

Appendix A. Answer Choice Comparisons

Cognitive interviews revealed that participants generally understood the AHQ-D questions as we intended, but they found the frequency answer choices to be confusing. Therefore, a subset of 196 participants (mean age: 35 ± 11 years; 88 female, 107 male, 1 other/preferred not to answer; 15 reporting an ADHD diagnosis by a healthcare professional) answered the AHQ-D a second time approximately 3 months after their original participation in the study. This version included updated versions of the possible answer choices ranging from 'Not at all like me' to 'Very much like me' instead of the frequency answer choices (Table A1).

Table A1. 'Frequency' versus corresponding 'like me' answer choices for the AHQ-D

'Frequency' answer choice	'Like me' answer choice
Never	Not at all like me
1-2 times every 6 months	Not much like me
1-2 times per month	Somewhat like me
Once a week	Mostly like me
2-3 times a week	Very much like me
Daily	

Note. There were six possible answer choices when using 'frequency' responses, versus five possible answer choices when using 'like me' responses.

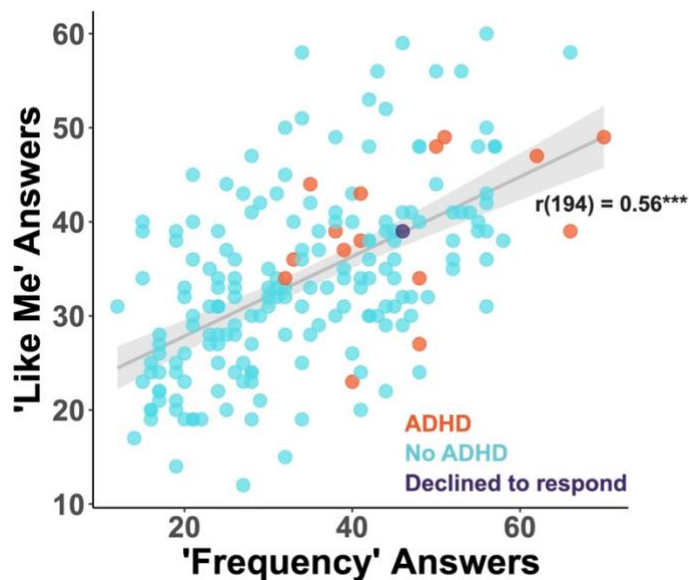


Figure A1. Correlations of AHQ-D scores using 'like me' versus 'frequency' answer choices. The black text indicates Pearson correlation coefficient, degrees of freedom, and p -value significance. Statistical significance of the correlation is indicated as: $***p < 0.001$.

Responses to the AHQ-D using each type of answer choice were moderately correlated ($r(194)=0.56$, $p < 0.001$; Figure A1), and a within-subjects paired t-test revealed no statistically significant difference in total dispositional HF scores based on which answer choice option was used ($t(195) = 0.93$, $p = 0.354$). These results suggest that the answer choices used may not have a substantial impact on total AHQ-D scores.

Using identical methods to those described in the main text, we ran two exploratory factor analyses for this subset of 196 participants: one for the ‘frequency’ and one for the ‘like me’ answer choices. Compared with the ‘like me’ responses, factor loadings for the ‘frequency’ responses were higher for 7 of the 12 items and similar (within +0.01 to +0.10) for the remaining items (Table A2). Moreover, internal consistency metrics were similar for both answer choices: ‘frequency’ answer choices Cronbach’s alpha 0.93, mean split-half reliability 0.87; and ‘like me’ answer choices Cronbach’s alpha 0.92, mean split-half reliability 0.86. These results provided further evidence suggesting that the answer choices used may not have a significant impact on AHQ-D scores.

Table A2. Exploratory factor analysis (EFA) loadings for “frequency” versus “like me” answer choices

AHQ-D Scale Item	‘Frequency’ answer choices	‘Like me’ answer choices
1. I tend to completely lose track of the time.	0.81	0.75
2. I do not notice the world around me, and I won’t realize if someone calls my name or if my phone buzzes.	0.63	0.70
3. I might accidentally miss meals, stay up all night, or keep doing the activity until I absolutely must get up to go to the bathroom.	0.74	0.75
4. I find it very difficult to quit and move on to doing something else, even if I have a lot of other important things I should be doing instead.	0.80	0.81
5. I can feel totally captivated by or “hooked” on the activity.	0.78	0.64
6. I sometimes focus for far too long on a small detail of the task and avoid other important parts.	0.79	0.69
7. I can be unsure of what time of day it is or how much time has	0.64	0.74

passed since I started the activity.		
8. I don't react to any distractions (e.g., if someone talks to me).	0.52	0.40
9. I forget to attend to my personal needs (e.g., I forget to sleep or eat, or I wait until the last minute to go to the bathroom).	0.73	0.77
10. I feel like I can't stop doing the activity, even if I have other more important responsibilities.	0.81	0.78
11. I can feel completely engrossed or fixated with the activity.	0.71	0.65
12. I can get "stuck" on little details that keep me from finishing other important parts of the task.	0.77	0.69

In regard to convergent validity, AHQ-D scores using the 'frequency' responses performed better. Ozel-Kizil total HF scores more strongly correlated with AHQ-D scores using the 'frequency' responses ($r_s(194) = 0.65, p < 0.001$) compared with the 'like me' responses ($r_s(194) = 0.54, p < 0.001$). Moreover, the correlation between total raw CAARS scores (i.e., ADHD symptomology) and AHQ-D scores was stronger for the questionnaire version with the 'frequency' answer choices ($r_s(194) = 0.48, p < 0.001$) than the 'like me' answer choices ($r_s(194) = 0.42, p < 0.001$). Similarly, the difference in AHQ-D scores for those with and without ADHD was larger for the 'frequency' answer choice version ($t(16.7) = -3.88, p = 0.001$) compared with the 'like me' answer choice version ($t(17.9) = -2.53, p = 0.021$); though, as noted in the main text, we did not specifically recruit participants with ADHD, so these two groups are not balanced and thus results should be interpreted with caution.

Therefore, as total AHQ-D scores using the 'frequency' answer choices were moderately correlated with the 'like me' answer choices, but also showed better psychometric properties, better convergent validity with the Ozel-Kizil HF scale, and better correlations with ADHD symptoms and differentiation between those with and without ADHD, we decided to retain the original form of the AHQ-D which utilizes the 'frequency' answer choices.