1: “The change of Hyperactivity/Impulsivity score assessed by doctor version of SNAP-IV scale at 3th month is different between two groups.”

4.2. Study population data sets

Two study populations will be considered in the analysis as follows:

-Intent-to-Treat population

Intent-to-treat (ITT) population will be defined at the moment the randomization is performed. This will be the primary analysis for the trial.

Particints will be excluded from the ITT analysis if the primary outcome is missing, forming a modified ITT population (mITT).

-Per-protocol population

Participants will be excluded from the per-protocol population if their qualified exercise days (more than 30 minutes and the maximum heart rate during the exercise should be over 120 beats) less than 48 days. The experimental group in the per-protocol analysis will be defined according to what the participant actual receive. This population will be used for the supportive analyses.

-Safety population

Participants who were given any exercise-relate-treatment would be included in this population. Adverse reactions and events would be recorded. This population will be used for the supportive analyses.

4.3. Study Close Date

The data collection close date is the date on which the last patient completed follow-up to achieve outcomes (complete 6 months follow-up).

4.4. Data Cleaning

The data will then be checked to ensure that there are no erroneous entries and that all missing data is properly coded. Any changes will be made on the ACCESS database.

4.5. Data Check-up

Once all data have been inputted and checked, the database will be locked and a data download request made. The data will be downloaded into SAS and R for statistical analyses.

5. Statistical Analyses

5.1. Primary Outcome Analysis

5.1.1. ITT analysis of the primary outcome - the primary analysis

The primary outcome is a repeated measured continuous variable, Hyperactivity/Impulsivity score change in doctor rated SNAP-IV scale. The primary analysis will be based on the mITT population as defined above. Generalized liner

mixed model (GLMM) will be performed using maximum likelihood (ML) method with treatment (binary) and time (ordinal) and interaction of treatment with time as fixed effect, and ID as random effect. Gaussian distribution and identity link function will be used in the GLMM model. Mean difference and 95% confidence intervals (CI) between groups at each time point will be estimated based on the fitted GLMM model.

5.1.2. Per-protocol analyses of the primary outcome

Per-protocol analysis will also be performed by using GLMM model (as described in 5.1.1).

5.1.3. Covariate adjusted analysis of the primary outcome

An analysis of the primary outcome will be adjusted for, sex (binary), admission height(continuous), admission weight (continuous), admission age (continuous), admission IQ score (continuous), regular exercise time prior to admission(continuous) and admission medical usage (using medicine or not when enrolled, binary) of the primary outcome by GLMM model (as described in 5.1.1).
If the above GLMM model does not converge, GLMM model will be performed with less covariates until coverage.

Covariate adjusted analysis will be performed on both mITT and PP populations.

5.1.4. Subgroup analyses of the primary outcome

Subgroup analyses will be performed for the primary outcome if each subgroup contains enough subject after stratification. We will stratify by sex (binary), categorized baseline medication usage (using medicine or not when enrolled, binary), qualified exercise days (less than 30/36/42/48 days, respectively，binary), categorized baseline exercise habit(binary), categorized baseline WFIRS score, and categorized baseline

SNAP score, respectively. (According to the scale rules, the continues variable will be transformed to the categorical variable.)

Subgroup analyses will be performed on both mITT and PP populations.

5.2. Secondary Outcome Analysis

All secondary outcomes will be analyzed as for a superiority designed trial and two-sided significance with alpha=5% and standard 95% CIs for the treatment differences in these outcomes between two groups will be calculated and presented. Secondary outcome analyses will be based on the mITT population unless specified.

The continuous outcome such as weight will be summarized using number of subjects (n), mean, standard deviation (SD), minimum, and maximum by treatment group, and will be analyzed by a GLMM model. Mean differences with 95% confidence intervals between two groups will be derived from the GLMM model.

All the secondary outcomes would be analyzed in the same tactics of primary outcome described above.

5.2.1. Handling of Missing data

Missing baseline covariates will be imputed using simple imputation methods in the covariate adjusted analysis based on the covariate distributions, should the missing values for a particular covariate be less than 5%. For a continuous variable, missing values will be imputed from random values from a normal distribution with mean and SD calculated from the available sample. For a categorical variable, missing values will be imputed from random values from a uniform distribution with probabilities P1,

P2, …, and Pk from the sample. The seed to be used is 20211215.

6.General Considerations for Data Analyses

SAS (version 9.4) will be used to perform all data analyses and generate majority of data displays. STATA® (version 16.0) or R may also be used for some data analyses and generating statistical graphs.

6.1. Other Data Summaries

Continuous variables will be summarized according to number of subjects without missing data (n), mean, standard deviation (SD), median range interquartile (IQR), minimum, and maximum. The confidence intervals will be reported on summaries of continuous effectiveness variables. Categorical variables will be summarized according to the absolute frequency and percentage of subjects (%) by category levels. The denominator for the percentages is the number of subjects in the treatment arm with data available, unless noted otherwise. Effect size (η^2 , eta-squared) would be estimated by SAS by PROC marco %effect_size or by R software with effectsize package.

6.2. Graphical/Table Displays

Mean values for some continuous outcomes by treatment and visit will be plotted.

Table 1A Baseline characteristics of patients

mITT Population

Variable	Statistics	Treatment A (N=)	Treatment B (N=)
Age at baseline (year)	Mean(SD)		
Height(cm)	Mean(SD)		
Weight(kg)	Mean(SD)		

Variable	Statistics	Treatment A (N=)	Treatment B (N=)
Using drug	Yes		
	No		
Gender	Female		
	Male		
SNAP scale score-INA-Doctor	Mean(SD)		
SNAP scale score-HYP-Doctor	Mean(SD)		
SNAP scale score-ODD-Doctor	Mean(SD)		
SNAP scale score -INA -Parents	Mean(SD)		
SNAP scale score-HYP-Parents	Mean(SD)		
SNAP scale score-ODD-Parents	Mean(SD)		

Table 2: Summary statistics of primary and secondary outcomes: changes from baseline

Measurements	Visit	Statistics	Treatment A (N=)	Treatment B (N=)
SNAP scale score-INA-Doctor	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
SNAP scale score-HYP-Doctor	3 months	n		
		Mean		

Measurements	Visit	Statistics	Treatment A (N=)	Treatment B (N=)
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
SNAP scale score-ODD-Doctor	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
SNAP scale score - INA -Parents	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		

Measurements	Visit	Statistics	Treatment A (N=)	Treatment B (N=)
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
SNAP scale score-HYP-Parents	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
SNAP scale score-ODD-Parents	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		

Measurements	Visit	Statistics	Treatment A (N=)	Treatment B (N=)
		Median		
		Maximum		
Parent version of Achenbach Child Behavior Checklist (CBCL)	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
Self-rated Strengths and Difficulties Questionnaire (SDQ)	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		

Measurements	Visit	Statistics	Treatment A (N=)	Treatment B (N=)
		Maximum		
Weiss Functional Impairment Rating Scale (WFIRS)	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
Visual Perception-2nd edition (DTVP-2)	3 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
Child Sensory Integration Checklist	3 months	n		

Measurements	Visit	Statistics	Treatment A (N=)	Treatment B (N=)
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		
	6 months	n		
		Mean		
		SD		
		Minimum		
		Median		
		Maximum		

Table 3.: Summary of mixed model analysis of primary and secondary outcomes

		n,mean (SD)		Mixed model analysis	
Primary and secondary outcomes	Visit	Treatment A (N=306)	Treatment B (N=306)	Difference (95%CI)	p-value
SNAP scale score-INA-Doctor	3 months				
	6 months				
SNAP scale score-HYP-Doctor	3 months				
	6 months				
SNAP scale score-ODD-Doctor	3 months				
	6 months				
SNAP scale score -INA -Parents	3 months				
	6 months				
SNAP scale score-HYP-Parents	3 months				
	6 months				
SNAP scale score-ODD-Parents	3 months				
	6 months				

		n,mean (SD)		Mixed model analysis	
Primary and secondary outcomes	Visit	Treatment A (N=306)	Treatment B (N=306)	Difference (95%CI)	p-value
Parent version of Achenbach Child Behavior Checklist (CBCL)	3 months				
	6 months				
Self-rated Strengths and Difficulties Questionnaire (SDQ)	3 months				
	6 months				
Weiss Functional Impairment Rating Scale (WFIRS)	3 months				
	6 months				
Visual Perception-2nd edition (DTVP-2)	3 months				
	6 months				
Child Sensory Integration Checklist	3 months				
	6 months				

Additional tables would be generated if more analysis were conducted.

7.Study variable list

Variable	Type
name	categorical
randomid	categorical
clinicalid	categorical
counselid	categorical
method	categorical
informaconsent	categorical
startdate	date
enddate	date
signature	categorical
inclusion1	categorical

inclusion2	categorical
inclusion3	categorical
inclusion4	categorical
inclusion5	categorical
inclusion6	categorical
inclusion7	categorical
inclusion8	categorical
inclusion9	categorical
exclusion1	categorical
exclusion2	categorical
exclusion3	categorical
exclusion4	categorical
exclusion5	categorical
exclusion6	categorical
exclusion7	categorical
exclusion8	categorical
firstcomplete	categorical
birthday	date
fathertel	categorical
mothertel	categorical
length	continuous
weight	continuous
peclass	continuous
oxtime	continuous
ropeskipping	continuous

slowrunning	continuous
quickrunning	continuous
pingpang	continuous
badminton	continuous
basketball	continuous
football	continuous
dancing	continuous
taekwondo	continuous
wushu	continuous
bicycle	continuous
otherpe	categorical
medicalusage	categorical
medicalusagetime	continuous
TotalIQ	continuous
languageunderstanding	continuous
Preconception	continuous
remember	continuous
processspeed	continuous
DSNAP_INA	continuous
DSNAP_HYP	continuous
DSNAP_ODD	continuous
PSNAP_INA	continuous
PSNAP_HYP	continuous
PSNAP_ODD	continuous
DTVPGVP	continuous
DTVPMRP	continuous
DTVPVMI	continuous
PSDQmotion	continuous
PSDQbehavior	continuous
PSDQhyperactivity	continuous
PSDQcompany	continuous
PSDQsocial	continuous
PSDQhardrelationT	continuous
CSDQmotion	continuous
CSDQbehavior	continuous
CSDQhyperactivity	continuous
CSDQcompany	continuous
CSDQsocial	continuous
CSDQhardrelationT	continuous
Gantong1	continuous
Gantong2	continuous

Gantong3	continuous
Gantong4	continuous
Gantong5	continuous
Gantong6	continuous
Gantong7	continuous
Gantong8	continuous
Gantong9	continuous
CBCL_1	continuous
CBCL_2	continuous
CBCL_3	continuous
CBCL_4	continuous
CBCL_5	continuous
CBCL_6	continuous
CBCL_7	continuous
CBCL_8	continuous
CBCL_9	continuous
WEISSfamily	continuous
WEISSstudyschool	continuous
WEISSlifeskill	continuous
WEISSself	continuous
WEISSsocial	continuous
WEISSadventure	continuous
inhibitT	continuous
Self-monitor T	continuous
Shift T	continuous
Emotional Control T	continuous
Initiate T	continuous
Working memory T	continuous
Plan/Organize T	continuous
Task-monitor T	continuous
Organization of materials T	continuous
BRI T	continuous
ERI T	continuous
CRI T	continuous
GEC T	continuous
TCM_shehong	continuous
TCM_shetai	continuous
TCM_mai	continuous
TCM_total	continuous
testdate	date
complete	categorical

whostop	categorical
otherstop	categorical
stopreason	categorical
otherstopreason	categorical
AE	categorical
AEdetail	categorical
AEdeal	categorical
usemedicine	categorical
usemedicinedose	continuous
otherusemedicinedose	categorical
TotalIQ_3m	continuous
languageunderstanding_3m	continuous
Preconception_3m	continuous
remember_3m	continuous
processspeed_3m	continuous
DSNAP_INA_3m	continuous
DSNAP_HYP_3m	continuous
DSNAP_ODD_3m	continuous
PSNAP_INA_3m	continuous
PSNAP_HYP_3m	continuous
PSNAP_ODD_3m	continuous
DTVPGVP_3m	continuous
DTVPMRP_3m	continuous
DTVPVMI_3m	continuous
PSDQmotion_3m	continuous
PSDQbehavior_3m	continuous
PSDQhyperactivity_3m	continuous
PSDQcompany_3m	continuous
PSDQsocial_3m	continuous
PSDQhardrelationT_3m	continuous
CSDQmotion_3m	continuous
CSDQbehavior_3m	continuous
CSDQhyperactivity_3m	continuous
CSDQcompany_3m	continuous

CSDQsocial_3m	continuous
CSDQhardrelationT_3m	continuous
Gantong1_3m	continuous
Gantong2_3m	continuous
Gantong3_3m	continuous
Gantong4_3m	continuous
Gantong5_3m	continuous
Gantong6_3m	continuous
Gantong7_3m	continuous
Gantong8_3m	continuous
Gantong9_3m	continuous
CBCL_1_3m	continuous
CBCL_2_3m	continuous
CBCL_3_3m	continuous
CBCL_4_3m	continuous
CBCL_5_3m	continuous
CBCL_6_3m	continuous
CBCL_7_3m	continuous
CBCL_8_3m	continuous
CBCL_9_3m	continuous
WEISSfamily_3m	continuous
WEISSstudyschool_3m	continuous
WEISSlifeskill_3m	continuous
WEISSself_3m	continuous
WEISSsocial_3m	continuous
WEISSadventure_3m	continuous
inhibitT_3m	continuous
Self-monitor T_3m	continuous
Shift T_3m	continuous
Emotional Control T_3m	continuous
Initiate T_3m	continuous
Working memory T_3m	continuous
Plan/Organize T_3m	continuous
Task-monitor T_3m	continuous
Organization of materials T_3m	continuous
BRI T_3m	continuous
ERI T_3m	continuous
CRI T_3m	continuous
GEC T_3m	continuous
TCM_shehong_3m	continuous
TCM_shetai_3m	continuous
TCM_mai_3m	continuous

TCM_total_3m	continuous
testdate	date
complete	categorical
whostop	categorical
otherstop	categorical
stopreason	categorical
otherstopreason	categorical
AE	categorical
AEdetail	categorical
AEdeal	categorical
usemedicine	categorical
usemedicinedose	continuous
otherusemedicinedose	categorical
TotalIQ_6m	continuous
languageunderstanding_6m	continuous
Preconception_6m	continuous
remember_6m	continuous
processspeed_6m	continuous
DSNAP_INA_6m	continuous
DSNAP_HYP_6m	continuous
DSNAP_ODD_6m	continuous
PSNAP_INA_6m	continuous
PSNAP_HYP_6m	continuous
PSNAP_ODD_6m	continuous
DTVPGVP_6m	continuous
DTVPMRP_6m	continuous
DTVPVMI_6m	continuous
PSDQmotion_6m	continuous
PSDQbehavior_6m	continuous
PSDQhyperactivity_6m	continuous
PSDQcompany_6m	continuous
PSDQsocial_6m	continuous
PSDQhardrelationT_6m	continuous

CSDQmotion_6m	continuous
CSDQbehavior_6m	continuous
CSDQhyperactivity_6m	continuous
CSDQcompany_6m	continuous
CSDQsocial_6m	continuous
CSDQhardrelationT_6m	continuous
Gantong1_6m	continuous
Gantong2_6m	continuous
Gantong3_6m	continuous
Gantong4_6m	continuous
Gantong5_6m	continuous
Gantong6_6m	continuous
Gantong7_6m	continuous
Gantong8_6m	continuous
Gantong9_6m	continuous
CBCL_1_6m	continuous
CBCL_2_6m	continuous
CBCL_3_6m	continuous
CBCL_4_6m	continuous
CBCL_5_6m	continuous
CBCL_6_6m	continuous
CBCL_7_6m	continuous
CBCL_8_6m	continuous
CBCL_9_6m	continuous
WEISSfamily_6m	continuous
WEISSstudyschool_6m	continuous
WEISSlifeskill_6m	continuous
WEISSself_6m	continuous
WEISSsocial_6m	continuous
WEISSadventure_6m	continuous
inhibitT_6m	continuous
Self-monitor T_6m	continuous
Shift T_6m	continuous
Emotional Control T_6m	continuous
Initiate T_6m	continuous
Working memory T_6m	continuous
Plan/Organize T_6m	continuous
Task-monitor T_6m	continuous
Organization of materials T_6m	continuous
BRI T_6m	continuous
ERI T_6m	continuous
CRI T_6m	continuous

GEC T_6m	continuous
TCM_shehong_6m	continuous
TCM_shetai_6m	continuous
TCM_mai_6m	continuous
TCM_total_6m	continuous

8.Reference

[1] Jin W, Du Y, Zhong X, David C. Prevalence and contributing factors to attention deficit hyperactivity disorder: a study of five- to fifteen-year-old children in Zhabei District, Shanghai. Asia Pac Psychiatry. 2014;6:397-404.