ATTENTION DEFICIT HYPERACTIVITY DISORDER AMONG COLLEGE STUDENTS IN KOLAR- A CROSS-SECTIONAL STUDY

By

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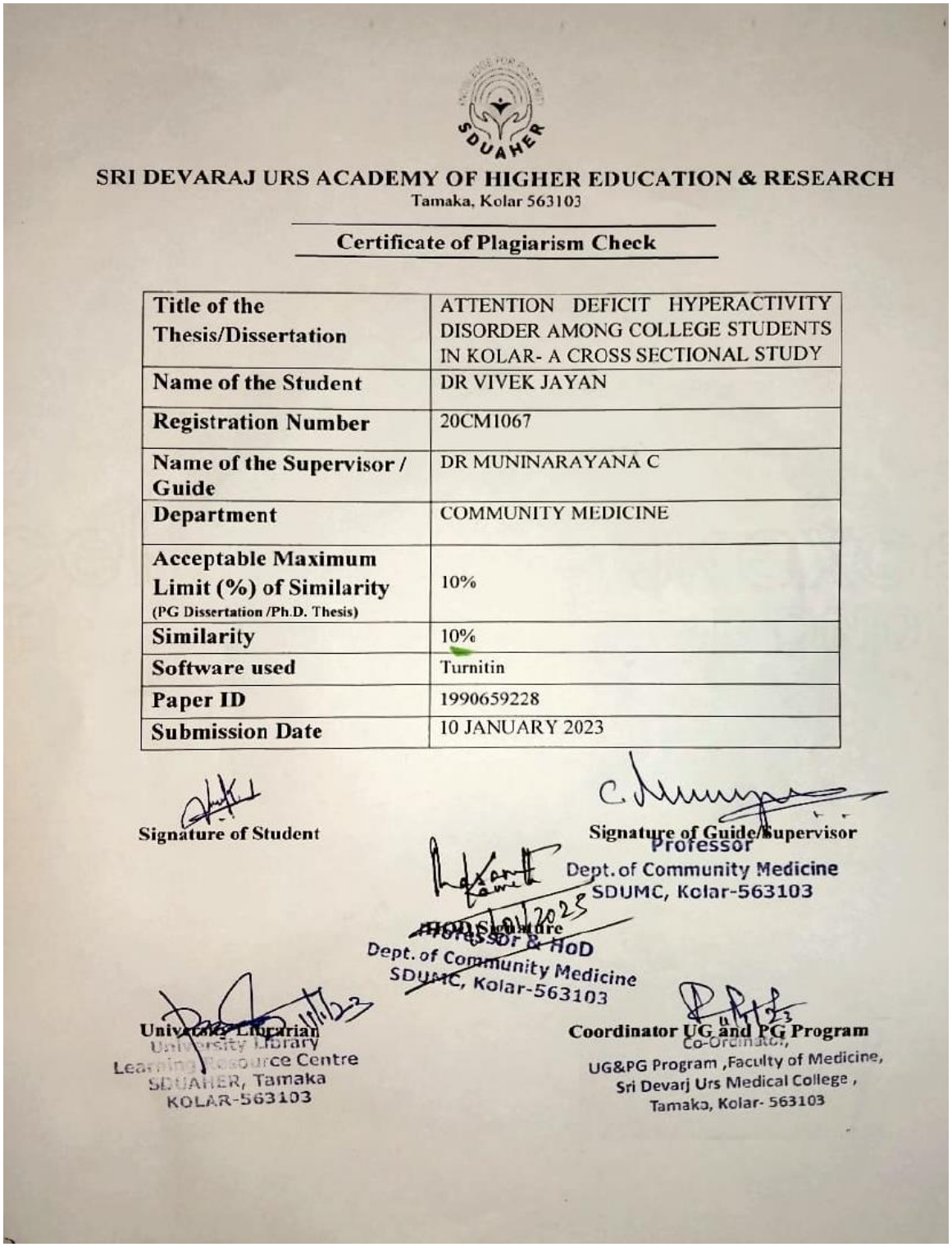

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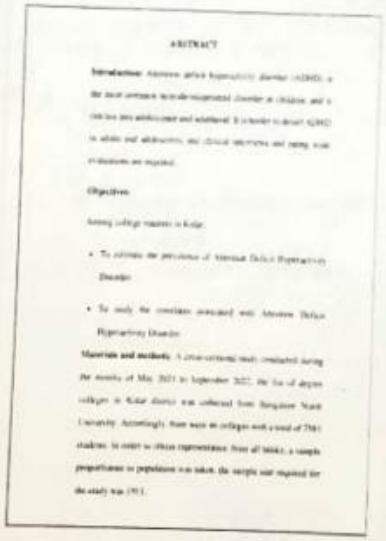

ABSTRACT

Introduction:

Objectives

- To estimate the prevalence of Attention Deficit Hyperactivity Disorder
- To study the correlates associated with Attention Deficit Hyperactivity Disorder

Materials and methods.

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LIST OF ABBREVIATIONS

- ADHD- Attention deficit hyperactivity disorder
- APA-American Psychiatric Association
- ASRS-Adult ADHD Self-Report Scale
- BCA- Bachelor of Computer Application
- BCom- Bachelor of Commerce
- CAARS- Conners' Adult ADHD Rating Scale
- CI-Confidence Interval
- DSM- Diagnostic and Statistical Manual of Mental Disorder
- GPA- Grade Point Averages
- NHWS- National Health and Wellness Survey
- SPSS-Statistical package for Social Sciences
- UG-Undergraduates
- USA-United States of America
- WHO –World Health Organization

ABSTRACT

Introduction: Attention deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder in children, and it can last into adolescence and adulthood. It is harder to detect ADHD in adults and adolescents, and clinical interviews and rating scale evaluations are required.

Objectives: Among college students in Kolar,

- To estimate the prevalence of Attention Deficit Hyperactivity Disorder.
- To study the correlates associated with Attention Deficit Hyperactivity Disorder.

Materials and methods: A cross-sectional study conducted during the months of May 2021 to September 2022, the list of degree colleges in Kolar district was collected from Bangalore North University. Accordingly, there were 46 colleges with a total of 7581 students. In order to obtain representation from all taluks, a sample proportionate to population was taken, the sample size required for the study was 1911.

Results: The prevalence of ADHD was 13.4% among the 1913 study participants. About 15.8% of female participants and 10.9 % of male participants reported having symptoms of ADHD, this association was observed to be statistically significant even after adjusting for other variables.

Conclusion: The study observed that 13.4% of college students had symptoms of ADHD. The students who screened positive for ADHD were more likely to have inattentive ADHD, and more women than men had ADHD. ADHD was also more common in first-borns and people without siblings.

Keywords: ADHD, College students, siblings, ASRS

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INTRODUCTION

1- Introduction

Attention deficit hyperactivity disorder (ADHD) is regarded as the most prevalent neurodevelopmental condition in childhood, and it can persist into adolescence and adulthood.[1] About 40% of cases are assumed to continue through adulthood. It is harder to detect ADHD in adults and adolescents, and clinical interviews and rating scale evaluations are required.[2]

ADHD is linked to four behavioural traits: inattentiveness, restlessness, impulsivity, and hyperactivity. These symptoms interfere with many facets of daily life, especially academic achievement, and interpersonal connection. Although having ADHD may have severe effects, those who suffer from the condition may not always feel disadvantaged.[3]

Adult ADHD symptoms and signs include difficulty in starting projects, fluctuating focus on small details, problems with prioritizing and organizing oneself, and poor concentration in tasks that require prolonged intellectual effort. There might be diverse degrees of impulsivity and a low tolerance for frustration. When compared to childhood symptoms of ADHD, hyperactivity is often a less prominent symptom in adults.[4]

People with ADHD miss school, get poor marks, perform worse in regular school performance, and score lesser in their respective courses than "matched healthy subjects" do. They had lower rates of college enrolment and completion, and it took them longer to complete high school.[5]

ADHD has extensive variation at the clinical, aetiological, and pathophysiology levels. Major symptom variations, severity of impairment, comorbidities, and other personal, familial, and societal characteristics vary among people with ADHD.[6]

Adult ADHD diagnosis is extremely challenging for a number of reasons. To begin, everyone exhibits some of the basic symptoms. Second, many adults with ADHD also have co-occurring psychiatric disorders, which could also confuse or complicate the diagnostic presentation. Third, the symptoms must cause clinically substantial impairment in at least two areas of the person's life. The definition is subjective and, to some extent, a matter of clinical judgement. Fourth, the diagnosis of ADHD in adults depends on establishing whether symptoms initially manifested in childhood, but early records and self-reported memories of symptoms aren't always readily available, accurate, or comprehensive. Fifth, no accurate test, such as a brain scan, blood test, neuropsychological exam is available to identify this condition. Last but not least, widespread media coverage and growing public knowledge of ADHD in adults have stoked myths, confusion, and misconceptions regarding the condition.[7]

In epidemiological research, adult ADHD receives less attention than ADHD in children, partly because there are no reliable diagnostic standards.[8,9] According to the findings of a systematic review and meta-analysis, the prevalence of symptomatic adult ADHD was reported to be 6.76%, while the prevalence of

persistent adult ADHD from childhood was found to be 2.58%. Growing older has lowered the incidence of both symptomatic and persistent adult ADHD.[10]

Adults with ADHD often go unrecognized, undiagnosed, and even without adequate care. Assessing the prevalence of ADHD in children has been the subject of several prior studies. On the other hand, there aren't nearly enough facts about how common ADHD is among college students.[2]

Therefore, research on the prevalence of ADHD and its associated factors among college students is required.

1.1 Problem Statement-

The mean prevalence of Attention Deficit Hyperactivity Disorder (ADHD) among 18–44-year-old participants from Asia, Europe, the Americas, and the Middle East was 2.8%, with a range of 0.7%–7.3%.[11]

As part of their World Mental Health Surveys, the World Health Organization conducted an epidemiological study in 20 different countries, and they observed that the United States of America had the highest prevalence rates of ADHD in children and adolescents (8.1%), whereas Iraq had the lowest prevalence rates (0.1%).[11]

It was previously believed that ADHD was a disorder that only affect children.[12] However, it is now established that in 50–65% of people, it persists into adulthood.[11,13,14] Demographic considerations, environmental and cultural variables, and variations in the identification and diagnostic criteria methods

employed in research can all affect the prevalence rates of ADHD that have been reported.[15]

Nationally, the prevalence of ADHD among adults in India varies from 2.8% to 19%, according to various research.[2,16–20] However, the prevalence of ADHD in India is much higher than the global standard. Children with ADHD in India have long-term effects such as lower educational and career success since the disorder can affect a person's daily functioning even into adulthood.

The prevalence of ADHD in children in India was higher than the global average, according to a study conducted in Coimbatore, India. Children between the ages of 9 and 10 (26.4% and 25%) had the highest prevalence.[21]

Approximately “10 million Indian children receive an ADHD diagnosis each year”, according to a report in India Today.[22]

OBJECTIVES OF STUDY

2. Objectives of the study

Among the degree college students in Kolar,

1. To estimate the prevalence of Attention Deficit Hyperactivity Disorder.
2. To study the correlates associated with Attention Deficit Hyperactivity Disorder.

REVIEW OF LITERATURE

3. Review of Literature

3.1 Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is "a persistent pattern of symptoms of hyperactivity, impulsivity, and/or lack of attention, and the symptoms are more frequent and severe and are able to produce a considerable impairment in school or work performance and in the activities of daily life."[14,23,24]

ADHD is one of the neurodevelopmental disorders that affects children more frequently. The disease can progress into adulthood and is most frequently diagnosed in children. Those who have ADHD may find it difficult to control their impulsive behavior, pay attention, or regulate their level of activity.[25] ADHD diagnoses are more than two times more common in boys than in girls.[26]

3.2 Historical perspective of ADHD

The concept of ADHD was not discussed publicly until 1902. Sir George Frederic Still, a British physician, used the phrase "an unusual defect of moral control in children" to characterize the condition. He made the remarkable observation that some affected children were just as intelligent as other children, despite the fact that they were unable to control their behavior in the same way that healthy children could.[27]

In 1952, the first "Diagnostic and Statistical Manual of Mental Disorders" (DSM) was issued by the American Psychiatric Association (APA). This

book lists all of the known mental disorders. In the APA's first book, ADHD was not mentioned.

The first instance of hyperkinetic reactions in children was mentioned in the DSM's second edition, which was published in 1968. Hyperactivity in children was renamed Attention Deficit Disorder in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published in 1980. (ADD). The term was modified to Attention Deficit Hyperactivity Disorder (ADHD) in the DSM-III in the year 1987. (ADHD). [28]

3.3 Salient features and effects of ADHD

It is common for children to struggle with attention and behaviours from time to time. Children with ADHD do not, however, automatically overcome these symptoms. The continuous, sometimes severe symptoms can be problematic at school, at home, or with friends.[25]

There are three main types of ADHD

3.3.1 Inattentive type of ADHD

Inattention means a person is having trouble staying focused, organised, and on task, not because of disobedience or a lack of understanding.[29] People of this type may show more signs of inattention than impulsivity and hyperactivity. At times, they may struggle with impulse control or

hyperactivity. However, these are not the primary criteria of inattentive ADHD.[30]

Symptoms of inattentive type of ADHD:

- Forget things and make careless errors at school, on the job, or in other activities.
- Have difficulties focusing on games, lectures, discussions, or reading.
- If you address him or her directly, he or she will not even pretend to listen.
- Find it difficult to follow instructions or accomplish homework, housekeeping, or employment responsibilities, or begin but lose focus and become side-tracked.
- Stay away from activities that force your brain to work hard for an extended period of time, such as doing your homework or making reports, filling out forms, or reading long papers.
- School supplies, pencils, books, tools, wallets, keys, papers, eyeglasses, and cell phones are frequently misplaced.
- Easily diverted by thoughts or stimuli that are unrelated to the topic at hand.
- Be negligent in the completion of routine responsibilities such as household tasks, daily tasks, returning phone calls, and scheduling appointments..[29]

Adults with executive functioning deficiencies, shorter reaction times, and weak adaptive functioning are more likely to have symptoms of

inattention.[31,32] The hyperactive/impulsive and inattentive categories were shown to be much more common in afflicted college students.[33] Academic difficulty is linked to inattentive symptoms in children.[34,35]

3.3.2 Hyperactivity/Impulsivity type

This type suggests a person continually fidgets, taps, or speaks, even in unsuitable situations. Adult hyperactivity can cause restlessness or excessive speech.

Impulsivity is an indication that a person's behaviour may be unpredictable or that they have difficulty exercising self-control. The inability to wait for fulfilment and the craving for immediate gratification are both characteristics that might be seen as manifestations of impulsivity. A person who is impulsive may interrupt others or make significant decisions without thinking about the effects of their actions in the long run.[29]

Even though college students may be more likely to have the hyperactive-impulsive subtype, hyperactivity symptoms start to go away at that age. Cognitive disinhibition symptoms, like internal restlessness, distraction, confusion, and acting on impulses, may be more common in college-aged people.[36,37]

Hyperactive/impulsive type of ADHD symptoms in children are more frequently linked to social and behavioural issues than scholastic ones.[33,38,39]

Impulsivity and hyperactivity are two of the symptoms that are associated with this type of ADHD. People with this type may have trouble paying attention, but it is usually not as noticeable as the other symptoms.[30]

Symptoms of hyperactivity-impulsivity type of ADHD

- While seated, fidget and wriggle.
- When it is required of them to remain sitting, such as in a school or an office, they must move from their chairs.
- Run, sprint, climb, or feel restless in both adolescents and adults.
- Not being able to play games or do hobbies in private
- Excessive talking
- Interrupting others can take many forms, including responding to questions before they are completely presented, completing the sentences of other people, or talking without waiting for one's turn in a discussion.[29]

3.3.3 Combined Type

The symptoms that are associated with the combination type do not solely belong to either the inattentive or the hyperactive-impulsive behaviour types. Instead, there is a manifestation of a mix of symptoms from both of these groups.[28]

3.4 Causes of ADHD

While a single or specific causes of ADHD has not been determined, it is ascertained that genetics have a role in ADHD.[40]

There is evidence to suggest that children who have ADHD have brains that are structurally distinct from those of children who do not have the disorder. For instance, children who have ADHD show activity in a variety of brain areas throughout various tasks, and they have reduced volumes of both grey and white matter in their brains.[41]

More research has found a link between Attention Deficit Hyperactivity Disorder (ADHD) and abnormalities in the frontal lobes, caudate nucleus, and cerebellar vermis of the brain.[42] Other factors that have been linked to the disorder include having a low birth weight, having an early delivery, being exposed to toxins (such as alcohol, smoking, lead, etc.), and experiencing severe stress during pregnancy.[40]

3.5 Childhood ADHD

A child with ADHD may experience difficulties at school, at home, or with friends. These challenges are more difficult and frequent in children with ADHD.[43] This condition occurs in childhood and has a big effect on how well children do in school, how well they feel, and how well they get along with other children.[44]

According to the information provided by the parents, about 6.4 million children all over the world have ever been given a diagnosis of ADHD by a health care practitioner. One out of every five high school boys and one out of every eleven high school girls are thought to have ADHD.[45]

The common age at which a child was diagnosed with ADHD was 7 years old; however, children whose parents believed they suffered from a more severe form of the disorder were diagnosed at a younger age. A child is typically diagnosed with mild ADHD at age eight, moderate ADHD at age seven, and severe ADHD at age five.[46]

Mohammad A. Aboul et al.,[47] in Egypt observed a high prevalence of 20.5%, followed by a study in Iran that found a prevalence of 15.27%,[48] while a recent study from Colombo, Sri Lanka, found a low prevalence of 6.5%.[49]

In Bengaluru, the prevalence of ADHD among children ranges from 1.3% (Ramya H. S. et al.)[50] to 12.5% (Srinath Sobha et al.)[51].

Another study in Kashmir among children aged 6 to 18 observed a prevalence of 4.31%.[52]

The following table lists the prevalence of childhood ADHD across various countries (Table 1).

TABLE 1

Prevalence of Childhood ADHD among different countries

	Author	Country & Year	Age Group or Class	Prevalence
1	Himani Mahesh Joshi et al.,[53]	India 2018	6 to 11 years	5.76%
2	Monica Juneja et al.,[54]	India 2014	6^{th} to 10^{th} Class students	7.2%
3	Jyothsna Akam Venkata et al.,[21]	India 2013	6 to 11 years	11.32%
4	Ramya HS et al.,[50]	India 2017	5 to 12 years	1.3%
5	T S Jaisoorya et al.,[55]	India 2020	Classes 8, 9, 10, 11 & 12^{th}	4.3%
6	Shoba Srinath et al.,[51]	India 2005	0 to 16 years	12.5%
7	Pradeep Tarikere Satyanarayana et al.,[56]	India 2017	14 to 16 years	2.1%
8	Ali Talaei et al.,[48]	Iran 2010	7 to 9years	15.27%
9	Adil Zorlu et al.,[57]	Turkey 2020	6 to 14 years	8%
10	Mohammad A Aboul-Ata et al.,[47]	Egypt 2018	6 to 14 years	20.5%
11	Nazneen Nazeer et al.,[49]	Srilanka 2022	6 to 10 years	6.5%

12	Hoai Danh Pham et al.,[58]	Vietnam 2015	5 to 11 years	7.7%
13	Melissa L. Danielson et al.,[59]	USA 2018	2 to 17 year	9.4%

3.6 College Students with ADHD

College years are essential for students transitioning from late adolescence to adulthood. Moreover, this change happens during a period of one's life when emotional problems and mental diseases are common. Around 75% of all mental disorders that develop over the course of a lifetime begin before the age of 24, and these early cases have worse clinical and functional outcomes than cases that develop later in life.[60]

According to the findings of a study that Wolf L et al. carried out in the state of New York, attention deficit hyperactivity disorder (ADHD) is one of the most prevalent forms of disability found among college students, with 5% of students claiming to have been diagnosed with the condition. According to data, the number of college students getting treatment for people with disabilities who have been diagnosed with ADHD is increasing.[34] Students who have attention deficit hyperactivity disorder (ADHD) may have a higher chances of developing risk factors (such as other psychiatric illnesses and poor executive functioning) that are associated with a lower likelihood of being successful in college.[61,62,63]

According to various studies conducted around the world, the prevalence of ADHD among college students ranges between 2.8% and 37%. A study by Jaisoorya et al.,[55] reported the lowest prevalence of 2.8% in India. Another study in India observed a prevalence of 5.48% among college students (Ishani Jhambh et al.,[2]), while the highest prevalence (37%) was reported (Paulo Mattos et al.,[64]) in Brazil.

3.7 Prevalence of Adult ADHD - Global scenario

Worldwide prevalence rates for adult ADHD range from 2% to 37%.

Lenard A. Adler et al., in the US observed a prevalence of 2.04% (National Health and Wellness Survey NHWS), and National Health and Medical Research Council Twin Registry in Australia reported a prevalence of 2.07%.[13,65]

A study among medical college students in China, (Yanmei Shen et al.,) observed the prevalence to be 3.5%, and Cecilia Montiel-Nava et al., in Venezuela reported the prevalence to be 4.8%.[66,67]

According to studies conducted among college students in Korea and in the Czech Republic using the ASRS questionnaire, the prevalence was observed to be 7.6% and 7.8%, respectively.[68,69]

King Abdul-Aziz University, one of Saudi Arabia's largest institutions, conducted a study on undergraduate students from 11 colleges and reported

about 11.9% prevalence.[70] Another study in Italy observed a prevalence of 12.8% among psychiatric outpatients.[71]

A study of students at Iran's Zahedan University of Medical Sciences showed a 15.4% prevalence.[72]

The prevalence was observed to be 16.80% for psychiatric outpatients in a Mexican study, and it reported to be 5.37% for healthy participants.[73]

It was observed that the prevalence was 21.8% in Kenya, among undergraduate students, and 27.2 % in Japan, among female students.[74,75]

Adult ADHD was found in 23.9% of psychiatric patients in a study conducted in north Dublin, Ireland.[76]

The prevalence was reported to be 29.6% in a study at the Pakistan Army Hospital in Rawalpindi.[77]

In 2017, Paulo Mattos et al., conducted a study in Brazil and observed a prevalence of 37% among university students.[64]

The following table lists studies on the prevalence of adult ADHD in various countries (Table 2).

TABLE 2

Prevalence of Adult ADHD among different countries

	Author	Country & Year	Study population	Prevalence
1	Lenard A. Adler et al.,[65]	United States 2019	National Health and Wellness Survey (NHWS).	2.04%
2	Jane L. Ebejer et al.,[78]	Australia 2012	National Health and Medical Research Council Twin Registry	2.07%
3	Yanmei Shen PhD. et al.,[66]	China 2018	Medical college students	3.5%
4	Cecilia Montiel- Nava et al.,[67]	Venezuela 2012	College students	4.8%
5	Young-Sook kwak et al.,[68]	Korea 2015	College students	7.6%
6	Martina Vnukova et al.,[69]	Czech Republic 2020	Adults aged between 18-65	7.83%
7	Waleed Ahmed Alghamd et al.,[70]	Saudi Arabia 2022	Under graduate students from King Abdulaziz University.	11.9%
8	Paolo Valsecchi et al.,[71]	Italy	Outpatients accessing psychiatric services	12.8%
9	Monire Mosalanejad MD et al.,[72]	Iran 2012	Zahedan University of medical sciences.	15.4%

10	Luis Guillermo Almeida Montes et al.,[73]	Mexico 2007	Psychiatric adult outpatients and healthy participants.	Psychiatric Patients= 16.80 Healthy participants= 5.37%
11	L.Atwoli et al.,[74]	Kenya 2010	University College Students	21.8%
12	Hussain syed et al.,[76]	Ireland 2014	Outpatient clinics	23.9%
13	Keizo Takahashi et al.,[75]	Japan 2016	Female College Students	27.2%
14	Amna Hamid et al.,[77]	Pakistan 2017	Army Medical College, Rawalpindi, Pakistan,	29.6%
15	Paulo Mattos et al.,[64]	Brazil 2017	University students	37%

3.8 Adult ADHD Prevalence - Indian scenario

According to the findings of various studies, the prevalence of ADHD amon g adults in India ranges from between 2.8% to 19%[17,19]

At the R. D. Gardi Medical College in Ujjain, India, a cross-sectional study was conducted out in 2018 and it was observed that 15.9% of the medical students suffered from ADHD.

According to a study conducted among college students in Chandigarh (Ishani Jhambh et al.), the prevalence was 5.48%.[2,16]

Another study conducted in Kerala by T S Jaisoorya et al., among students observed a prevalence of 2.8%, and a study by Aparna Patel et al., observed a prevalence of 11.40%.[17,18]

A study in a semi-urban medical college in Karnataka reported that among alcohol users who were admitted to the addiction ward, the prevalence of ADHD was found to be 19%.[19]

The following table lists studies on the prevalence of Adult ADHD in India (Table 3).

TABLE 3

Adult ADHD Prevalence in Indian Scenario

	Author	Year	Study population	Prevalence
1.	Goutam Pritesh et al.,[16]	2018	Medical students	15.9%
2.	Ishani jhambh et al.,[2]	2014	College students	5.48%
3	TS Jaisoorya et al.,[17]	2019	College Students	2.8%
4	Aparna patel et al.,[18]	2021	Young female & male of aged between 18-24years.	11.40%
5.	Somashekar Reddy Lohit et al.,[19]	2019	Patients admitted to the hospital's deaddiction ward	19.00%
6	Probate sitholey et al.,[79]	2009	Adult population	8.83%

3.9 Gender and ADHD

According to the findings of the majority of studies, males are more likely than females to have Attention Deficit Hyperactivity Disorder (ADHD).

A study conducted by Gowtam Pritesh et al., among medical students observed that males were more likely to be affected by ADHD than females (18.8% vs. 13%). Another study among American adults observed that males were more likely than females to self-report having ADHD (51.1% vs. 45%).[16,65]

A study conducted by Amna Hamid et al., among medical students at the Army Medical College in Rawalpindi, Pakistan, males were more likely than females to report having ADHD (30.9% vs. 28.6%).[77]

A cross-national study by John Fayyad et al., reported that the prevalence of ADHD was significantly higher in males compared to females. (5.4% vs. 3.5%).[80]

Fedele et al. conducted a study on college students and reported that the social behaviours of male and female college students were very different, with the latter being more prevalent.[81]

Victoria U Vildalen et al. observed that both females and males with ADHD in the study group reported higher ASRS scores compared to their respective control groups. In the ADHD group, females exhibited significantly higher overall symptom ratings than males.[82]

Males reported ADHD at a higher rate than females. Males had a mean ASRS total score that was substantially higher than females. (2.9% for women vs. 5.1% for men scoring above cut-off).[83]

According to a Chandigarh-based Indian study, male college students reported a quite higher prevalence of ADHD (6.25%) than female students (5.1%).[2]

Studies comparing the prevalence of ADHD by gender are listed in the following table (Table 4).

TABLE 4

Prevalence of ADHD among Gender

	Author	Year	Prevalence of ADHD	Male Prevalence	Female Prevalence
1.	Goutam Pritesh et al.,[16]	2018	15.9%	18.8%	13%
2.	Lenard A. Adler et al.,[65]	2019	2.04%	51.1%	45.5%
3	Amna Hamid et al., [77]	2017	29.6%	30.9%	28.4%
4	John Fayyad et al.,[80]	2016	-	5.4%	3.5%
5	Beate Oerbeck et al.,[83]	2015	-	5.1%	2.9%
6	Ishani Jhambh et al.,[2]	2014	5.48%	6.25%	5.1%

3.10 Academic Performance in patients with ADHD

Various studies indicate that persons with ADHD perform poorly in school and college. A Child with ADHD may have problems focusing, listening closely, understanding, and actively working in the classroom. ADHD can also lead a child to be fidgety, restless, excessively talkative, and disruptive in the classroom.

A study by TS Jaisoorya et al., observed that ADHD individuals performed poorly academically.[17]

A systematic review conducted by L. Eugene Arnold et al., (1980–2012) that focused at long-term (>2 years) academic results for people with ADHD and found that, compared to non–ADHD controls, those with untreated ADHD performed poor on achievement tests and in the classroom.[84]

George D. J. Paul et al., studied the academic performance trajectories of non-ADHD students to those of college students with ADHD over the course of four years in a comparative study conducted in 2021. They observed that college students with ADHD had considerably lower Grade point averages and used study skills tactics less frequently than comparison students.[85]

Students with ADHD had significantly lower grade point averages in high school and college and dropped out noticeably more frequently than normal students, according to a study conducted by Claire Advokat et al.[5]

A prospective study of hyperactive children conducted by R. A. Barkley et al., revealed a pattern of behavioural symptoms that is exceptionally persistent over time and is related to a much-increased risk of negative academic and social outcomes in adolescence.[86]

According to the findings of a meta-analysis conducted by Frazer T. W. et al., students who report having symptoms of ADHD are at a high academic risk.[38]

Students with ADHD were shown to have a worse grade point average and a much higher likelihood of being on academic probation (38.3% vs. 7%) when compared to controls, according to studies by E. Heiligenstein et al., (2.5 vs. 3.2).[35]

According to the findings of a study that was conducted by Patricia L. Kaminski et al., on the factors that predict academic success among college students with attention disorders, students who have ADHD put in more effort and work longer hours than their peers do. There are many things that can get in the way of academic success, including procrastination, disorganization, insufficient time management and study skills, and pressure from classmates to mingle rather than study. Students with ADHD are anxious and overly judgmental, and their academic coping strategies, such as self-discipline and drive, are underdeveloped. Finally, college performance is predicted by good time management abilities and the absence of financial

stress, indicating that environmental patterning and developing skills may assist in resolving academic problems.[87,88]

3.11 Clinical subtypes of ADHD

ADHD is divided into three subtypes: predominantly inattentive, predominantly hyperactive/impulsive, and predominantly combined.

The Predominantly Inattentive type of ADHD has issues controlling attention, whereas the Predominantly Hyperactive/impulsive type of ADHD has impulsive and hyperactive conduct, and the combined type of ADHD has both inattention and hyperactivity/impulsivity.

The most common ADHD subtypes among adolescents and adults are combined type and predominantly inattentive type.[89]

The hyperactive/impulsive subtype is the most common among preschoolers diagnosed with ADHD.[90]

A study in India reported prevalence of 5.53% for inattention, 6.64% for hyperactivity and 0.97% for combined type.[18]

According to a study conducted in Iran, the prevalence of inattentive type of ADHD was 11.17%, while the prevalence for hyperactivity and impulsivity type of ADHD was 12% and 13.4%, respectively.[72]

Timothy E Wilens et al., conducted a study among ADHD patients in the United States to determine the prevalence of various forms of ADHD and

reported that about 93% of the patients had inattentive or combined types of ADHD.[91]

In a study of epileptic patients conducted by Marcos H. C. Duran et al., in Brazil, around 11.66% of epileptic patients were diagnosed with the inattentive type of ADHD.[92]

A case control study with controls and epilepsy cases reported that the association was limited to the inattentive type, not the hyperactive impulsive type or the ADHD combination type.[93]

A study of epileptic children reported a 39% prevalence of the "hyperactivity-impulsivity" type of ADHD and a 42.4% prevalence of inattention symptoms.[94,95]

In a study on ADHD in Norway, conducted by Victoria U Vildalen et al., females reported more severe symptoms of inattention and hyperactivity/impulsivity than men. More men than women in the control group exhibited symptoms of severe inattention.[82]

A study conducted in India among college students, 15.9% of the study group had ADHD. The most prevalent form of ADHD identified in the study was the inattentive type, followed by the hyperactive type and the combined type.[16]

Tara E. McKee et al. observed a prevalence of 7.48% of ADHD among college students, with a few women having substantial levels of impulsivity

and both men and women having excessive levels of inattention. In terms of frequency and intensity, men had more inattentive symptoms than women.[96]

A study in school children studying in sixth to tenth standard in Delhi observed that inattentive type is more in number when compare to other two types (68.8% vs. 6.3%, 25%).[97]

A study conducted in Venezuela of among college students indicated that impulsive and hyperactive symptoms predominated over inattentive symptoms.[67]

Based on the retrospective cohort study conducted in India by Jasmin Garg et al., 41.2% of the patients with ADHD were of the inattention type, and 33.3% were of the combined type.[98]

The following table summarizes studies comparing the prevalence of the different types of ADHD (Table 5).

TABLE 5

ADHD according to the types

	Author	Year	Study population	"Inattentive type of ADHD"	"Hyperactivity/ Impulsivity type of ADHD"	Combined type of ADHD
1.	Aparna patel et al.,[18]	2021	Adults	5.53%	6.64%	0.97%
2.	Monire Mosalanejad MD et al.,[72]	2012	College Students	11.17%	12.4% 13.2%	-
3	Timothy E et al.,[91]	2009	ADHD patients	31%	7%	62%
4	Durgesh v yewatakar et al.,[97]	2017	Childrен	68.8%	6.3%	25%
5	Dale C. Hesdorffer et al.,[93]	2004	Epilepsy cases & controls	(OR=3.7) 95% CI, (1.1-12.8),	(OR=1.8) 95% CI, (0.6-5.7)	(OR=2.5) 95% CI, (0.3-18.3)
6	Goutam Pritesh et al.,[16]	2018	Medical and para medical students	50%	18%	32%
7	Jasmin Garg et al.,[98]	2013	ADHD Patients	21 (41.2%)	3(6%)	17(33.3%)

3.12 ADHD & Epilepsy

Epilepsy is a chronic brain illness that affects around 50 million people globally. It is characterised by recurrent seizures, which are brief episodes of involuntary movement that may include a portion of the body (partial) or the entire body (generalised) and are occasionally followed by loss of consciousness and control of bowel or bladder function.[99] According to several studies, the prevalence of attention-deficit/hyperactivity disorder (ADHD) among epilepsy patients is higher than in the general population.

Seizures are more prevalent in children with ADHD, with around 14% of ADHD children suffering seizures. ADHD is the most common co-occurring condition in children with epilepsy.[100]

According to studies, 30% to 40% of children with epilepsy have ADHD, compared to 7% to 9% of children in the general population with ADHD.[101]

Studies have also found nearly 20% of adults with epilepsy may also have ADHD, whereas 2.5% to 4% of adults have the disorder in the general population.[102]

Children with idiopathic epilepsy were the participants of a cross-sectional study conducted by Marcos H. C. Duran et al., which reported that 13% of children showed symptoms of ADHD.[92]

A case control study matched children with epilepsy who were 3 to 16 years old with controls and observed that the prevalence of ADHD was 2.5 times higher in newly diagnosed seizure patients than in controls.[93]

In a study by Corrinne Dunbar et al., among epileptic patients, it was observed that 40.6% of patients had positive ASRS screening results.[103]

A community-based study conducted by Rony Cohen, MD, et al., reported a prevalence of 12.6% of ADHD as well as a history of epilepsy in 5 out of every 1000 children.[104]

ADHD was diagnosed in 27.7% of epileptic children; children with ADHD were nearly twice as likely as those without the disease to develop epilepsy.[104]

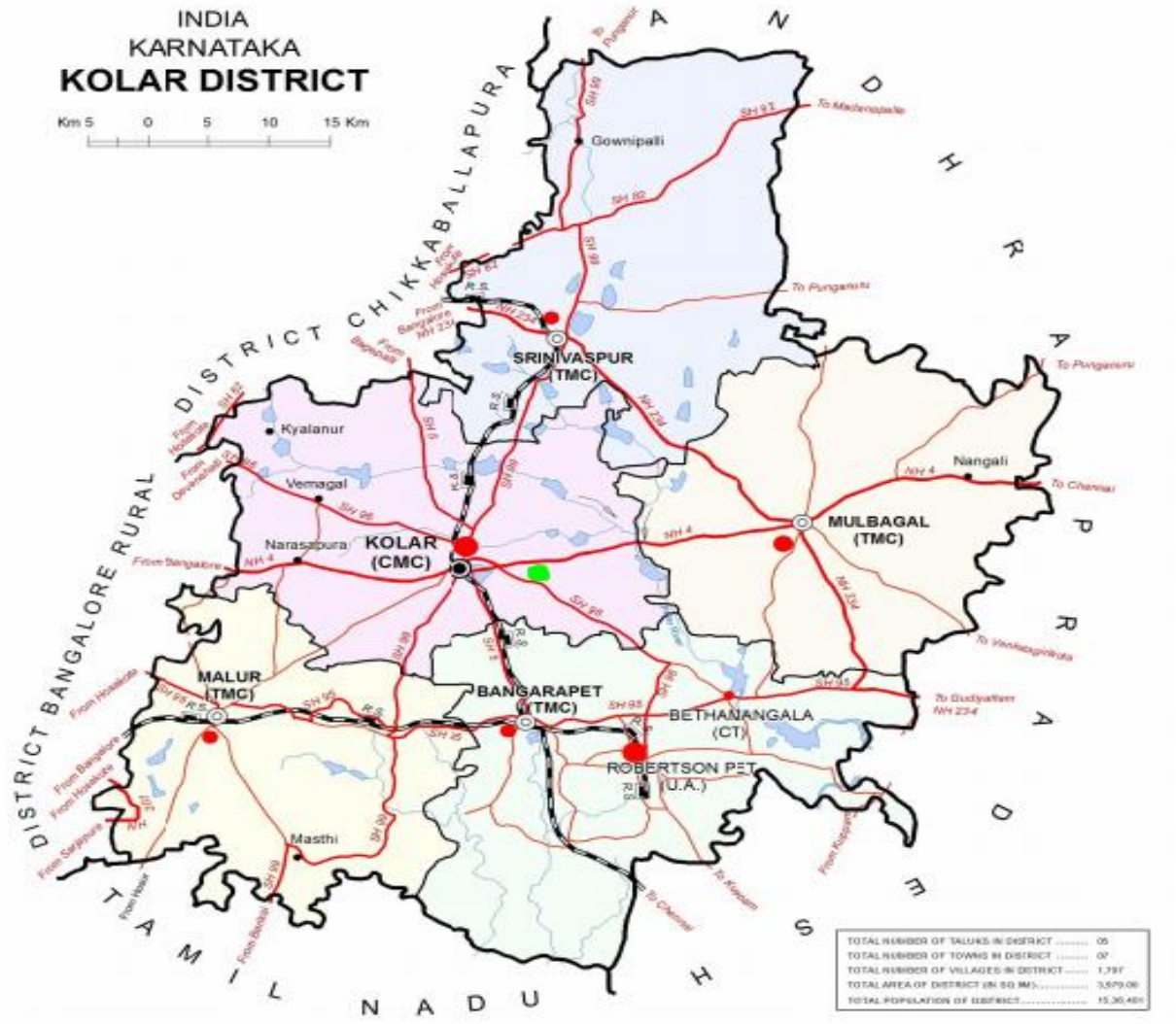
MATERIALS AND METHODS

4. MATERIALS AND METHODS

4.1 Topography of Kolar district

FIG.NO.1

Map of Kolar district.



4.2. Study Settings

Kolar district is located in southern Karnataka. It is bounded on the west by the Bangalore Rural district, on the north by the Chikballapur district, on the east by the Andhra Pradesh district of Chittoor, and on the south by the Tamil Nadu districts of Krishnagiri and Vellore.[105]

According to the available statistics, Kolar has a population of 1536401, of whom 776396 were men and 760005 women.[106]

The district includes six taluks, namely Mulbagal, Kolar, Bangarapet, Malur, Srinivaspura, and KGF.

The majority of the population speaks Kannada, with a significant number also speaking Telugu and Tamil.

The study was conducted in the degree colleges in Kolar district. According to Bangalore North University data from 2019, there were 46 Degree colleges with 7,581 students.

This study was conducted in selected colleges from all the six Taluks.

4.3. Study design:

Cross sectional study

4.4. Study population

Bangalore North University provided the list of degree colleges in Kolar district. In 2019, there were 46 degree colleges with 7581 students.

4.5. Inclusion criteria:

- Students aged 18 years and above
- College students who were pursuing Bachelor's degree in Commerce and Bachelor degree in Computer application.

Exclusion criteria:

- All students with any self-reported mental disease

4.6. Sample Size:

Calculation:

- Z α at 95% confidence interval is 1.96
- Prevalence P=5.48
- q = (1-p)
- q = 94.52
- d = 1.25

$$\frac{Z_{\alpha}^{2}(p)\,(1-p)\ \text{x DE}}{d^{2}}$$

$$= \frac{(1.96)^{2}\,(5.48)\,(94.52)\ \text{x}1.5}{(1.25)^{2}} \qquad n = 1911$$

Based on the prevalence of ADHD (5.48%) from a previous study[2] and the absolute precision of 1.25%, with a design effect of 1.5, at a 95% confidence interval, and a 5% alpha error, the final sample size was calculated to be 1911.

4.7 Sampling:

The number of students currently enrolled in Arts, Commerce and Science streams in various colleges in 6 taluks of Kolar district was obtained from Bangalore north university records after due permission.

In order to obtain representation from all taluks, a sample proportionate to population was taken, the sample size required for the study was 1911. Within each strata (Taluk), the required number of colleges were conveniently selected based on availability of study participants doing the study period.

The following table shows the methodology for the selection of participants (Table 6).

TABLE. 6

Methodology for selection of participants

Sl no	Taluks	Number of College students in the Taluk	College students as a percentage of total number of students.	Sample required from the strata
1	Kolar	3637	48.6%	929
2	Bangarapet	741	9.6%	180
3	KGF	945	12.6%	241
4	Mulbagal	722	8.6%	169
5	Srinivasapura	515	6.9%	132
6	Malur	1021	13.7%	262

4.8 Study Tools

Written informed consent was obtained from the college principal and participants.

- Information on socio-demographic factors such age, gender, education, religion, family type, birth order, and the number of siblings was gathered using a pre-tested, semi-structured, self-administered questionnaire. The information regarding scholastic performance in previous class, stream, and history of epilepsy was also collected.

- **Adult ADHD Self-Report Scale** (ASRS-v1.1)-was used for assessing ADHD among the study participants. This Self-Report Scale symptom checklist has two parts and 18 questions. Part A comprises six questions that are the most predictive of ADHD symptoms. These six questions form the basis of the ASRS v. 1.1 Screener. If four or more marks appear in the darker-colored regions of Part A, the patient has symptoms that are strongly suggestive of ADHD in adults and should be further evaluated. Part B of the Symptom Checklist comprises the last 12 questions. The frequency ratings on Part B give extra information about the patient's symptoms and can act as supplemental probes. Pay special attention to markings that appear in boxes with a dark shade. Out of 18 questions, 9 of them are suggestive of the predominant inattentive type and the remaining 9 questions are for the hyperactive/impulsive type of ADHD.

- Inattentive type -Question numbers-1, 2, 3, 4, 7, 8, 9, 10, 11.
- Hyperactive/Impulsive type-Questionnumbers-5, 6, 12, 13, 14, 15, 16, 17, 18.

4.9 Pilot Study:

Before beginning the main study project, a pilot study done involving forty college students from the Kolar district was carried out. The replies were analysed, and depending on what was learned, appropriate adjustments were

made to the questionnaire. These individuals were not allowed to continue participating in the study.

4.10 Statistical analysis:

The data was collected using a self-administered questionnaire.

“The data was entered into a Microsoft Excel spreadsheet”

Some variables have been coded.

- Age was entered without coding, while gender was coded as 1 for males and 2 for females.
- The religion was coded as 1 for Hindus, 2 for Christians, and 3 for Muslims and others.
- Academic performance was coded as 1 for students who scored less than 50%, 2 for those who were between 50 and 80%, and 3 for those who scored more than 80%.
- The number of siblings was coded as follows: if there were no siblings, it was coded as 0, 1 sibling was coded as 1, 2 siblings was coded as 2, 3 siblings was coded as 3, and more than 3 siblings was coded as 4.
- Similarly coded for birth order as if he/she was the first child, it was coded as 1, similarly coded for birth order 2, 3, and more than 3.
- Families were coded as "nuclear families" as 1, "joint families," and "three-generation families" as 2. Similarly, the stream was coded as 1 for BCom and 2 for BCA.

- The epilepsy history was coded in the following manner: if epilepsy history was present, it was coded as 1, otherwise, it was coded as 2.
- Responses on the Adult Self-Report Scale (ASRS) were also coded as 1, 2, 3, 4, or 5 for the options "Never," "Rarely," "Sometimes," "Often," and "Very Often." All 18 of the questions were coded in this manner.

  The collected data were summarised and presented as frequencies, and proportions. The chi-square test and Fisher exact test were used as tests of significance. To estimate the association of various factors with ADHD, an odds ratio was calculated, and a 95% confidence interval was determined using logistic regression analysis. Analysis was performed using the SPSS version22.

  “A p-value of less than 0.05 was considered statistically significant for all statistical estimations”.

4.11 Ethical Consideration.

This study is approved by the institutional ethical review committee of Sri Devaraj Urs Academy of Higher education and Research, Kolar. (No.SDUMC/KLR/IEC/577/2020-21)

4.11.1 Autonomy

- Participants in the study were given a participant information sheet that explained the study and invited them to participate willingly.
- The participants were requested to provide a written informed consent form if they were willing to participate in the study.

4.11.2 Confidentiality

- The data was collected from the participants using a self-administered questionnaire, which was kept confidential.
- The collected data was accessible only to the study team. The data was entered and stored in a password-protected Excel sheet for analysis.

4.11.3 Benevolence

- The participants who were found to have ADHD traits were informed regarding the same and advised to seek medical support.

RESULTS

5. Results

The study was conducted among college students in Kolar district to find out the prevalence and various factors associated with ADHD.

The study included 1913 participants from colleges in the Kolar district.

The study covered 910 men and 1003 women.

Various variables related to the prevalence of ADHD were studied. The following findings were made:

TABLE-7

Distribution of the study participants according to age and sex (n=1913)

Age	Male Frequency (%)	Female Frequency (%)	Total Frequency (%)
18 years	150 (7.8)	176 (9.2)	326 (17.0)
19 years	227 (11.8)	328 (17.1)	555(29.0)
20 years	323 (16.8)	347 (18.1)	670 (35.0)
21 years	172 (8.9)	127 (6.6)	299 (15.6)
22 years	38 (1.9)	25 (1.3)	63 (3.3)
Total	910 (47.6)	1003 (52.4)	1913 (100)

(Figures in the parentheses are percentages)

From the above table, it is observed that among the 1913 study participants, majority (35.1%), were aged 20years, followed by 29% in 19 years, and 17% in the age of 18 and there were only 3.3% participants in the age of 22. The sample included 47.6% men and 52.4% women. (Table 7).

TABLE-8

Distribution of study participants according to Religion (n=1913)

Religion	Frequency	Percentage
Hindu	1575	82.3
Christian	173	9.0
Muslim	155	8.1
Others	10	0.5
Total	1913	100

From the above table it is observed that among the study participants, the majority of them belonged to the religion Hindu (82.3%), followed by Christians (9.0%), Muslims (8.1%), and others (10%) (Table 8).

TABLE-9

Distribution of the study participants according to number of siblings (n=1913)

Number of siblings	Frequency	Percentage
No siblings	202	10.6
One sibling	710	37.1
Two siblings	601	31.4
Three siblings	298	15.6
More than three siblings	102	5.3
Total	1913	100

According to the above table, the majority of participants (37.1%) have one sibling, while 31.4% have two siblings, and only 5.3% have more than three siblings. (Table 9)

TABLE-10

Distribution of study participants according to birth order (n=1913)

Birth Order	Frequency	Percentage
One	989	51.7
Two	739	38.6
Three	145	7.6
More than Three	40	2.1
Total	1913	100

Based on the above table, the majority of study participants (51.7%) were the first child of the family, while 38.6% were the second child, and only 2.1% had a birth order of 3 or more. (Table.10).

TABLE-11

Distribution of study participants according to type of family (n=1913)

Type of family	Frequency	Percentage
Nuclear	1441	75.3
Joint & Three generation	472	24.7
Total	1913	100

Based on the above table, it is observed that the majority of the study participants (75.3%) belonged to nuclear families, while 24.7% belonged to joint or three-generation families. (Table 11).

TABLE-12

Distribution of study participants according to their stream (n=1913)

Stream	Frequency	Percentage
Bachelor of Commerce (B.Com)	1426	74.5%
Bachelor of Computer Application (BCA)	487	25.5%
Total	1913	100%

According to the table above, the majority of study participants (74.5%) were pursuing a bachelor's degree in commerce, while 25.5% were pursuing a bachelor's degree in computer application (Table 12).

TABLE-13

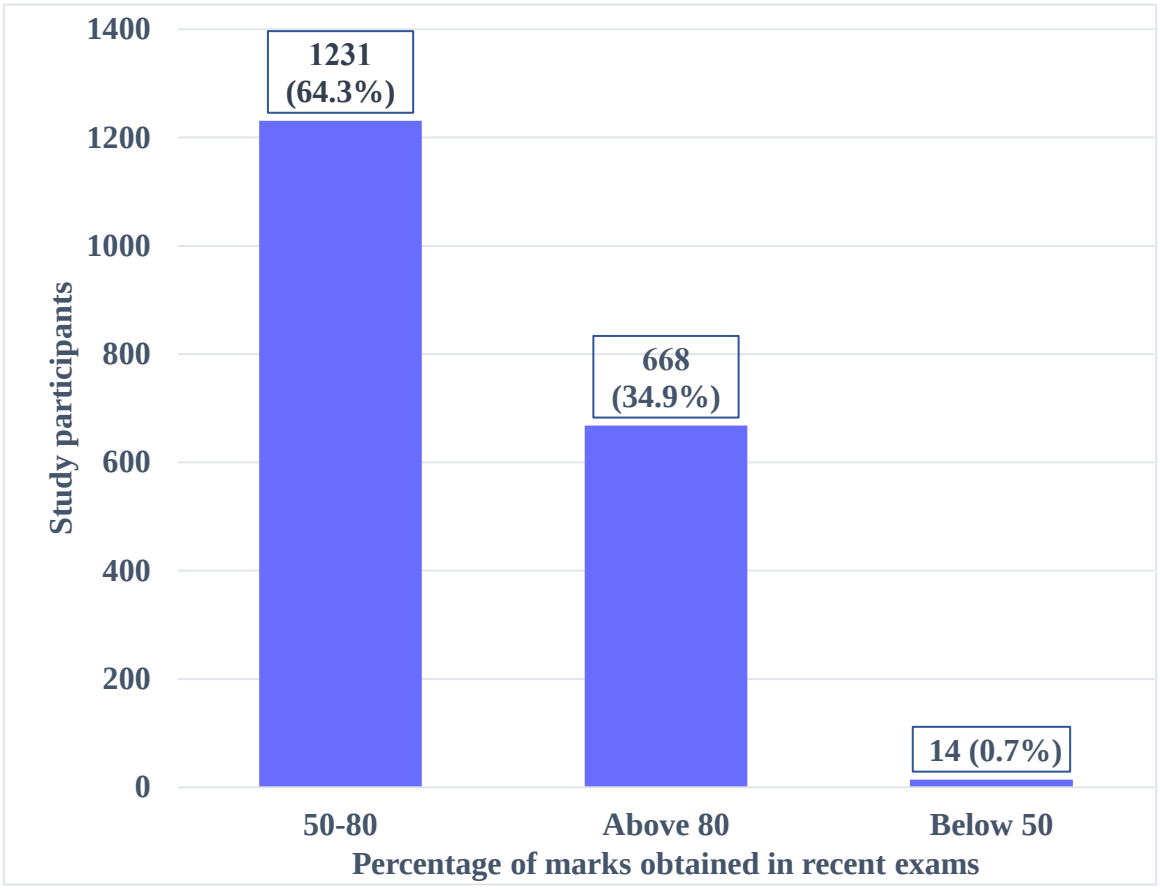
Distribution of study subjects according to their epilepsy status (n=1913)

History of Epilepsy	Frequency	Percentage
Present	13	0.7
Absent	1900	99.3
Total	1913	100

According to the aforementioned table, only 13 (0.7%) of the 1913 study participants had a history of epilepsy (Table 13).

FIG.NO. 2

Scholastic performance of the study participants (n=1913)



The study participants were divided into three different groups depending on the percentage of marks received on previous examinations. The majority of them (64.3%) have a score between 50% and 80%, while 34.9% of study participants have a score over 80% and only 0.7% have a score below 80%. (Fig 2)

TABLE-14

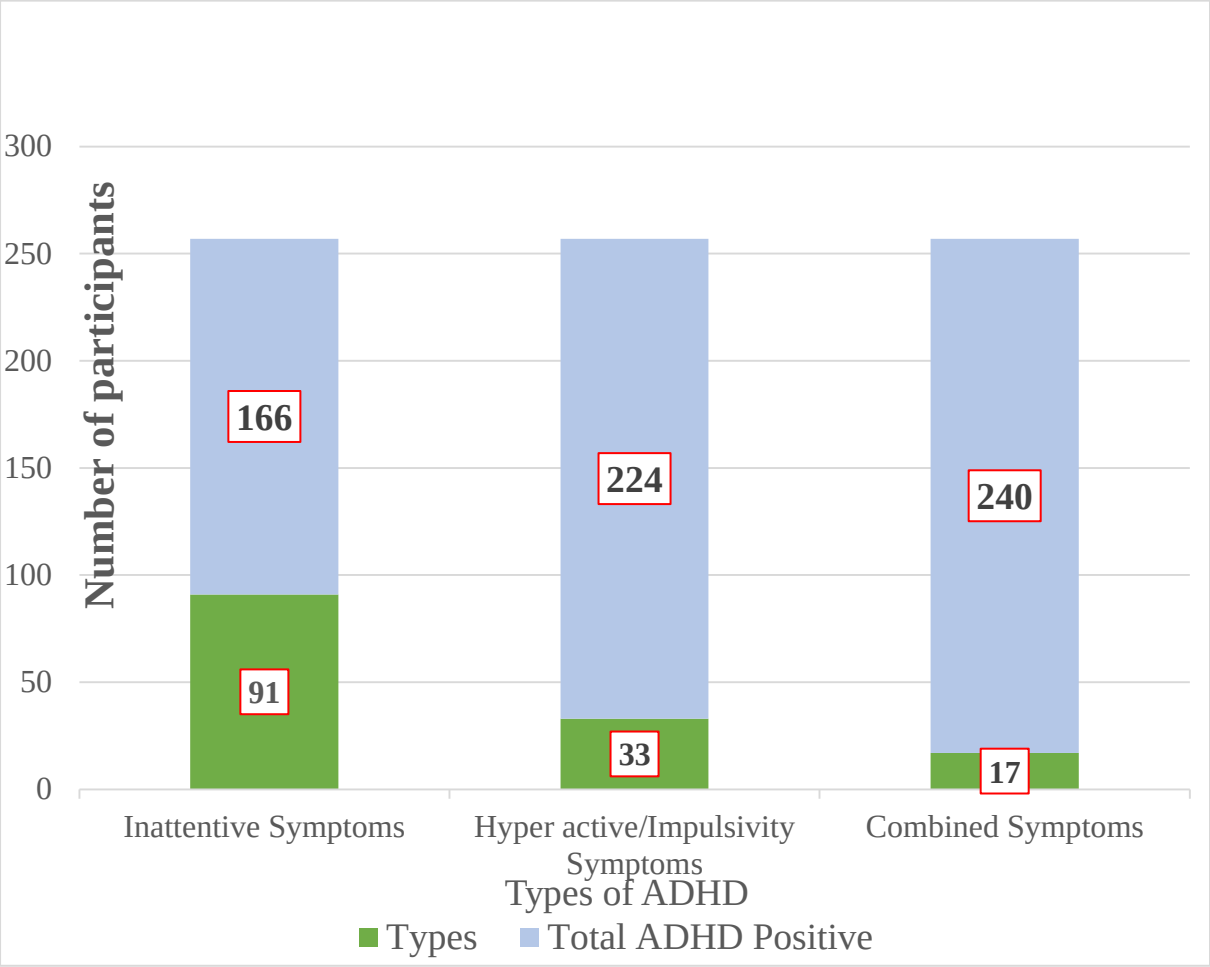
Prevalence of ADHD symptoms according to the ASRS questionnaire among study participants (n=1913)

	Frequency	Percentage
ADHD symptoms present	257	13.43
No ADHD	1656	86.56
Total	1913	100

A total of 1913 participants were studied, and the prevalence of ADHD was reported to be 13.4% (257) (Table 14).

FIG.NO.3

Various types of ADHD among college students.



About 257 of the study participants reported symptoms that were suggestive of ADHD; of these, 91 had symptoms that were predominately inattentive, 33 had symptoms that were predominately hyperactive/impulsive, and 17 had both (Figure 3).

TABLE-15

ADHD according to the age of the study participants (n=1913)

Age	ADHD	Non ADHD	Total
18 years	37 (11.3)	289 (88.7)	326 (100)
19 years	80 (14.4)	475 (85.6)	555 (100)
20 years	90 (13.4)	580 (86.6)	670 (100)
21 years	41 (13.7)	258 (86.3)	299 (100)
22 years	9 (14.3)	54 (85.7)	63 (100)
Total	257 (13.4)	1656 (86.6)	1913 (100)

(Figures in the parentheses are percentages)

The prevalence of ADHD among participants was equally distributed in the age group of 19 to 22 years, whereas the prevalence is lower in the age group of 18 years. Binary logistic regression was performed with ADHD as the dependent variable and age as an independent variable. It was observed that there was no statistically significant difference in the occurrence of ADHD in different age groups (Table 15).

TABLE-16

Inattentive type of ADHD according to the age of study participants (n=1913)

Age	Predominant Inattentive symptoms	No predominant Inattentive symptoms	Total Participants screened with ADHD symptoms
18 years	12 (32.4)	25 (67.6)	37 (100)
19 years	32 (40.0)	48 (60.0)	80 (100)
20 years	31 (34.4)	59 (66.6)	90 (100)
21 years	13 (31.7)	28 (69.3)	41 (100)
22 years	3 (33.3)	6 (67.7)	9 (100)
Total	91 (35.4)	166 (65.6)	257 (100)

(Figures in the parentheses are percentages)

Among the participants with ADHD symptoms, around 91 (35.4%) of them have predominant inattentive symptoms, and majority of them were aged 19 years. Binary logistic regression was performed with the inattentive type of ADHD as the dependent variable and age as an independent variable. It was observed that there was no statistically significant association in the occurrence of the inattentive type of ADHD in different age groups (Table 16).

TABLE 17

Hyperactivity/Impulsivity type of ADHD according to the age of study participants (n=1913)

Age	Predominant Hyperactivity/ Impulsivity symptoms	No predominant Hyperactivity/ Impulsivity symptoms	Total Participants screened with ADHD symptoms
18 years	4 (10.8)	33 (89.2)	37 (100)
19 years	8 (10.0)	72 (90.0)	80 (100)
20 years	13 (14.4)	77 (85.6)	90 (100)
21 years	6 (14.6)	35 (85.4)	41 (100)
22 years	2 (22.2)	7 (77.8)	9 (100)
Total	33 (12.8)	224 (87.1%)	257 (100%)

(Figures in the parentheses are percentages)

Among the subjects with ADHD symptoms, 33 (12.8%) of them have predominant hyperactive/impulsive symptoms. A binary logistic regression was performed with the hyperactive/impulsive type of ADHD as the dependent variable and age as an independent variable. It was observed that there was no statistically significant change in the occurrence of hyperactive/impulsive type of ADHD in different age groups (Table 17).

TABLE 18

Combined type of ADHD according to age of study participant (n=1913)

Age	Predominant Combined type symptoms	No predominant Combined type symptoms	Total Participants screened with ADHD symptoms
18 years	1 (2.7)	36 (97.3)	37 (100)
19 years	4 (5.0)	76 (95.0)	80 (100)
20 years	6 (6.7)	84 (93.3)	90 (100)
21 years	4 (9.8)	37 (90.2)	41 (100)
22 years	2 (22.2)	7 (87.8)	9 (100)
Total	17 (6.6)	240 (84.4)	257 (100)

(Figures in the parentheses are percentages)

Among the participants with ADHD symptoms, 17 (6.6%) of them have predominant Combined type of symptoms. Binary logistic regression was performed with combined type of ADHD as dependent variable and age as an independent variable, it was observed that there was statistically significant difference in the occurrence of combined type of ADHD in different age groups (Table 18).

TABLE 19

ADHD according to Gender (n=1913)

	ADHD Symptoms	No ADHD Symptoms	Total	Chi-square value (p value, df)
Male	99 (10.9)	811 (89.1)	910 (100.0)	$\chi^2 = 9.745$ (p=0.02*, df=1)
Female	158 (15.8)	845 (84.2)	1003 (100.0)	
Total	257 (13.4)	1656 (86.6)	1913 (100.0)	

(Figures in the parentheses are percentages)

Among the study participants, 15.8% of female participants and 10.9 % of male participants reported having symptoms of ADHD, There was a significant association between gender and presence of ADHD. ($\chi 2 = 9.745$ p=0.02*, df=1) (Table 19).

TABLE 20

Inattentive type of ADHD according to Gender (n=1913)

Gender	Predominant Inattentive symptoms	No predominant Inattentive symptoms	Total Participants screened with ADHD symptoms	Chi-square value (p value, df)
Male	32 (32.3)	67 (67.7)	99 (100.0)	χ^2=0.670 (p=0.413, df=1)
Female	59 (37.3)	99 (76.7)	158 (100.0)	
Total	91 (35.4)	166 (64.6)	257 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that about 37.3% of female participants and 32.3% of male participants reported experiencing inattentive symptoms of ADHD. This difference was not statistically significant (Table 20).

TABLE 21

Hyperactive/Impulsivity type of ADHD according to Gender (n=1913)

Gender	Predominant Hyperactive/ Impulsivity symptoms	No predominant Hyperactive/ Impulsivity symptoms	Total Participants screened with ADHD symptoms	Chi-square value (p value,df)
Male	13 (13.1)	86 (86.9)	99 (100.0)	χ^2 =0.12 (p= 0.912, df= 1)
Female	20 (12.7)	138 (87.3)	158 (100.0)	
Total	33 (12.8)	224 (87.2)	257 (100.0)	

(Figures in the parentheses are percentages)

Based on the above table, it is observed that about 12.7% of female participants and 13.1% of male participants reported experiencing Hyperactive/Impulsivity type of ADHD. This difference was not statistically significant (Table 21).

TABLE 22

Combined type of ADHD according to Gender (n=1913)

Gender	Predominant Combined symptoms	No predominant Combined symptoms	Total Participants screened with ADHD symptoms	Chi-square value (p value, df)
Male	9 (9.1)	90 (81.9)	99 (100.0)	$\chi 2$=1.598 (p=0.206, df=1)
Female	8 (5.1)	150 (94.9)	158 (100.0)	
Total	17 (6.6)	240 (94.4)	257 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that about 9.1% of male participants and 5.1% of female participants reported experiencing combined type of ADHD. This difference was not statistically significant (Table 22).

TABLE-23

ADHD Symptoms according to Religion (n=1913)

Religion	ADHD Present	No ADHD	Total Participants	Chi-square value (p value, df)
Hindu	201 (12.7)	1376 (87.3)	1577 (100.0)	$\chi 2=5.440$ (p=0.66, df=2)
Christian	33 (19.1)	140 (80.9)	173 (100.0)	
Muslims and others	23 (14.1)	140 (85.9)	163 (100.0)	
Total	257 (13.4)	1656 (86.6)	1913 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that ADHD symptoms were reported by 19.1% of Christian participants and 14.1% of participants from Muslims and other religions. This difference was not statistically significant (Table 23).

TABLE-24

ADHD symptoms according to recent academic performance (n=1913)

Percentage of marks in recent exams	ADHD Symptoms Present (257)	No ADHD Symptoms (1656)	Total Participants (1913)	Fisher's Exact test (p value)
Below 50 %	2 (14.3)	12 (85.7)	14 (100.0)	Fisher's exact test= 4.181 (p=0.131)
50-80%	151 (12.3)	1080 (87.7)	1231 (100.0)	
Above 80%	104 (15.6)	564 (84.4)	668 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that ADHD symptoms were reported by 15.6% of participants who had a recent academic score above 80% and 12.3% of participants who had a recent academic score between 50% and 80%; however, this difference was not statistically significant (Table 24).

TABLE-25

Inattentive type of ADHD according to recent Academic performance (n=1913)

Percentage of marks in recent exams	Predominant Inattentive symptoms	No predominant Inattentive symptoms	Total Participants screened with ADHD symptoms	Fisher's Exact test (p value)
Below 50%	1 (50.0)	1 (50.0)	2 (100)	Fisher's exact test= 0.713 (p=0.821)
50-80%	55 (36.4)	96 (64.6)	151 (100)	
Above 80%	35 (33.7)	69 (64.3)	104 (100)	
Total	**91 (35.4)**	**166 (64.6)**	**257 (100.0)**	

(Figures in the parentheses are percentages)

From the above table it is observed that Inattentive type of ADHD symptoms were reported by 33.7% of participants who had a recent academic score above 80% and 36.4% of participants who had a recent academic score between 50% to 80%; however, this difference was not statistically significant (Table 25).

TABLE-26

Hyperactive/Impulsivity type of ADHD according to recent academic performance (n=1913)

Percentage of marks in recent exams	Predominant Hyperactive/Impulsivity Symptoms	No predominant Hyperactive /Impulsivity symptoms	Total Participants screened with ADHD symptoms	Fisher's Exact test (p value, df)
Below 50 %	0	2 (100)	2 (100)	Fisher's exact test=0.514 (p=0.739)
50-80%	21 (13.9)	130 (86.1)	151 (100)	
Above 80%	12 (11.5)	92 (88.5)	104 (100)	
Total	33 (12.8)	224 (87.2)	257 (100.0)	

(Figures in the parentheses are percentages)

Based on the above table it is observed that Hyperactive/Impulsivity type of ADHD symptoms were reported by 11.5% of participants who had a recent academic score above 80% and 13.9% of participants who had a recent academic score between 50% and 80%; however, this difference was not statistically significant (Table 26).

TABLE-27

Combined type of ADHD according to recent Academic performance (n=1913)

Percentage of marks in recent exams	Predominant Combined Symptoms	No predominant Combined symptoms	Total Participants screened with ADHD symptoms	Fisher's Exact test (p value, df)
Below 50 %	0	2 (100)	2 (100)	Fisher's exact test=0.754 (p=0.830)
50-80%	11 (7.3)	140 (92.7)	151 (100)	
Above 80%	6 (5.8)	98 (5.8)	104 (100)	
Total	17 (6.6)	240 (94.4)	257 (100.0)	

(Figures in the parentheses are percentages)

From the above table it is observed that combined type of ADHD symptoms were reported by 5.8% of participants who had a recent academic score above 80% and 7.3% of participants who had a recent academic score between 50% and 80%; however, this difference was not statistically significant (Table 27).

TABLE-28

ADHD according to birth order (n=1913)

Birth Order	ADHD Present	No ADHD	Total Participants (1913)	Chi-square test (p value, df)
Birth order One	146 (14.8)	843 (85.2)	989 (100.0)	$\chi 2$=4.145 (p= 0.246, df= 3)
Birth order Two	93 (12.6)	646 (87.4)	739 (100.0)	
Birth order Three	14 (9.7)	131 (90.3)	145 (100.0)	
Three +	4 (10.0)	36 (90.0)	40 (100.0)	
Total	257 (100.0)	1656 (100.0)	1913 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that ADHD symptoms were reported by 14.8% of participants from birth order one and 12.6% of participants from birth order two, however, this difference was not statistically significant (Table 28).

TABLE-29

Inattentive type of ADHD according to birth order (n=1913)

Birth Order	Predominant Inattentive symptoms	No predominant Inattentive symptoms	Total Participants screened with ADHD symptoms	Chi-square value (p value, df)
Birth order One	51 (34.9)	95 (65.1)	146 (100.0)	$\chi 2$=0.575 (p=0.448, df= 1)
Birth order Two	37 (39.8)	56 (60.2)	93 (100.0)	
Total	88 (35.4)	151 (64.6)	239 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that Inattentive type of ADHD symptoms were reported by 34.9% of participants from birth order one and 39.8% of participants from birth order two, however, this difference was not statistically significant (Table 29).

TABLE-30

Hyperactive/Impulsive type of ADHD according to birth order (n=1913)

Birth Order	Predominant Hyperactive Impulsivity Symptoms	No predominant Hyperactive Impulsivity symptoms	Total Participants screened with ADHD symptoms	Chi-square value (p value, df)
Birth order One	20 (13.7)	126 (86.3)	146 (100.0)	$\chi^{2=}0.04$ (p=0.951, df=1)
Birth order Two	13 (14.0)	80 (86.0)	93 (100.0)	
Total	33 (13.8)	206 (86.2)	239 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that Hyperactive/Impulsivity type of ADHD symptoms were reported by 13.7% of participants from birth order one and 14.0% of participants from birth order two, however, this difference was not statistically significant (Table 30)

TABLE-31

Combined type of ADHD according to birth order (n=1913)

Birth Order	Participants with predominant Combined Symptoms	Participants with No predominant Combined symptoms	Total Participants screened with ADHD symptoms	Chi-square value (p value, df)
Birth order One	10 (6.8)	136 (93.2)	146 (100)	χ^2=0.39 (p= 0.84, df= 1)
Birth order Two	7 (7.5)	86 (92.5)	93 (100)	
Total	17 (7.1)	222 (92.9)	239 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that, combined type of ADHD symptoms were reported by 6.8% of participants from birth order one and 7.5% of participants from birth order two, however, this difference was not statistically significant (Table 31).

TABLE-32

ADHD symptoms according to number of siblings (n=1913)

Number of Siblings	ADHD Symptoms present	No ADHD Symptoms	Chi-square value (p value, df)	Odds ratio (95% CI)
No siblings (reference category)	38 (18.8)	164 (81.2)	χ^2=11.444 (p=0.022*, df=4)	-
One sibling	102 (14.4)	608 (85.6)		1.381 (0.916-2.082)
Two sibling	77 (12.8)	524 (87.2)		1.577(1.030-2.415)
Three sibling	26 (8.7)	272 (91.3)		2.424(1.419-4.140)
More than Three siblings	14 (13.7)	88 (86.3)		1.456 (0.749-2.833)
Total	257 (13.4)	1656 (86.6)		

(Figures in the parentheses are percentages)

From the above table, it is observed that among the study subjects, majority of them have no siblings, followed by 2 siblings, there was a significant association between the number of siblings and the presence of ADHD. Binary logistic regression was performed with ADHD as dependent variable and number of siblings as an independent variable, with no siblings as reference category, it was observed that, participants who had two or three siblings had significantly higher odds of having ADHD when compare to those with no siblings (Table 32).

TABLE-33

Inattentive type of ADHD symptoms according to Number of siblings (n=1913)

Number of Siblings	Predominant Inattentive symptoms	No predominant Inattentive symptoms	Total Participants screened with ADHD symptoms	Fisher's Exact test (p value)	Odds ratio (95% CI)
No siblings	11 (28.9)	27 (71.1)	38 (100.0)	Fisher's Exact test = 3.183 (p=0.51)	-
One sibling	40 (39.2)	62 (60.8)	102 (100.0)		1.320 (0.450-3.868)
Two siblings	29 (37.7)	48 (62.3)	77 (100.0)		1.341 (0.440-4.083)
Three siblings	6 (23.1)	20 (76.9)	26 (100.0)		0.550 (0.098-3.078)
More than Three siblings	5 (35.7)	9 (64.3)	14 (100.0)		1.100 (0.188-6.445)
Total	91 (35.4)	166 (64.6)	257 (100.0)		

(Figures in the parentheses are percentages)

Among the study subjects, with inattentive type of ADHD, majority of them have one siblings, followed by 2 siblings, however, there was no statistically significant difference between them. Binary logistic regression was performed with inattentive type of ADHD as dependent variable and number of siblings as an independent variable, with no siblings as reference category, it was observed that there was no significant association between these (Table 33).

TABLE-34

Hyperactive/Impulsivity type of ADHD symptoms according to Number of siblings (n=1913)

Number of Siblings	Predominant Hyperactive Impulsivity Symptoms	No predominant Hyperactive Impulsivity symptoms	Total Participants screened with ADHD symptoms	Fisher's Exact test (p value)	Odds ratio (95% CI)
No siblings	6 (15.8)	32 (84.2)	38 (100.0)	Fisher's Exact test = 2.600 (p=0.575)	-
One sibling	15 (14.7)	87 (85.3)	102 (100.0)		0.681 (0.310-1.496)
Two siblings	10 (13.0)	67 (87.0)	77 (100.0)		0.562 (0.243-1.299)
Three siblings	1 (3.8)	25 (96.2)	26 (100.0)		0.632 (0.213-1.876)
More than Three siblings	1 (7.1)	13 (92.9)	14 (100.0)		0.468 (0.111-1.967)
Total	33 (12.8)	224 (87.2)	257 (100.0)		

(Figures in the parentheses are percentages)

Among the study subjects with the hyperactive/impulsive type of ADHD, the majority of them have one sibling, followed by two siblings. However, this difference was not statistically significant. Binary logistic regression was performed with the hyperactive/impulsive type of ADHD as the dependent variable and the number of siblings as an independent variable, with no siblings as the reference category. It was observed that there was no significant association between these (Table.34).

TABLE-35

ADHD symptoms according to type of family (n=1913)

Types of families	ADHD Present	No ADHD	Total	Chi-square value (p value, df)
Nuclear family	201 (13.9)	1240 (86.1)	1441 (100)	$\chi 2$=1.328 (p=0.249, df=1)
Joint or Three Generation family	56 (11.9)	416 (88.1)	472 (100)	
Total	257 (100)	1656 (86.6)	1913 (100)	

(Figures in the parentheses are percentages)

From the above table, it is observed that, ADHD symptoms were observed in 13.9% of study participants from nuclear families and 11.9% from joint families. However this difference was not statistically significant (Table 35).

TABLE-36

Combined type of ADHD symptoms according to type of family (n=1913)

Types of families	Predominant Combined Symptoms	No predominant Combined symptoms	Total Participants screened with ADHD symptoms	Chi-square value (p value, df)
Nuclear	10 (3.8)	191 (96.2)	201 (100)	$\chi 2$=4.015 (p=0.045, df=1)
Joint or Three Generation family	7 (2.7)	49 (97.3)	56 (100)	
Total	17 (6.6)	240 (94.4)	257 (100.0)	

(Figures in the parentheses are percentages)

From the above table, it is observed that, combined type of ADHD symptoms were observed in 3.8% of study participants from nuclear families and 2.9% from joint families, this difference was statistically significant ($\chi 2$=4.015, p=0.045, df=1)) (Table 36).

TABLE-37

ADHD symptoms according to streams (n=1913)

	ADHD Present	No ADHD	Total	Chi-square value (p value, df)
B.Com	202(14.2)	1224 (85.8)	1426 (100)	χ^2=2.575 (p= 0.109, df= 1)
BCA	55 (11.3)	432 (88.7)	487 (100)	
Total	257 (13.4)	1656 (86.6)	1913 (100)	

(Figures in the parentheses are percentages)

From the above table, it was observed that ADHD symptoms were observed in 14.2% of B.Com students and 11.3% of BCA participants in the study. However, this difference was not statistically significant (Table 37).

TABLE-38

ADHD symptoms according to the history of Epilepsy (n=1913)

	ADHD Present	**No ADHD**	**Total**	**Fisher's Exact test (p value)**
Epilepsy present	4 (30.8)	9 (69.2)	13 (100)	Fisher's Exact test=3.382 (p=0.066)
No history of epilepsy	253 (13.3)	1647(86.7)	1900(100)	
Total	257 (13.4)	1656 (86.6)	1913 (100)	

(Figures in the parentheses are percentages)

From the above table, it is observed that ADHD symptoms were observed in 30.8% of study participants with a history of epilepsy and 13.3% of study participants with no history of epilepsy, however this difference was not statistically significant (Table 38).

TABLE-39

Association of ADHD symptoms and socio demographic characteristics (n=1913)

Participants Characteristics	ADHD		Chi square (p value, df)	Odds ratio (95% CI)	Adjusted odds ratio (95% CI)
	Present	Absent			
Sex					
Male	99 (10.9%)	811 (89.1%)	$\chi2$=9.745 (p=0.02* df=1)	-	-
Female	158 (15.8%)	845 (84.2%)		1.532 (1.170-2.005)	1.453 (1.100-1.920)
Type of family					
Nuclear	201 (13.9%)	1240 (86.1%)	$\chi2$=1.328 (p=0.249 ,df=1)	-	-
Joint and three generation family	56 (11.9%)	416 (88.1%)		0.830 (0.605-1.139)	0.911 (0.661-1.257)
Religion					
Hindu	201 (12.7%)	1376 (87.3%)	$\chi2$=5..440 (p=0.066 ,df=2)	-	-
Christian	33 (19.1%)	140 (80.9%)		0.620 (0.412-0.931)	0.603 (0.399-0.912)
Muslims and Others	23 (14.1%)	140 (85.9%)		0.889 (0.588-1.416)	0.804 (0.497-1.302)
Percentage of marks in recent examinations					
Below 50%	2 (14.3%)	12 (85.7%)	Fisher exact=4.181 (p=0.131)	-	-
50%- 80%	151 (12.3%)	1080 (87.7%)		0.758 (0.579-0.993)	0.827 (0.626-1.094)

Above 80%	104 (15.6%)	564 (84.4%)		0.839 (0.186-3.785)	0.715 (0.156-3.274)
Number of siblings					
No siblings	38 (18.8%)	164 (81.2%)	$\chi2$=11.444 (p=0.0022* ,df=14)	-	-
1 Sibling	102 (14.4%)	608 (85.6%)		1.381 (0.916-2.082)	1.337 (0.869-2.057)
2 Sibling	77 (12.8%)	524 (87.2%)		1.577 (1.030-2.415)	1.538 (0.972-2.431)
3 Sibling	26 (8.7%)	272 (91.3%)		2.424 (1.419-4.140)	2.246 (1.242-4.064)
More than 3	14 (13.7%)	88 (86.3%)		1.456 (0.749-2.833)	1.431 (0.655-3.126)
Birth order					
First child	146 (14.8%)	843 (85.2%)	$\chi2$=4.145 (p=0.246 ,df=3)	-	-
Second Child	93 (12.6%)	646 (87.4%)		1.203 (0.910-1.91)	1.091 (0.808-1.473)
Third Child	14 (12.6%)	131 (90.3%)		1.621 (0.909-2.890)	1.200 (0.627-2.296)
Fourth or more	4 (10.0%)	36 (90.0%)		1.559 (0.574-4.445)	1.299 (0.389-4.341)
History of Epilepsy					
Epilepsy present	4 (30.8%)	9 (69.2)	Fisher Exact= 3.382 (p=0.066)	-	-
No Epilepsy	253 (13.3%)	1647 (86.6%)		0.346 (0.106-1.131)	0.375 (0.112-1.254)

From the above table, it was observed that there is a significant association between ADHD and gender. The odds of having ADHD symptoms were observed to be significantly higher among female participants; this association was observed to be statistically significant even after adjusting for other variables.

The odds of having ADHD were observed to be 0.830 (95% CI (0.605-1.139) times among participants from joint and three-generation families compared to participants from nuclear families. This difference was not observed to be statistically significant.

The odds of having ADHD symptoms were observed to be 0.620 (95% CI 0.412-0.931) times among Christians participants compared to Hindu participants; this association was observed to be statistically significant even after adjusting for other variables.

It was observed that participants who scored between 50% and 80% in their recent exams have 0.758 (95% CI 0.579-0.993) odds of having ADHD symptoms compared to participants who scored below 50%, this association was not observed to be statistically significant after adjusting for other variables.

There was a significant association between ADHD and number of siblings. It was observed that, participants who had two or three siblings had significantly higher odds of having ADHD when compare to those with no siblings, however

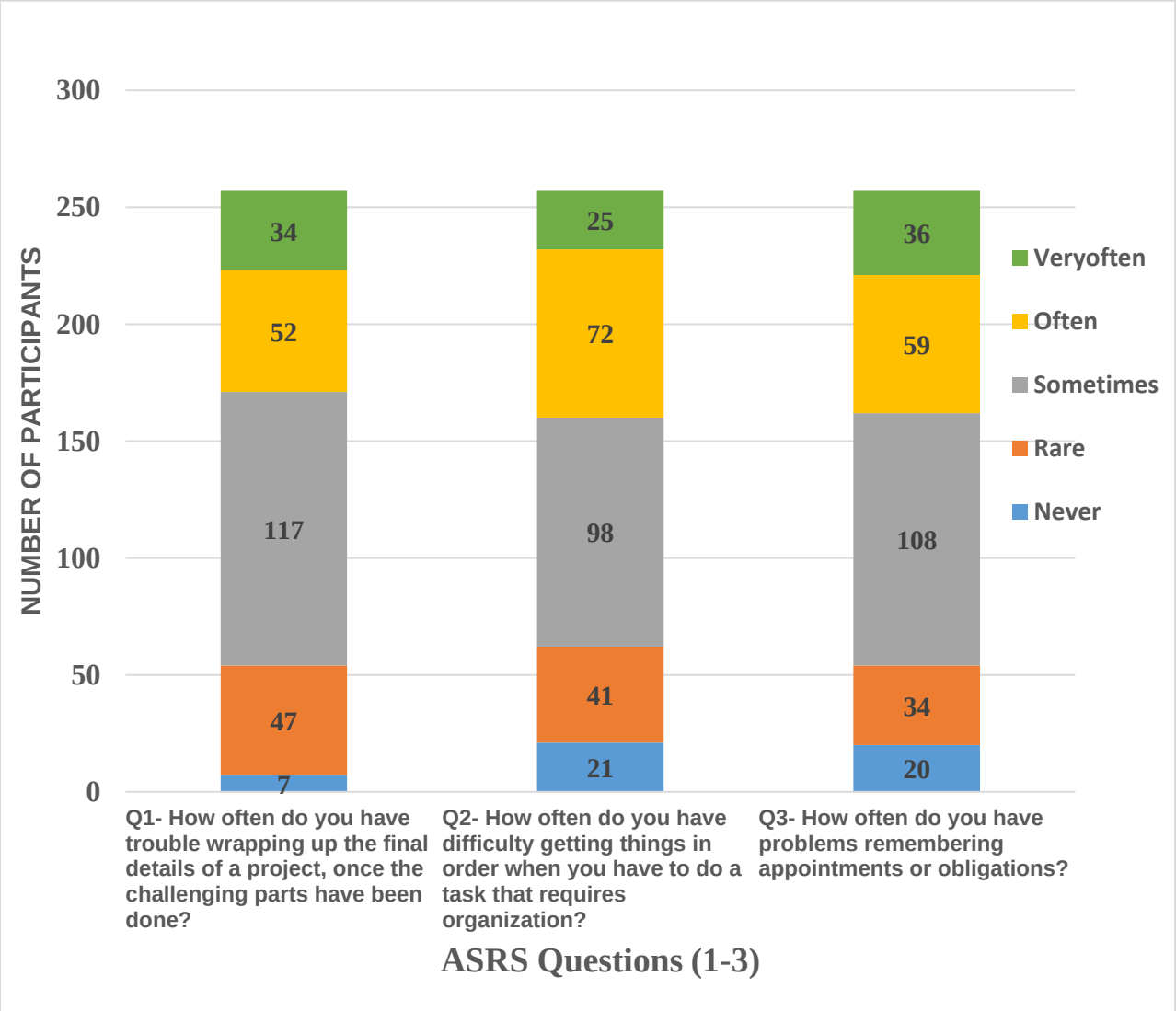
this association between participants with two siblings and no siblings was not significantly associated after adjusting for other variables.

It was also observed that birth order was not significantly associated with the ADHD symptoms, even after adjusting for other variables, birth order was not significantly associated with ADHD symptoms.

It was observed that a history of epilepsy was not significantly associated with ADHD symptoms; however, the participants with no epilepsy had 0.346 (95% CI 0.8798–9.461) odds of having ADHD compared to people with epilepsy (Table 39).

FIG.NO.4

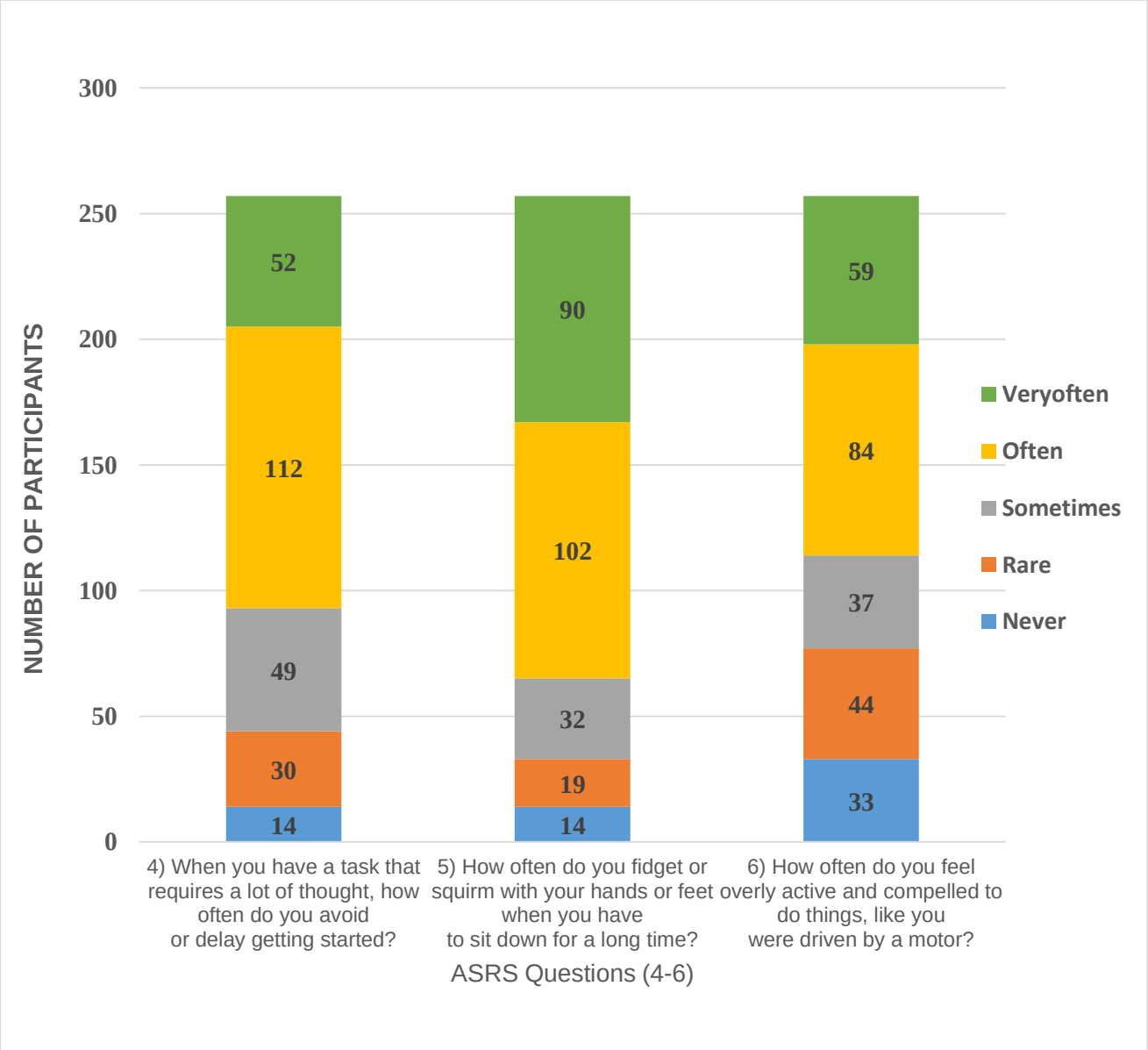
Response of study participants screened positive for ADHD (N=257) on ASRS questionnaire. (Questions, 1-3)



From the above table, it was observed that, the majority of study participants self-reported having these difficulties (q1–q3) occasionally (sometimes), while the least number of people said they had never experienced them (Figure-4)

FIG.NO. 5

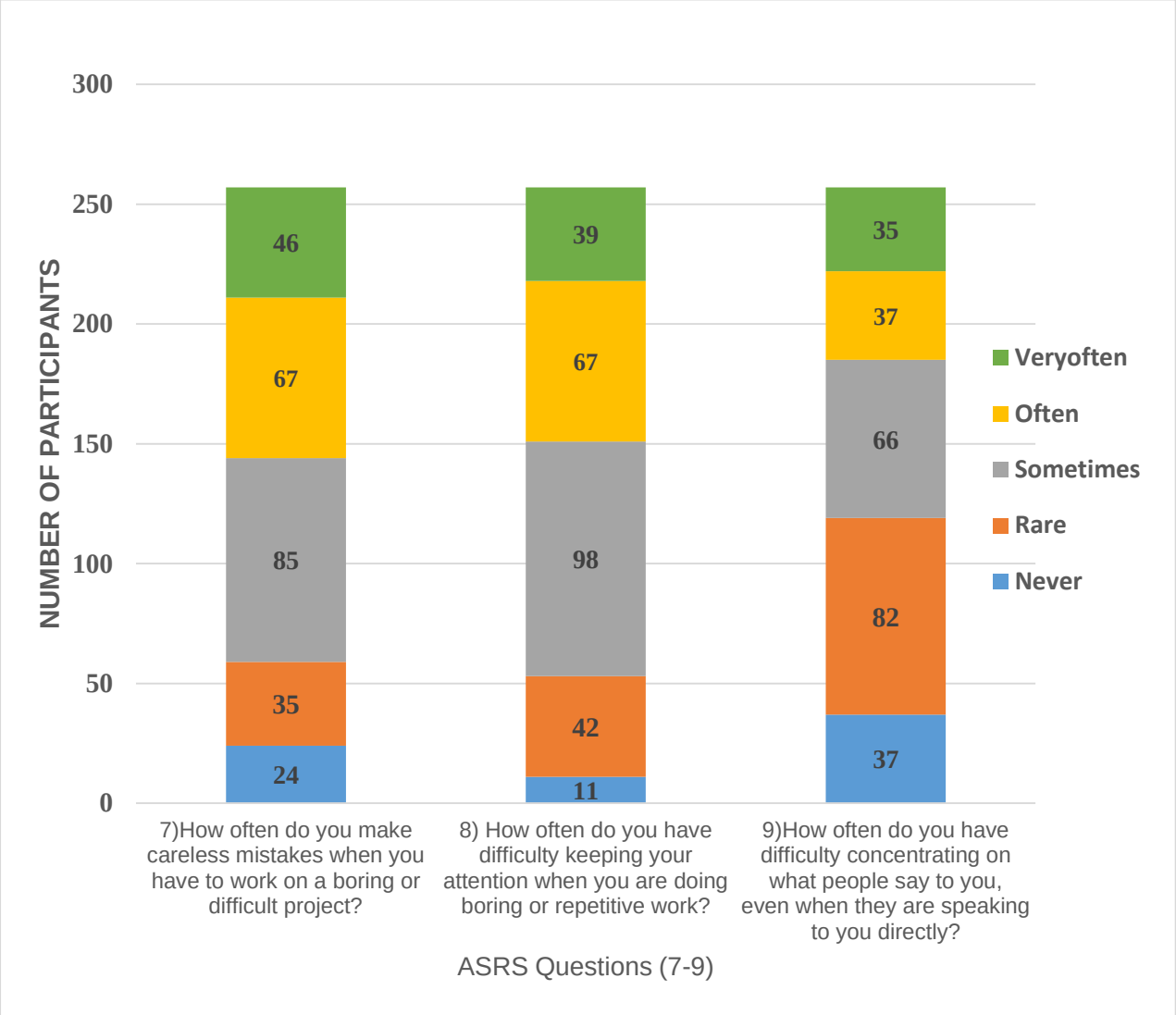
Response of study participants screened positive for ADHD (N=257) on ASRS questionnaire. (Questions 4-6)



The majority of participants reported experiencing these problems often, while the least number of people said they had never experienced them (Figure-5)

FIG.NO. 6

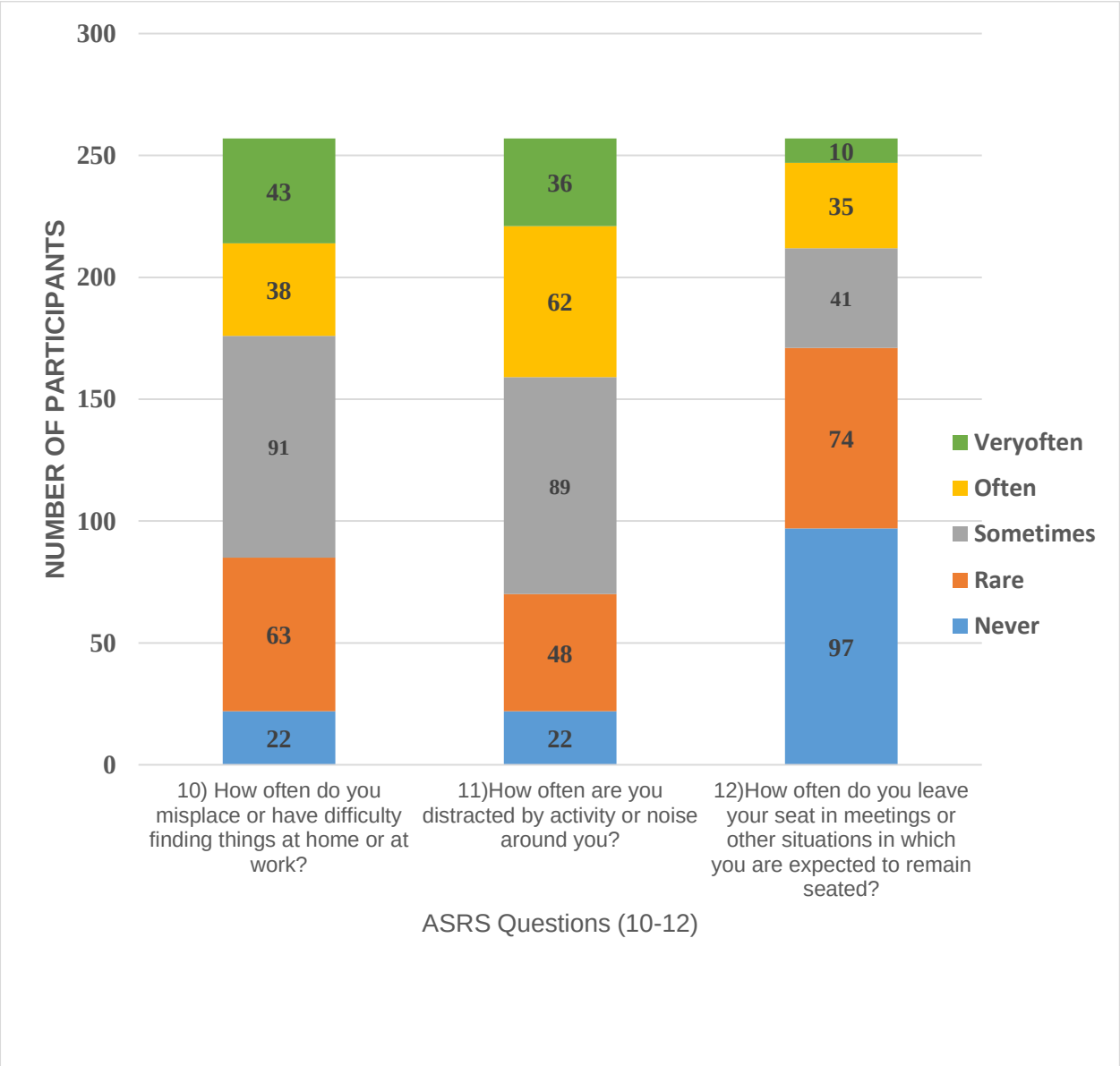
Response of study participants screened positive for ADHD (N=257) on ASRS questionnaire (Questions 7-9)



For questions 7 and 8, the majority of study participants reported to occasionally (sometimes) experience these difficulties, but for question 9 majority of the participants reported rarely (Figure-6).

FIG.NO. 7

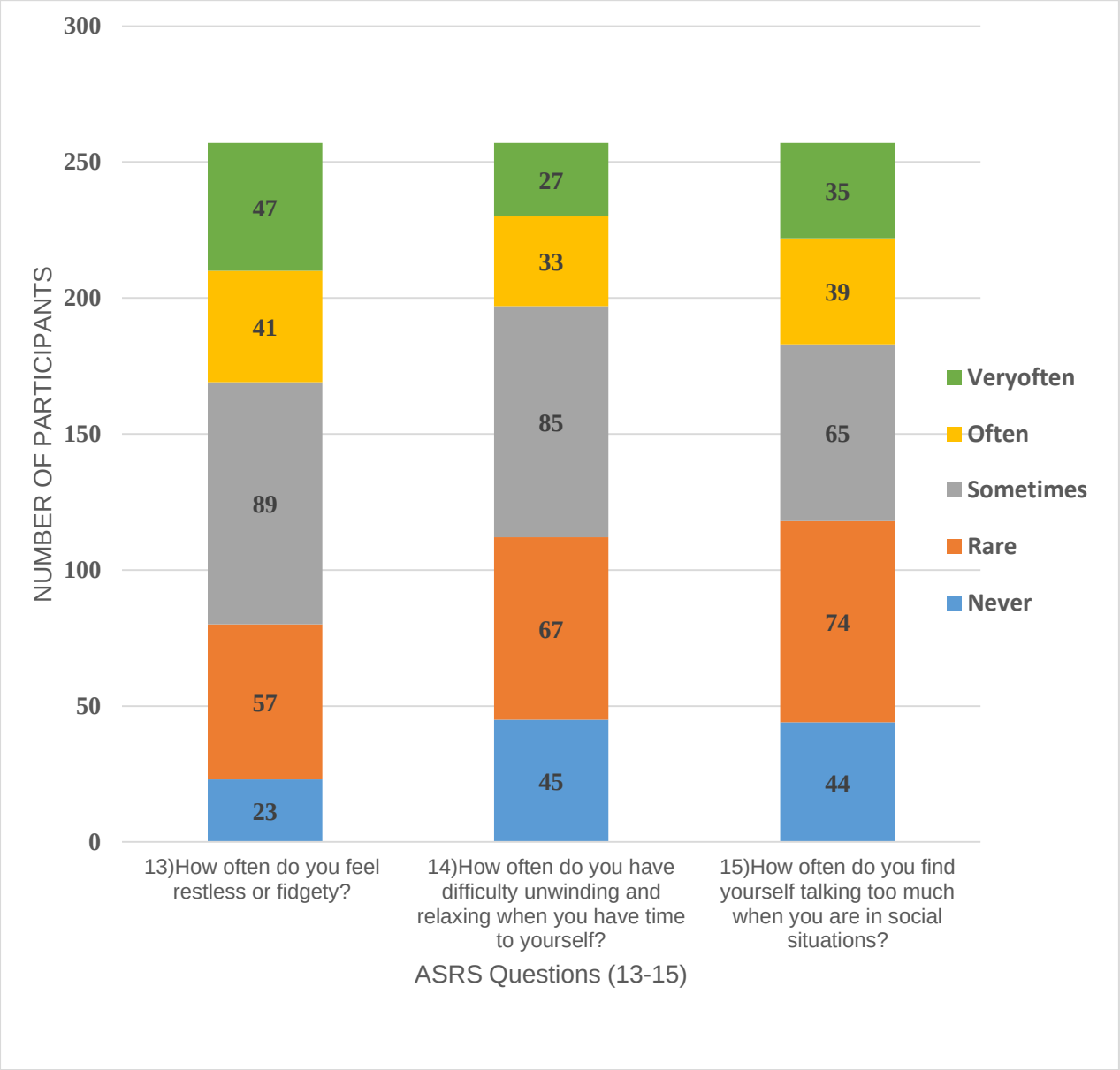
Response of study participants screened positive for ADHD (N=257) on ASRS questionnaire (Questions 10-12)



For questions 10 and 11, the majority of study participants reported they occasionally (sometimes) encountered these difficulties, however for question 12, the majority said they had never experienced those difficulties (Figure-7).

FIG.NO. 8

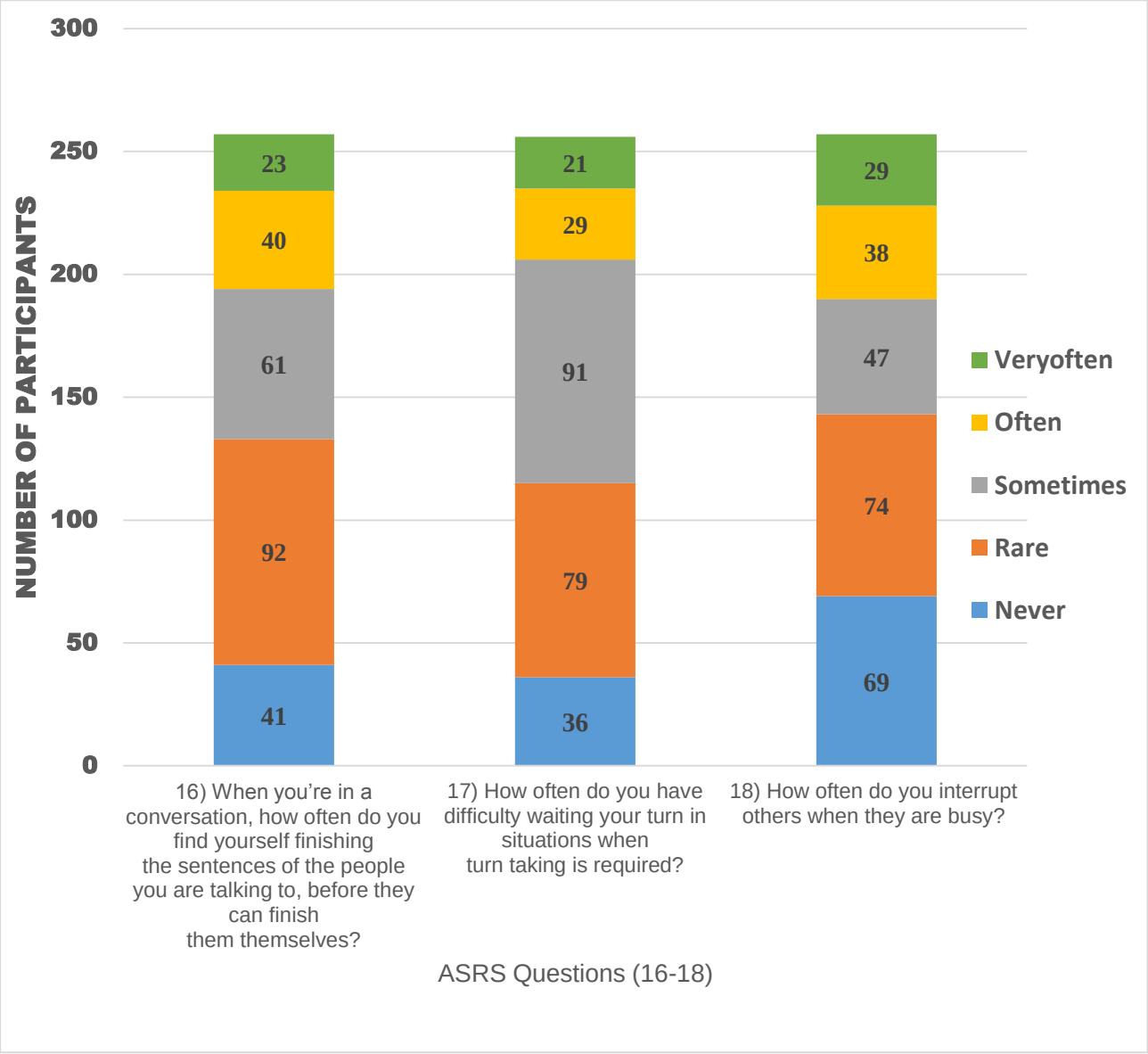
Response of study participants screened positive for ADHD (N=257) on ASRS questionnaire (Questions 13-15)



The majority of study participants reported that they occasionally (sometimes) had these difficulties for questions 13 and 14, however for question 15, majority reported that they had only rarely experienced those difficulties. (Figure-8)

FIG.NO. 9

Response of study participants screened positive for ADHD (N=257) on ASRS questionnaire (Questions 16-18).



For questions 16 and 18, the majority of study participants reported they rarely experienced these difficulties; however, for question 17, the majority reported they occasionally (sometimes) experienced (Figure-9).

Types of ADHD and their response on ASRS questionnaire

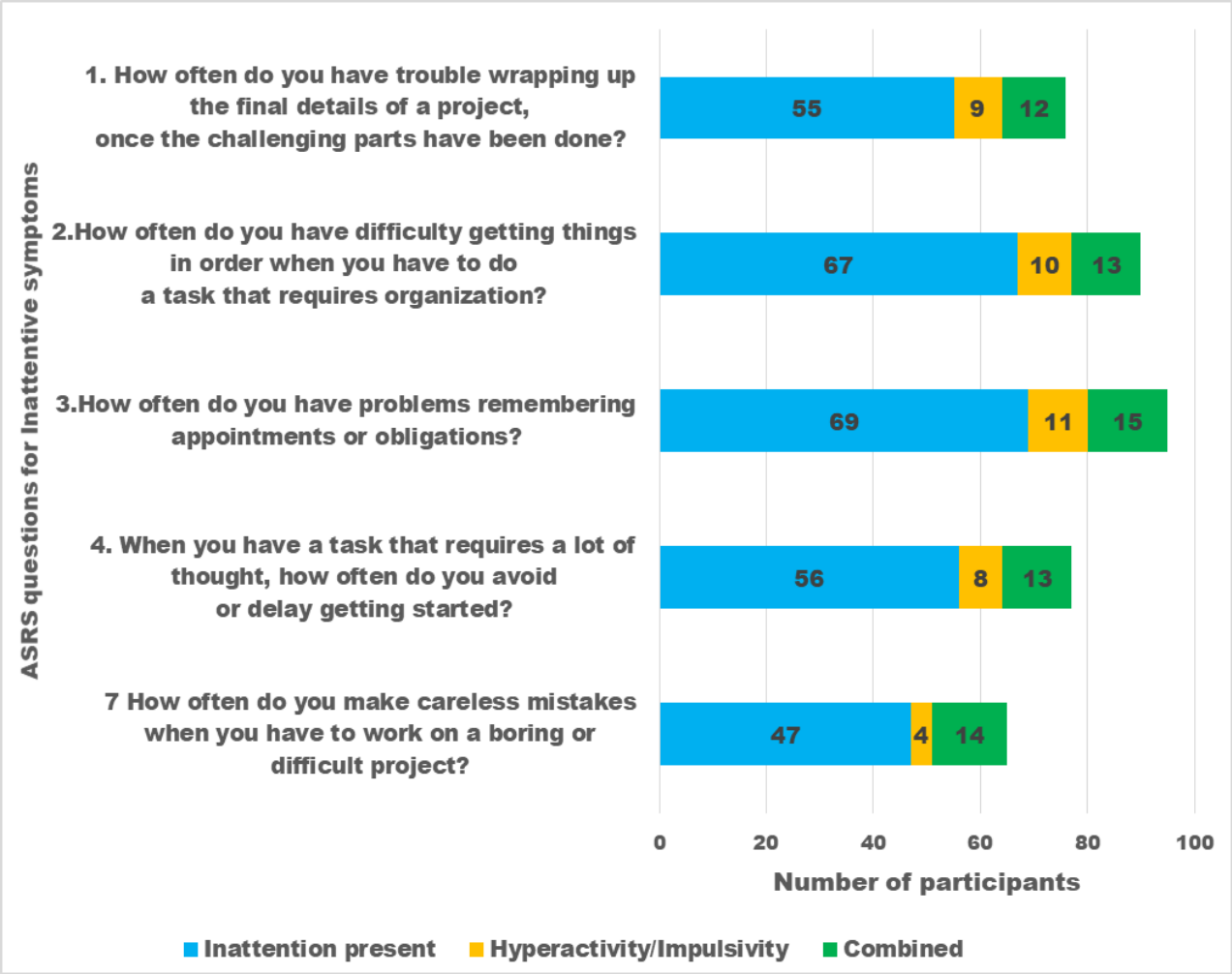
There are 91 individuals with inattentive symptoms and 33 with hyperactive/impulsive symptoms, and 17 of them have both symptoms (combined type). In this graph, we have eliminated the combination type (17) of symptomatic patients from the inattentive and hyperactive/impulsive types, therefore there are 75 patients with inattentive symptoms, 16 with hyperactive symptoms, and 17 with both (combined type).

Nine of the 18 questions (1, 2, 3, 4, 7, 8, 9, 10, and 11) are about inattentive symptoms, while the remaining nine are about the hyperactive/impulsive type of ADHD.

FIG.NO. 10

ASRS questions for symptoms of inattentive type of ADHD

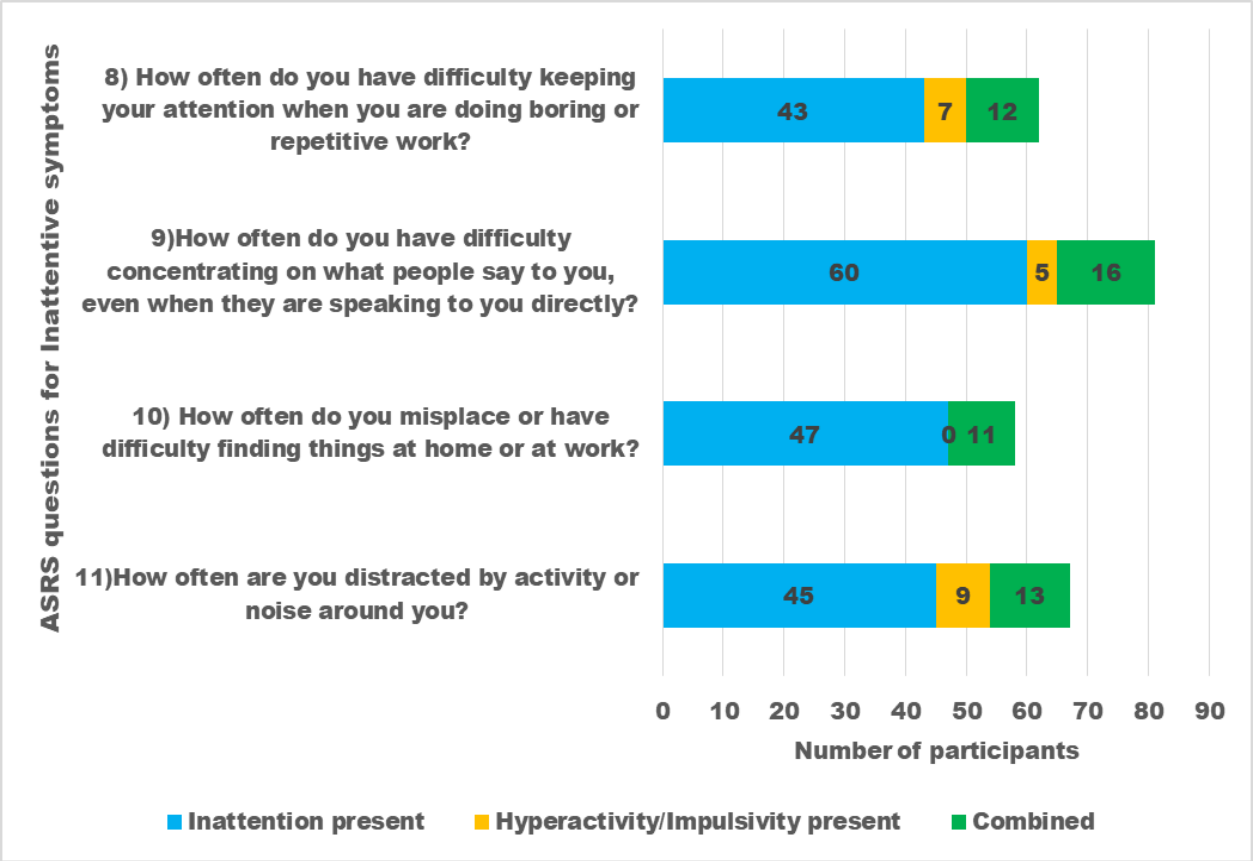
(Questions-1, 2, 3, 4, 7)



These questions are specifically for predominant inattentive symptoms, and it's clear that those participants are having more difficulties. However, even though these questions are for inattention, some patients with hyperactivity/impulsivity were also having inattentive symptoms (Figure 10).

FIG.NO. 11

ASRS questions for symptoms of inattention (Questions-8, 9, 10, 11)

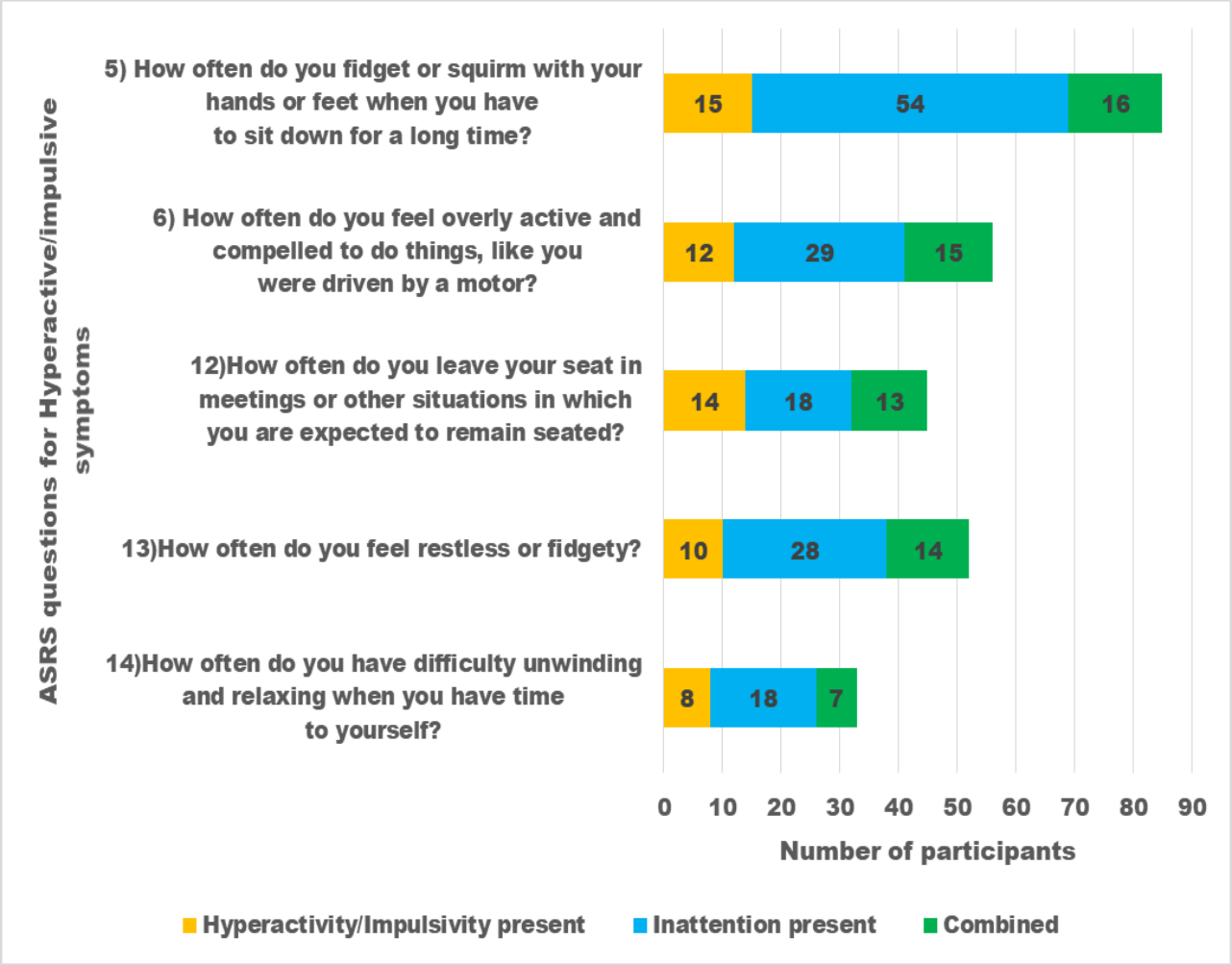


These four questions were designed specifically for predominant inattentive symptoms, and it is clear that inattentive patients face these difficulties more frequently; however, with the exception of the tenth question, the other three questions were found to be symptomatic for a few hyperactive/Impulsive patients. (Figure 11)

FIG.NO. 12

ASRS questions for symptoms of Hyperactivity/Impulsivity

(Questions-5, 6, 12, 13, 14)

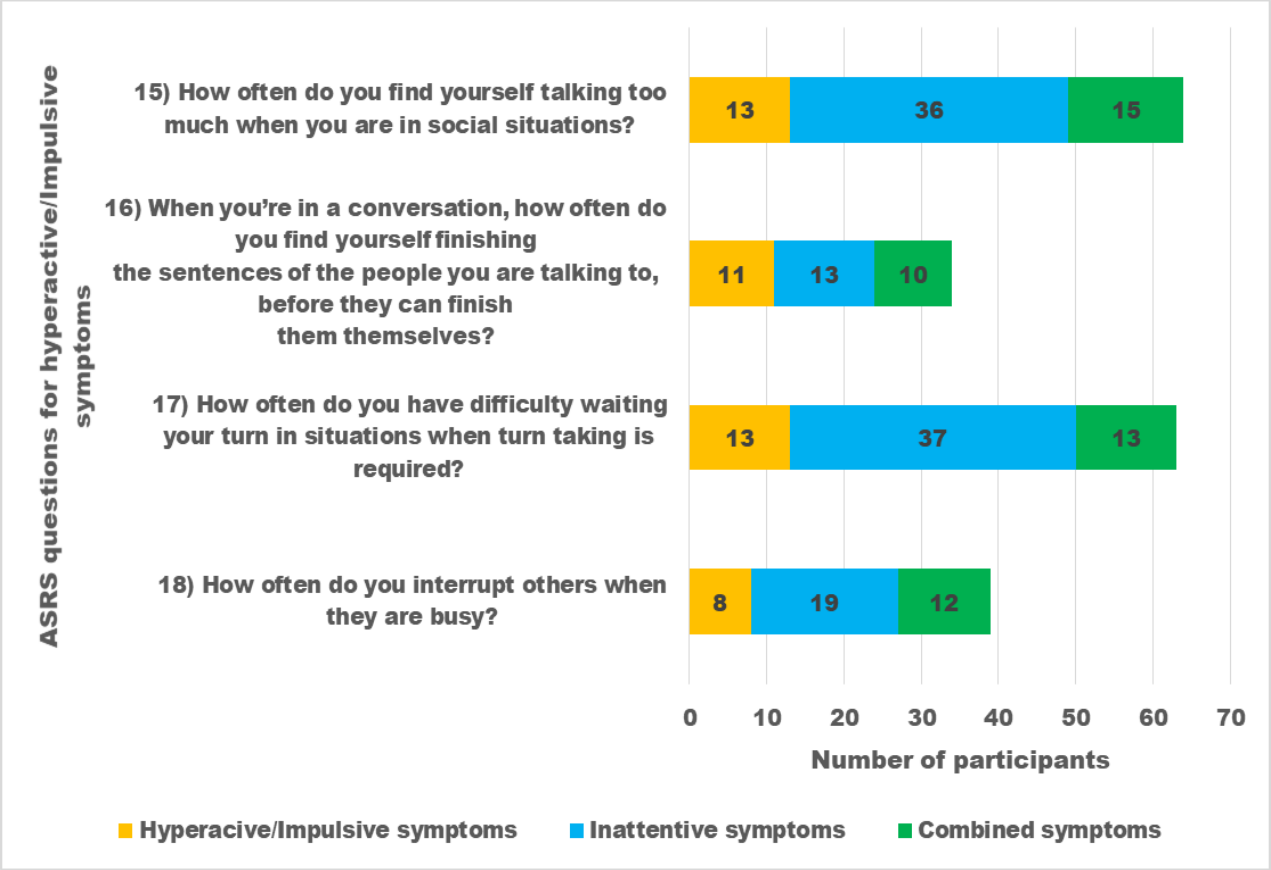


Despite the fact that the questions are especially for the major hyperactive/impulsive symptom, it is observed that a high number of inattentive patients are also experiencing difficulties with hyperactivity/impulsivity. (Figure 12)

FIG.NO. 13

ASRS questions for symptoms of Hyperactivity/Impulsivity

(Questions-15, 16, 17, 18)



From the above table, it was observed that individuals with inattentive ADHD were also experiencing difficulties with hyperactivity/Impulsivity. (Figure 13)

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DISCUSSION

6. Discussion

A cross-sectional study to determine the prevalence of Attention deficit hyperactivity disorder among college students was carried out in six taluks of Kolar district. According to 2019 data from Bangalore North University, there were 46 degree colleges in Kolar district with 7,581 students. In the current study a total of 1913 students aged above 18years and pursuing BCom and BCA degrees were included. In order to obtain representation from all taluks, a sample proportionate to the student was taken. Within each strata (taluk), the required number of colleges were conveniently selected based on the availability of study participants during the study period.

To obtain socio-demographic data, a pre-tested, semi-structured, self-administered questionnaire was used, and the Adult ADHD Self-Report Scale (ASRS-v1.1) was used to assess ADHD among study participants.

In the present study, it was found that 13.43% of the study participants had symptoms suggestive of ADHD.

Prevalence of ADHD among Indian College students

In various studies done across India, there is a wide variation in the prevalence of ADHD symptoms among college students (2.8% to 15.9%).

In the current study, the prevalence of ADHD among college students was found to be 13.4%, which is similar to the prevalence of ADHD among

adults in a cross-sectional study conducted by Gowtham Pritesh et al. among 353 participants at R D Gardi Medical College in Ujjain, which was 15.9%. Even though both studies were done in colleges, the streams were different, the current study only included BCom and BCA students, while the study conducted by Pritesh et al., included Medical and Para medical students. Both studies had different sample sizes, with the current study having 1913 participants and the Pritesh et al., had 353 participants. Although both studies used the ASRS screening tool, the study by Pritesh et al., also used an interview method with the help of a neuro psychiatrist to diagnose ADHD.[16]

Aparna Patel et al., conducted an observational study and observed a prevalence of 11.40%, which is similar to the current study. The age group of their study participants (18-24) is similar to that of the current study. The ASRS questionnaire was used in both studies, although they were administered using Google Forms.[18]

When compared to the current study, Ishani Jhamb et al., observed a low prevalence of 5.48% among 237 college students in Chandigarh; their study included medical, engineering, commerce, and arts students; both studies used the ASRS questionnaire as a screening tool, but Ishani Jhambh et al., also used the Wender Utah Rating Scale (WURS); the difference in prevalence between these studies could be due to different diagnostic criteria and sample size.[2]

A retrospective study by T. S. Jaisoorya et al. observed a prevalence of 2.8% among 5784 college students in Kerala, which is lower than the current study. They observed childhood ADHD symptoms in college students by recalling their clinical symptoms, and the diagnostic criteria were different from the current study as they used the Barkley Adult ADHD Rating Scale IV. The wide variation in the prevalence of ADHD in these two studies might be because the current study observed the prevalence of ADHD among college students, whereas the study in Kerala observed the prevalence of childhood ADHD among college students; it could also be due to differences in study design, diagnostic criteria, and sample size.[17]

Global ADHD Prevalence among college students

According to the ten studies conducted in other countries, the prevalence of ADHD among college students varies from 3.5% to 37%.

The prevalence of ADHD among college students in the current study is 13.4%, which is higher when compared to a study conducted by Yanmeishen et al., in China, among 5693 college students, where they reported a lower prevalence of 3.5% and collected data through an online platform named We Chat. Despite these differences, the questionnaire used in both studies was the same, but to find out childhood symptoms of ADHD among the college students, they also used the WURS questionnaire.[66]

Similarly, using the same ASRS questionnaire, Cecila Montiel et al., observed a lower prevalence (4.8%) of ADHD among 411 college students in Venzeula. Although they used the ASRS screening tool, they also used the FASCT screening tool for ADHD symptoms, and on addition of that, they used the MINI plus diagnosis criteria for the students who tested positive through the ASRS and FASCT screening tools, which may be the reason of the variation in the prevalence of ADHD.[67] Young-Sook-Kwat et al., observed a lower prevalence of ADHD (7.6%) among 2172 college students in a Korean study using the same questionnaire (ASRS).[68]

A cross-sectional study by Waleed Ahmed Alghmadi et al., among 2280 UG students in Saudi Arabia using the same ASRS questionnaire reported a prevalence (11.9%) that was similar to the current study (13.4%), along with a 6.5% prevalence of childhood ADHD symptoms. The research methodology, study participants' age group, the same screening instrument, and the sample size (2280), which is just greater than the current study (1913), might be the reasons for the similarity in prevalence between both studies.[70]

There are studies that show a higher prevalence than the current study, such as a study by Mosalanejad M et al. among 913 college students in Iran that observed a prevalence of 15.4%, which is higher than the current study's (13.4%). The main difference between these studies is their screening tool; they did the study using Conners' Adult ADHD Rating Scale.[72]

Other studies with a higher prevalence of ADHD among college students were conducted by L. Atwoli et al. in Nairobi, Kenya, among 458 undergraduate students using the same ASRS questionnaire, which observed a prevalence of 21.8%, even though their participants were college students; their stream of education is MBBS and nursing students, and Takahashi K et al. reported a prevalence of 27.2% among 375 female college students in Japan, which was higher than the current study. Despite the fact that the screening tool and research methodology were the same for both studies, the current study included both males and females, whereas the study conducted by Takahashi K et al., had only female participants, and the prevalence among female participants was 15.4% in the current study, which was also lower when compared to the study in Japan.[74,75]

However, the prevalence of ADHD among 409 college students was much higher in a study in Pakistan by Amna Hamed et al., with a prevalence of 29.6% using the same ASRS questionnaire; similarly, Paulo Mattos et al., in Brazil, observed a prevalence of 37% among 726 college students using the ASRS questionnaire.[64,77]

Differences in prevalence in the above-mentioned studies can be attributed to differences in sample sizes, the use of different tools for screening.

ADHD and Gender

In the current study, females had a higher prevalence (15.8%) of ADHD than males (10.9%). About 37.3% of female participants had inattentive type of ADHD, and about 12.7% had hyperactive or impulsive ADHD. About 32.3% of males had the inattentive type of ADHD, and about 13.1% of males have the hyperactive or impulsive type of ADHD. After adjusting for other variables, it was female participants has higher odds of ADHD than males.

From the comparison to the findings of the current study, Gowtham Pritesh et al., in India, among 353 college students, observed a higher prevalence of ADHD among males than females (18.8% vs. 13%), and Ishani Jhambh et al. in India, among 237 college students, reported a higher prevalence of ADHD among males than females (6.25% vs. 5.1%). Both studies were conducted on college students. Similarly, in a retrospective study of 5784 college students in Kerala, India, Jaisoorya et al. observed that childhood ADHD symptoms were more common in boys.[2,16,17]

There are more Indian studies that showed a higher prevalence among males, such as a study conducted by Ramya H S et al. in Bengaluru among children aged 5 to 12 years using the Conners teachers rating scale, which reported that boys had a 1.6 times higher chances of having ADHD than girls.[50]

Similarly, Palak Jain et al., in Pune, reported a higher prevalence of 58.33% among boys in a study of primary school students; the difference might be

because the study participants in earlier studies were children, whereas the current study focused on college students.[107]

Globally, in some studies conducted in other parts of the world observed that males had a higher prevalence than females. For example, Adler LA et al., in the US observed that males had a prevalence of 51.1%, while Amna Hamid et al., in Pakistan reported that males had a higher prevalence than females (30.9% vs. 28.6%). [65,77]

Among 11422 participants from ten countries, John Fayyad et al. concluded that men were more likely than women to have ADHD (5.4% vs. 3.5%). Men are three times more likely than women to have ADHD, according to a survey done in the United States.[80 108]

Similar to the current study, Fedele Da et al., reported that college girls with ADHD had higher rates of inattention, hyperactivity, and impairment than college girls without ADHD and college boys with ADHD..[81]

According to Joseph Biederman et al., in the United States of America, among siblings with and without ADHD, there were no significant differences in the rate of ADHD symptoms between men and female ADHD participants.[109]

According to studies, boys with ADHD typically exhibit externalized symptoms such as running and impulsivity. Girls with ADHD, on the other hand, often have internalized symptoms. Inattention and poor self-esteem are two of these

symptoms. Boys are also more physically aggressive than girls. Since girls with ADHD frequently have less behavior problems and less apparent symptoms, their struggles are sometimes neglected. As a result, no one refers them for evaluation or treatment. This may cause other issues in the future. [110]

Types of ADHD

Based on the findings of the present study, the prevalence of the inattentive type of ADHD is higher (35.4%) than that of the hyperactive/impulsive type (12.84%) and the combined type (6.61%).

A retrospective cohort study conducted by Jasmin Garg et al., in India among ADHD children aged 5 to 14 reported a higher prevalence of inattentive ADHD (41%) than hyperactive/impulsive ADHD (6%), which is similar to the current study; however, the study methodology and participant age were different from the current study.[98]

Another Indian study, by Gowtham Pritesh et al., among 353 medical college students, observed that the inattentive type of ADHD was more prevalent (50%), followed by the combined type (32%), and the hyperactive/impulsive type of ADHD.[16]

A cross-sectional study by Durgesh et al. among urban English-medium school students in the sixth through tenth grades observed a prevalence of 6.4% for ADHD, of which 68.8% had inattentive ADHD and only 6.3% had

hyperactive/impulsive ADHD. Although the inattentive type is more prevalent in this study, which is comparable to the current study, but the study participants' age groups are different between the two.[97]

Duran MHC et al., in Brazil, interviewed 60 children with idiopathic epilepsy using the Conner rating scale, and observed that the most common prevalent type (11.8%) of ADHD in epileptic patients is the inattentive type of ADHD. Despite the fact that the current study also reported that inattentive type as most prevalent, but the current study went through the history of epilepsy only, whereas the Brazilian study participants were diagnosed epileptic patient.[92]

The current study reported a higher prevalence (35%) of the inattentive type, which is comparable with a study conducted by Timothy E. et al., in the United States of America using the same ASRS questionnaire. Which observed a prevalence of 31% for the inattentive type, and they concluded that 90% of the ADHD patients had the inattentive type of ADHD.[91]

According to various studies, the inattentive type of ADHD is more prevalent than the hyperactive/impulsive type, which is consistent with the findings of the current study.

The current study found that 12.84% of ADHD patients were hyperactive/impulsive. This prevalence is similar to that observed by Monire Mosalaneyad MD et al., in their study of 913 college students in Iran, where they found a separate prevalence of 12.4% for the hyperactive type of ADHD

and 13.2% for the impulsive type, which could be due to the participants being the same age groups in both studies.[72]

Using the ASRS questionnaire, Aparna Patel et al., observed that the hyperactive/impulsive type of ADHD was more prevalent (6.64%) than the inattentive type of ADHD (5.53%) among college students aged 18 to 24 in Gujarat, India. This is in contrast to the findings of the current study, which found that the inattentive type of ADHD was more prevalent.[18]

In contrast to the current study, a cross-sectional study conducted by Abolhassanzadeh et al., in Arbadil, Iran, among 2628 study participants aged 6 to 12, observed that hyperactive ADHD (6.8%) was more prevalent than inattentive ADHD (2.2%). [111]

The prevalence of the combined type of ADHD is 6.61% in the present study, which is higher than the prevalence (0.097%) observed in the study by Aparna Patel et al. [18]

There were also studies that found a higher prevalence for the combined type of ADHD than the present study, such as Timothy E et al, which observed a prevalence of 62% for the combined type of ADHD, and Jasmi Garg, which observed a prevalence of 32% for the combined type of ADHD.[91,98]

An Indian study conducted by Ramya H S et al. among schoolchildren observed a higher prevalence (58%) of the combined type of ADHD, followed by the

hyperactive type of ADHD (34%).[50] Similarly, Palak Jain et al. observed a 50% prevalence for the combined type of ADHD among schoolchildren in Pune, India, followed by 41.6% for the inattentive type of ADHD.[107] When compared to the current study, the participants in both of the above-mentioned studies were schoolchildren, which could be the reason for the difference in the prevalence of the combined type of ADHD in these studies.

ADHD based on recent academic performance

According to the current study, the majority of participants who screened positive for ADHD symptoms scored between 50% and 80% in their recent scholastic performance; about 15.5% of participants who screened positive for ADHD symptoms scored more than 80%, and only a very small number of participants with ADHD scored less than 50%. There was no evidence that students with ADHD performed poorly academically.

In contrast to the current study, Heiligenstein et al., among college students, observed, by retrospective chart review, that students with ADHD had lower grade point averages (GPAs).While, Blase et al. observed, that students with self-reported ADHD had lower GPAs than other students.[35,112]

Similar to the current study, Sparks RL et al., among college students observed that ADHD did not appear to influence with student performance. Another study, in contrast to the current study by Lewandowski et al., among college students, reported that students with ADHD were more likely than their

classmates to need to read material repeatedly to grasp it, to struggle with timed assessments, and to need to work more to get good grades.[113,114]

ADHD and Epilepsy

The present study reported that 30.8% of participants with a history of epilepsy had ADHD symptoms, were similar to those of William et al., who found that the prevalence ranged from 30% to 40% among ADHD participants with a history of epilepsy. However, the participants in the aforementioned study were children, whereas the participants in the present study are college students. [101]

In a study conducted in the United States of America by Ettinger AB et al., it was reported that 18.4% (251 of 1361 adult epilepsy patients) had ADHD; this prevalence of ADHD among epilepsy patients was lower when compared to the current study.[102] Similarly a lower prevalence of ADHD among epileptic patients was observed in a study conducted by Marcos H. Duran et al., among 60 children with idiopathic epilepsy and observed a ADHD prevalence of 13.7% among epileptic patients.[92]

The prevalence of ADHD among epileptic patients was to be 40.6% by Corinne Dunbar et al,[103] which is higher than the prevalence observed in the present study.

It is evident from these studies that there is a strong link between epilepsy and ADHD. The underlying variables that lead to their co-occurrence, however,

remain unclear. The same factors that cause epilepsy may also increase your chances of developing ADHD, which are as follows: Changes in brain anatomy, brain damage, and prenatal drug or toxin exposure, particularly alcohol, are all factors.[115]

ADHD and Religion

The present study found that 19.1% of Christians reported having ADHD, which is higher than other religions. Studies reveal that Christians place a priority on controlling their thoughts because they are more likely to view thinking about doing sinful behaviour.[116,117]

A study, found that the students who attend multi-religious schools have less ADHD symptoms than those who attend Christian or Muslim schools.[118]

Despite the fact that the links between religion and health have been explored across different faiths and diagnoses, few generalizable research on the association between religion and ADHD has been done.[119]

ADHD and types of families

According to the findings of this study, participants from nuclear families were more likely to have ADHD symptoms than those from joint/three-generation families (13.9% vs. 11.9%).

This is similar to the study by Verghese A et al., which observed that behavioral problems were more prevalent in Indian children from nuclear families, and a

prospective analytical study of 2 years duration at a pediatric tertiary care hospital in south India conducted by Venkatesh C et al., which reported that children from nuclear families had a higher prevalence of ADHD than those from joint families. [120,121]

In contrast to the current study, the National Health Interview Survey (2001-2007) reported that 48% of children aged up to 17 living in nuclear families were less likely to have ADHD than those living in non-nuclear families.[122]

However, in a cross-sectional study conducted by Sharma Pawan et al., among 205 children aged 6 to 12 years studying government primary schools in Jammu and Kashmir, it was observed that the majority (69.3%) of ADHD children from joint families. These variations in the prevalence of ADHD in different family types (joint or nuclear) in different studies might be attributable to different screening tools, participant age groups, study settings, or types of families that may or may not be one of the ADHD correlates.[123]

ADHD based on birth order and the number of siblings

According to the current study findings, the prevalence of ADHD is higher in first-born children (14.8%) compared to the youngest born (2nd child = 12.6%, 3rd child = 9.7%), and study participants with no siblings had the higher prevalence of ADHD (18.8%) than study participants with siblings.

The current study's findings are similar to those of A. Taanila et al., which observed that single children (no siblings) had the highest prevalence of behavioral problems and eldest children had a lower risk of behavioral problems than other children.[124]

Charlotte Reimelt et al. observed that children with siblings were not at a higher risk for ADHD than children without siblings, whereas there was a higher risk for ADHD in firstborns compared to those born last. Similar to the current study's findings, a previous study reported that firstborn children were twice as likely to have ADHD compared to other birth order positions.[125,126]

In contrast to the findings of the present study, Itai Berger et al., reported that the prevalence rate of attention deficit hyperactivity disorder (ADHD) was the same in children who were the first, middle, or later born in their families, as well as in children who were grown alone. They concluded that birth order does not affect ADHD.[127] Similarly, Ahmad Ghanizadeh et al., in Iran observed that birth order was not associated with ADHD among 173 study participants aged 5 to 18 years. [128]

However, Juan J. Carballo et al., observed that being the middle child appears to be one of the most protective factors against the development of ADHD in a case-control study among 16,823 study participants who had consulted with a psychiatrist or psychologist in Spain.[129]

SUMMARY & CONCLUSION

7. Summary

The study of prevalence of ADHD among college students was conducted in six taluks of the Kolar district. A total of 1913 students were studied using the Adult Self-Report Scale (ASRS) (910 men and 1003 women).

Participants were assessed by visiting selected colleges in each taluk. In order to obtain representation from all taluks, a sample proportionate to population was taken. Within each strata (Taluk), the required number of colleges were conveniently selected based on availability of study participants doing the study period.

The prevalence of ADHD was reported to be 13.43%, with the majority of participants having symptoms suggestive of the predominant inattentive type of ADHD (35.4%) and the majority of ADHD participants (61.47%) were females. The majority of participants with inattentive type of ADHD (64.83%) were female, while the majority of participants with hyperactivity/impulsivity ADHD (60.60%) were male.

About 19.1% of Christian participants were observed to have ADHD symptoms, and those born first had a higher prevalence (14.8%) of having ADHD than those born last.

It is observed that the majority of ADHD symptomatic participants had one sibling (39.68%), despite the fact that the majority is higher among participants

with one sibling, but only 14.4% of the total subjects with one sibling were reported to have ADHD symptoms, whereas 18.1% of the subjects with no siblings were reported to have ADHD symptoms, and there was a statistically significant difference between having no siblings and having one or more siblings.

ADHD symptoms are present in about 30.8% of participants with a history of epilepsy.

8. Conclusion

ADHD prevalence was studied among 1913 college students in each taluk of the Kolar district. According to the study, 13.4% of college students had ADHD symptoms, and the factors influencing this are generally unchangeable. ADHD-screened positive participants were more likely to have inattentive types of ADHD, and females had a higher prevalence of ADHD than men. ADHD was also observed to be more prevalent in first-born children and those without siblings.

Strength of the Study

9. Strength of the study

- One of the strength of the study is its high representative sample size, which is not a hospital based study.
- The sample proportional to population was used to select the number of participants from each taluk, helping the results to be generalizable.
- The questionnaire used to screened ADHD was ASRS, which was a standard questionnaire, copy righted by WHO.
- The study looked at a wide range of risk factors, including gender, birth order, number of siblings, and epilepsy history.

Limitation of the study

10.Limitations of the study

This cross-sectional was conducted among college students to assess the prevalence and factors influencing ADHD; however, the study has several limitations,

- ADHD screening was conducted using screening tools, and no clinical interviews were performed. Screening tests were not diagnostic tests, and a detailed assessment by a psychiatrist is necessary to establish ADHD, which is one of the major limitations of the current study.
- There is a lack of information on other mental disorders, probable ADHD family history, and socioeconomic status, past history, childhood ADHD symptoms.
- The current study determined the prevalence of ADHD by using self-reported ASRS questionnaires, which was vulnerable to recall bias.
- Even though the study participants were college students, it was limited to only two streams, such as BCA and BCom.

Recommendations

11. Recommendations

According to the current study, 13.43% of study participants reported symptoms suggestive of ADHD. ADHD is commonly misdiagnosed, and many people with it do not receive sufficient treatment. There is a need for further study among college students at Kolar District regarding the burden of Attention deficit hyperactivity disorder problems, factors influencing them and consequences of these problems.

In view of the findings of the current study, it is recommended to assess the existence of additional risk factors, such as family history of ADHD, socioeconomic status, exposure to environmental pollutants (such as lead), maternal drug, alcohol, or smoking use during pregnancy, and preterm delivery among college students. Finding these characteristics gives information for creating preventative strategies.

The results of the current study showed that women were more likely than men to have ADHD, Even though the study showed these findings, many other studies have observed a higher prevalence of ADHD in males, and other risk factors reported in this study may or may not be the same in other studies; therefore, counselling is suggested for all college students, and the SUCCEEDS ADHD Clinic (Students Understanding College Choices: Encouraging and Executing Decisions for Success), which was established at the University of Maryland at College Park in 2018 to assist college students with ADHD who

are experiencing academic and/or mental health difficulties, must be implemented in Indian colleges. The curriculum was designed to address ADHD-specific impairments (in areas such as executive functioning and self-regulation).

We recommended that a screening for Attention Deficit Hyperactivity Disorder (ADHD) be included as part of the standard mental health assessment that may take place on a regular basis in educational institutions.

Additionally, it is recommended that family members who have a child with ADHD receive additional support. Classes, support groups, or information pamphlets are among methods that might be used to attain this goal.

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ANNEXURE

ANNEXURE I

QUESTIONNAIRE

Proforma for data collection

Section A: **Form No.:**

NAME:

AGE:

GENDER;	
RELIGION:	
PREVIOUS YEARS SCHOLASTIC PERFOMANCE:	
NO OF SIBLINGS:	
BIRTH ORDER:	
TYPE OF FAMILY:	
STREAM:	
HISTORY OF EPILEPSY:	

ANNEXURE II

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date	

Please answer the questions below, rating yourself on each of the criteria's how 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 for the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.	Never	Rarely	Sometimes	Often	Very Often
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 longtime?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
Part A					
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 B

ANEXXURE III

ಪ್ರಶ್ನಾವಳಿ

ಡೇಟಾ ಸಂಗ್ರಹಣೆಗಾಗಿ ಪ್ರೊಫಾರ್ಮಾ

Section A: **Form No.:**

ಹೆಸರು :

ವಯಸ್ಸು :

ಲಿಂಗ	
ಧರ್ಮ	
ಹಿಂದಿನ ವರ್ಷಗಳ ವಿದ್ಯಾರ್ಥಿ ಸಾಧನೆ	
ಒಡಹುಟ್ಟಿದವರ ಸಂಖ್ಯೆ	
ಜನನ ಆದೇಶ	
ಕುಟುಂಬದ ಪ್ರಕಾರ	
ಸ್ಟ್ರೀಮ್	
ಎಪಿಲೆಪ್ಸಿಯ ಇತಿಹಾಸ	

ANEXXURE IV

ADULT ASRS QUESTTIONNAIRE- KANNADA

ರೋಗಿಯ ಹೆಸರು		ಇಂದಿನ ದಿನಾಂಕ					
ದಯವಿಟ್ಟು ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳಿಗೆ ಉತ್ತರಿಸಿ, ಪುಟದ ಬಲ ಭಾಗದಲ್ಲಿ, ಸ್ಕೇಲ್ ಅನ್ನು ಹೇಗೆ ಬಳಸುವುದು ಎಂಬುದರ ಕುರಿತು ಪ್ರಶ್ನೆಯೊಂದು ಮಾನದಂಡಗಳ ಬಗ್ಗೆ, ನೀವೇ ರೇಟಿಂಗ್ ಮಾಡಿ .ನೀವು ಪ್ರತಿ ಪ್ರಶ್ನೆಗೆ ಉತ್ತರಿಸುವಾಗ, ಬಾಕ್ಸ್‌ನಲ್ಲಿ ಎಕ್ಸ್ ಅನ್ನು ಇರಿಸಿ, ನೀವು ಹೇಗೆ ಭಾವಿಸಿದ್ದೀರಿ ಮತ್ತು ನಿಮ್ಮನ್ನು ಕಳೆದಿದ್ದೀರಿ ಎಂದು ಉತ್ತಮವಾಗಿ ವಿವರಿಸುತ್ತದೆ 6 ತಿಂಗಳು. ಇಂದಿನ ನೇಮಕಾತಿಯ ಸಮಯದಲ್ಲಿ, ಚರ್ಚಿಸಲು ದಯವಿಟ್ಟು ನಿಮ್ಮ ಆರೋಗ್ಯ ವೃತ್ತಿಪರರಿಗೆ ಈ ಪೂರ್ಣಗೊಂಡ ಪರಿಶೀಲನಾಪಟ್ಟಿಯನ್ನು ನೀಡಿ	ಎಂದಿಗೂ	ಅಪರೂಪ	ಕೆಲವೊಮ್ಮೆ	ಆಗಾಗ್ಗೆ	ಬಹಳ ಆಗಾಗ್ಗೆ
1.ಸವಾಲಿನ ಭಾಗಗಳನ್ನು ಮಾಡಿದ ನಂತರ, ಯೋಜನೆಯ ಅಂತಿಮ ವಿವರಗಳನ್ನು ಕಟ್ಟಲು ನಿಮಗೆ ಎಷ್ಟು ಬಾರಿ ತೊಂದರೆ ಇದೆ?					
2.ಸಂಘಟನೆಯ ಅಗತ್ಯವಿರುವ ಕೆಲಸವನ್ನು ನೀವು ಮಾಡಬೇಕಾದಾಗ ನೀವು ಎಷ್ಟು ಬಾರಿ ವಸ್ತುಗಳನ್ನು ಪಡೆಯಲು ಕಷ್ಟಪಡುತ್ತೀರಿ					
3.ನೇಮಕಾತಿಗಳು ಅಥವಾ ಕಟ್ಟುಪಾಡುಗಳನ್ನು ನೆನಪಿಟ್ಟುಕೊಳ್ಳುವಲ್ಲಿ ನಿಮಗೆ ಎಷ್ಟು ಬಾರಿ ಸಮಸ್ಯೆಗಳಿವೆ?					
4.ನೀವು ಸಾಕಷ್ಟು ಚಿಂತನೆಯ ಅಗತ್ಯವಿರುವ ಕೆಲಸವನ್ನು ಹೊಂದಿರುವಾಗ, ಪ್ರಾರಂಭಿಸಲು ನೀವು ಎಷ್ಟು ಬಾರಿ ತಪ್ಪಿಸುತ್ತೀರಿ ಅಥವಾ ವಿಳಂಬ ಮಾಡುತ್ತೀರಿ?					
5. ನೀವು ದೀರ್ಘಕಾಲ ಕುಳಿತುಕೊಳ್ಳಬೇಕಾದಾಗ ನಿಮ್ಮ ಕೈ ಅಥವಾ ಕಾಲುಗಳಿಂದ ನೀವು ಎಷ್ಟು ಬಾರಿ ಚಡಪಡಿಸುತ್ತೀರಿ ಅಥವಾ ದುರ್ಬಲಗೊಳಿಸುತ್ತೀರಿ?					
6. ನೀವು ಮೋಟಾರ್‌ನಿಂದ ಓಡಿಸಲ್ಪಟ್ಟಂತೆ, ಎಷ್ಟು ಬಾರಿ ನೀವು ಹೆಚ್ಚು ಸಕ್ರಿಯರಾಗಿದ್ದೀರಿ ಮತ್ತು ಕೆಲಸಗಳನ್ನು ಮಾಡಲು ಒತ್ತಾಯಿಸುತ್ತೀರಿ?					
PART A					
7.ನೀರಸ ಅಥವಾ ಕಷ್ಟಕರವಾದ ಯೋಜನೆಯಲ್ಲಿ, ನೀವು ಕೆಲಸ ಮಾಡಬೇಕಾದಾಗ ನೀವು ಎಷ್ಟು ಬಾರಿ ಅಸಡ್ಡೆ ತಪ್ಪುಗಳನ್ನು ಮಾಡುತ್ತೀರಿ?					
8.ನೀವು ನೀರಸ ಮಾಡುವಾಗ ನಿಮ್ಮ ಗಮನವನ್ನು ಉಳಿಸಿಕೊಳ್ಳಲು ಎಷ್ಟು ಬಾರಿ ನಿಮಗೆ ಕಷ್ಟವಾಗುತ್ತದೆ ಅಥವಾ ಪುನರಾವರ್ತಿತ ಕೆಲಸ?					

Activat

9.ಜನರು ನಿಮಗೆ ಹೇಳುವದನ್ನು ಕೇಂದ್ರೀಕರಿಸಲು ನಿಮಗೆ ಎಷ್ಟು ಬಾರಿ ಕಷ್ಟವಾಗುತ್ತದೆ, ಅವರು ನಿಮ್ಮೊಂದಿಗೆ ನೇರವಾಗಿ ಮಾತನಾಡುವಾಗಲೂ?					
10.ಮನೆಯಲ್ಲಿ, ಅಥವಾ ಕೆಲಸದಲ್ಲಿ, ನೀವು ಎಷ್ಟು ಬಾರಿ ತಪ್ಪಾಗಿ ಸ್ವಳೀಕರಿಸುತ್ತೀರಿ ಅಥವಾ ತೊಂದರೆ ಅನುಭವಿಸುತ್ತೀರಿ?					
11.ನಿಮ್ಮ ಸುತ್ತಲಿನ ಚಟುವಟಿಕೆ ಅಥವಾ ಶಬ್ದದಿಂದ ನೀವು ಎಷ್ಟು ಬಾರಿ ವಿಚಲಿತರಾಗುತ್ತೀರಿ?					
12.ಸಭೆಗಳಲ್ಲಿ, ಅಥವಾ ಇತರ ಸಂದರ್ಭಗಳಲ್ಲಿ, ನೀವು ಎಷ್ಟು ಬಾರಿ ನಿಮ್ಮ ಆಸನವನ್ನು ಬಿಡುತ್ತೀರಿ ನೀವು ಕುಳಿತುಕೊಳ್ಳುವ ನಿರೀಕ್ಷೆಯಿದೆ?					
13.ನೀವು ಎಷ್ಟು ಬಾರಿ ಪುಕ್ಕುಬ್ಬು ಅಥವಾ ಚಡಪಡಿಕೆ ಅನುಭವಿಸುತ್ತೀರಿ?					
14.ನಿಮಗೆ ಸಮಯ ಸಿಕ್ಕಾಗ ಎಷ್ಟು ಬಾರಿ ಬಿಚ್ಚುವುದು ಮತ್ತು, ವಿಶ್ರಾಂತಿ ಪಡೆಯುವುದು ಕಷ್ಟ ನಿಮಗಾಗಿ					
15.ನೀವು ಸಾಮಾಜಿಕ ಸನ್ನಿವೇಶಗಳಲ್ಲಿರುವಾಗ ನೀವು ಎಷ್ಟು ಬಾರಿ ಹೆಚ್ಚು ಮಾತನಾಡುತ್ತೀರಿ?					
16.ನೀವು ಸಂಭಾಷಣೆಯಲ್ಲಿದ್ದಾಗ, ನೀವು ಮಾತನಾಡುತ್ತಿರುವ ಜನರ ವಾಕ್ಯಗಳನ್ನು, ಅವರು ಮುಗಿಸುವ ಮೊದಲು ನೀವು ಎಷ್ಟು ಬಾರಿ ಮುಗಿಸುತ್ತೀರಿ ಎಂದು ನೀವು ಕಂಡುಕೊಳ್ಳುತ್ತೀರಿ ??					
17.ಟರ್ನ್ ತೆಗೆದುಕೊಳ್ಳುವ ಅಗತ್ಯವಿರುವಾಗ ನಿಮ್ಮ ಸರದಿಯನ್ನು ಕಾಯಲು ನಿಮಗೆ ಎಷ್ಟು ಬಾರಿ ತೊಂದರೆ ಇದೆ?					
18.ಇತರರು ಕಾರ್ಯನಿರತವಾಗಿದ್ದಾಗ ನೀವು ಎಷ್ಟು ಬಾರಿ ಅಡ್ಡಿಪಡಿಸುತ್ತೀರಿ?					

PART-B

ANEXXURE V

Information Sheet:

Title: ATTENTION DEFICIT HYPERACTIVITY DISORDER AMONG COLLEGE STUDENTS IN KOLAR-A CROSS SECTIONAL STUDY.

My name is Dr. Vivek Jayan, A, Postgraduate in the department of Community Medicine, Sri Devaraj Urs Medical College, Kolar. I am carrying out a study on attention deficit hyper activity disorder among college students in Kolar, The study has been reviewed by the local ethical review board and has been started only after their formal approval.

ADHD is a prevalent psychiatric disorder in adult population that is frequently unrecognized, under diagnosed and under treated, much less attention has been found among individuals with ADHD in India. In this regard I will help you to find out symptoms of ADHD by giving a simple questionnaire, you need not have to answer any questions that you do not want to answer. However, your honest answer to these questions will help us to understand the symptoms of ADHD. We would greatly appreciate your help in responding to the questionnaire.

Participation in this study doesn't involve any cost for you. This study is not only beneficial to you but also to the community at large. The results gathered from this study will be beneficial in estimating the prevalence.

All the information collected from you will be strictly confidential and will not be disclosed to any outsider unless compelled by law. This information collected will be used only for research.

There is no compulsion to participate in this study. You will be no way affected if you don't wish to participate in this study. You are required to sign only if you voluntarily agree to participate in this study. Further, you are at a liberty to withdraw from the study at any time, if you wish to do so. It is up to you to decide whether to participate. This document will be stored in the safe locker in the department of Community Medicine in the college and a copy is given to you for information.

For any further clarification you are free to contact the principal investigator,

Dr.Vivek Jayan

Mob No: 8075194967

ANEXXURE VI

ಮಾಹಿತಿಹಾಳೆ:

ಶೀರ್ಷಿಕೆ: ಕೊಲಾರ್‌ನಲ್ಲಿ ಕಾಲೇಜು ವಿದ್ಯಾರ್ಥಿಗಳ ನಡುವೆ ಗಮನಕೊರತೆ ಹೆಚ್ಚು ಚಟುವಟಿಕೆ ಅಸ್ವಸ್ಥತೆ -

ನನ್ನಹೆಸರುಡಾ. ವಿವೇಕ್, ಎ, ಸಮುದಾಯ .ಷಧವಿಭಾಗದಲ್ಲಸ್ನಾತಕೋತ್ತರಪದವೀಧರ, ಶ್ರೀದೇವರಾಜ್‌ಉಸ್ಪೈವೈದ್ಯಕೀಯಕಾಲೇಜು, ಕೋಲಾರ. ನಾನುಕೋಲಾರದಲ್ಲಿನಕಾಲೇಜುವಿದ್ಯಾರ್ಥಿಗಳಲ್ಲಿಗಮನಕೊರತೆಯಹೈಪರ್ಆಕ್ಟಿವಿಟಿಡಿಸಾರ್ಡರ ಅಧ್ಯಯನವನ್ನುನಡೆಸುತ್ತಿದ್ದೇನೆ,
ಈಅಧ್ಯಯನವನ್ನುಸ್ಥಳೀಯನೈತಿಕವಿಮರ್ಶೆಮಂಡಳಿಯುಪರಿಶೀಲಿಸಿದೆಮತ್ತುಮತ್ತುಅವರಪಚಾರಿಕಅನುಮೋದನೆಯನಂತರವೇಪ್ರಾರಂಭಿಸಲಾಗಿದೆ.

ಎಡಿಎಚ್‌ಡಿವಯಸ್ಕರಾಜನಸಂಖ್ಯೆಯಲ್ಲಿಪ್ರಚಲಿತದಲ್ಲಿರುವಮನೋವೈದ್ಯಕೀಯಕಾಯಿಲೆಯಾಗಿದ್ದು, ಇದನ್ನುಆಗಾಗ್ಗೆಗುರುತಿಸಲಾಗುವುದಿಲ್ಲ, ರೋಗನಿರ್ಣಯಮಾಡಲಾಗುತ್ತಿದೆಮತ್ತುಚಿಕಿತ್ಸೆಯಅಡಿಯಲ್ಲಿ, ಭಾರತದಲ್ಲಿಎಡಿಎಚ್‌ಡಿಹೊಂದಿರುವವ್ಯಕ್ತಿಗಳಲ್ಲಿಕಡಿಮೆಗಮನಕಂಡುಬಂದಿದೆ. ಈನಿಟ್ಟಿನಲ್ಲಿಸರಳವಾದಪ್ರಶ್ನಾವಳಿಯನ್ನುನೀಡುವಮೂಲಕಎಡಿಎಚ್‌ಡಿಯಲಕ್ಷಣಗಳನ್ನುಕಂಡುಹಿಡಿಯಲುನಾನುನಿಮಗೆಸಹಾಯಮಾಡುತ್ತೇನೆ.ನೀವುಉತ್ತರಿಸಲುಬಯಸದಯಾವುದೇಪ್ರಶ್ನೆಗಳಿಗೆನೀವುಉತ್ತರಿಸಬೇಕಾಗಿಲ್ಲ. ಆದಾಗ್ಯೂ, ಈಪ್ರಶ್ನೆಗಳಿಗೆನಿಮ್ಮಪ್ರಾಮಾಣಿಕಉತ್ತರವುಎಡಿಎಚ್‌ಡಿಯಲಕ್ಷಣಗಳನ್ನುಅರ್ಥಮಾಡಿಕೊಳ್ಳಲುನಮಗೆಸಹಾಯಮಾಡುತ್ತದೆ.
ಪ್ರಶ್ನಾವಳಿಗೆಪ್ರತಿಕ್ರಿಯಿಸಲುನಿಮ್ಮಸಹಾಯವನ್ನುನಾವುಬಹಳವಾಗಿಪ್ರಶಂಸಿಸುತ್ತೇವೆ.

ಈಅಧ್ಯಯನದಲ್ಲಿಭಾಗವಹಿಸುವಿಕೆಯುನಿಮಗಾಗಿಯಾವುದೇವೆಚ್ಚವನ್ನುಒಳಗೊಂಡಿರುವುದಿಲ್ಲ.
ಈಅಧ್ಯಯನವುನಿಮಗೆಮಾತ್ರವಲ್ಲದೆಸಮುದಾಯಕ್ಕೂಸಹಪ್ರಯೋಜನಕಾರಿಯಾಗಿದೆ.
ಈಅಧ್ಯಯನದಿಂದಸಂಗ್ರಹಿಸಿದಫಲಿತಾಂಶಗಳುಹರಡುವಿಕೆಯನ್ನುಅಂದಾಜುಮಾಡಲುಪ್ರಯೋಜನಕಾರಿಯಾಗುತ್ತವೆ.

ನಿಮ್ಮಿಂದಸಂಗ್ರಹಿಸಲಾದಎಲ್ಲಾಮಾಹಿತಿಯುಕಟ್ಟುನಿಟ್ಟಾಗಿಗೌಪ್ಯವಾಗಿರುತ್ತದೆಮತ್ತುಕಾನೂನಿನಿಂದಒತ್ತಾಯಿಸದಹೊರತುಯಾವುದೇಹೊರಗಿನವರಿಗೆಬಹಿರಂಗಪಡಿಸುವುದಿಲ್ಲ. ಸಂಗ್ರಹಿಸಿದಈಮಾಹಿತಿಯನ್ನುಸಂಶೋಧನೆಗೆಮಾತ್ರಬಳಸಲಾಗುತ್ತದೆ.

ಈಅಧ್ಯಯನದಲ್ಲಿಭಾಗವಹಿಸಲುಯಾವುದೇಬಲವಂತವಿಲ್ಲ.
ಈಅಧ್ಯಯನದಲ್ಲಿಭಾಗವಹಿಸಲುನೀವುಬಯಸದಿದ್ದರೆನಿಮಗೆಯಾವುದೇರೀತಿಯಪರಿಣಾಮಬೀರುವುದಿಲ್ಲ.
ಈಅಧ್ಯಯನದಲ್ಲಿಭಾಗವಹಿಸಲುನೀವುಸ್ವಯಂಪ್ರೇರಣೆಯಿಂದಒಪ್ಪಿಕೊಂಡರೆಮಾತ್ರನೀವುಸಹಿಮಾಡಬೇಕಾಗುತ್ತದೆ. ಇದಲ್ಲದೆ, ನೀವುಯಾವುದೇಸಮಯದಲ್ಲಿಅಧ್ಯಯನದಿಂದಹಿಂದೆಸರಿಯುವಸ್ವಾತಂತ್ರ್ಯದಲ್ಲಿದ್ದೀರಿ, ನೀವುಹಾಗೆಮಾಡಲುಬಯಸಿದರೆ ,ಭಾಗವಹಿಸಬೇಕೆಎಂದುನಿರ್ಧರಿಸುವಜವಾಬ್ದಾರಿನಿಮ್ಮದಾಗಿದೆ.
ಈಡಾಕ್ಯುಮೆಂಟ್‌ಅನ್ನುಕಾಲೇಜಿನಸಮುದಾಯಷಧವಿಭಾಗದಸುರಕ್ಷಿತಲಾಕರ್
ನಲ್ಲಿಸಂಗ್ರಹಿಸಲಾಗುತ್ತದೆಮತ್ತುಮಾಹಿತಿಗಾಗಿಪ್ರತಿಯನ್ನುನಿಮಗೆನೀಡಲಾಗುತ್ತದೆ.

ಯಾವುದೇಹೆಚ್ಚಿನಸ್ಪಷ್ಟೀಕರಣಕ್ಕಾಗಿನೀವುಪ್ರಧಾನತನಿಖಾಧಿಕಾರಿಯನ್ನುಸಂಪರ್ಕಿಸಲುಮುಕ್ತರಾಗಿದ್ದೀರಿ,ಡಾ.ವಿವೇಕ್ಷಯನ್.ಮೊಬೈಲ್ನಂಬರ : 8075194967

ANNEXURE VII

INFORMED CONSENT-STUDENT

SL No:

TITLE OF THE STUDY: ATTENTION DEFICIT HYPER ACTIVITY DISORDER AMONG COLLEGE STUDENTS IN KOLAR-A CROSS SECTIONAL STUDY

I, the undersigned, agree to participate in this study and to undergo counselling.

I have been read out/ explained in my local language i.e. in Kannada and understand the purpose of this study and the confidential nature of the information that will be collected and disclosed during the study.

I have had the opportunity to ask questions regarding the various aspects of this study and my questions have been answered to my full satisfaction. The information collected will be used only for research.

I understand that I remain free to withdraw from this study at any time. Participation in this study is under my sole discretion and does not involve any cost to me.

Subject's name and signature /thumb impression

Name and signature of witness

1. Date:

2.

Name and signature of interviewer:

Name and signature of Principal Investigator: Dr. Vivek Jayan

ANNEXURE VIII

ಮಾಹಿತಿ ನೀಡಿದ ಸಮ್ಮತಿ-ವಿದ್ಯಾರ್ಥಿ

SL No:

ಅಧ್ಯಯನದ ಶೀರ್ಷಿಕೆ: ಕೋಲಾರದಲ್ಲಿ ಕಾಲೇಜು ವಿದ್ಯಾರ್ಥಿಗಳಲ್ಲಿ ಅಟೆನ್ಷನ್ ಡಿಫಿಸಿಟ್ ಹೈಪರ್ ಆಕ್ಟಿವಿಟಿ ಡಿಸಾರ್ಡರ್-ಎ ಕ್ರಾಸ್ ಸೆಕ್ಷನಲ್ ಸ್ಟಡಿ.

ನಾನು, ಕೆಳಗೆ ಸಹಿ ಮಾಡಿದ್ದೇನೆ, ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಮತ್ತು ಸಮಾಲೋಚನೆಗೆ ಒಳಗಾಗಲು ಒಪ್ಪುತ್ತೇನೆ

ನಾನು ನನ್ನ ಸ್ಥಳೀಯ ಭಾಷೆಯಲ್ಲಿ ಅಂದರೆ ಕನ್ನಡದಲ್ಲಿ ಓದಿದ್ದೇನೆ/ ವಿವರಿಸಿದ್ದೇನೆ ಮತ್ತು ಈ ಅಧ್ಯಯನದ ಉದ್ದೇಶ ಮತ್ತು ಅಧ್ಯಯನದ ಸಮಯದಲ್ಲಿ ಸಂಗ್ರಹಿಸಿದ ಮತ್ತು ಬಹಿರಂಗಪಡಿಸುವ ಮಾಹಿತಿಯ ಗೌಪ್ಯ ಸ್ವರೂಪವನ್ನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

ಈ ಅಧ್ಯಯನದ ವಿವಿಧ ಅಂಶಗಳ ಬಗ್ಗೆ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ನನಗೆ ಅವಕಾಶವಿದೆ ಮತ್ತು ನನ್ನ ಪ್ರಶ್ನೆಗಳಿಗೆ ನನ್ನ ಪೂರ್ಣ ತೃಪ್ತಿಗೆ ಉತ್ತರಿಸಲಾಗಿದೆ. ಸಂಗ್ರಹಿಸಿದ ಮಾಹಿತಿಯನ್ನು ಸಂಶೋಧನೆಗೆ ಮಾತ್ರ ಬಳಸಲಾಗುತ್ತದೆ.

ನಾನು ಯಾವುದೇ ಸಮಯದಲ್ಲಿ ಈ ಅಧ್ಯಯನದಿಂದ ಹಿಂದೆ ಸರಿಯಲು ಮುಕ್ತನಾಗಿರುತ್ತೇನೆ ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ. ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವಿಕೆಯು ನನ್ನ ಸ್ವಂತ ವಿವೇಚನೆಗೆ ಒಳಪಟ್ಟಿರುತ್ತದೆ ಮತ್ತು ನನಗೆ ಯಾವುದೇ ವೆಚ್ಚವನ್ನು ಒಳಗೊಂಡಿರುವುದಿಲ್ಲ.

ವಿಷಯದ ಹೆಸರು ಮತ್ತು ಸಹಿ / ಹೆಬ್ಬೆರಳಿನ ಗುರುತು

ಸಾಕ್ಷಿಯ ಹೆಸರು ಮತ್ತು ಸಹಿ

1.

2.

ದಿನಾಂಕ:

ಸಂದರ್ಶಕರ ಹೆಸರು ಮತ್ತು ಸಹಿ:

ಪ್ರಧಾನ ತನಿಖಾಧಿಕಾರಿಯ ಹೆಸರು ಮತ್ತು ಸಹಿ:

ವಿವೇಕ್ ಜಯನ್

ANNEXURE IX

GANTT CHART

STEP	ACTIVITY	TIME PERIOD											
		2020			2021			2022					
		Sept- October	October	Dec- Jan	March	March	Sept- Nov	Dec-Feb	Mar-April	May to Aug	Sep to Oct	Dec-Jan	
1	Topic search, selection & synopsis writing												
2	Synopsis submission												
3	Approval by IEC*												
4	Proforma Preparation and validation												
5	Pilot project												
6	Review of literature												
7	Data collection												
8	Data analysis												
9	Dissertation writing												
10	Submission of dissertation												

ANNEXURE X

SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH

SRI DEVARAJ URS MEDICAL COLLEGE

Tamaka, Kolar

INSTITUTIONAL ETHICS COMMITTEE

Members

1. **Dr. D.E.Gangadhar Rao, (Chairman)** Prof. & HOD of Zoology, Govt. Women's College, Kolar.
2. **Dr. Sujatha.M.P, (Member Secretary),** Assoc. Prof. of Anesthesia, SDUMC.
3. Mr. Gopinath Paper Reporter, Samyukth Karnataka
4. Mr. G. K. Varada Reddy Advocate, Kolar
5. Mr. Nagesh Sharma Priest, Sanskrit Scholar and School Teacher
6. Dr. Hariprasad, Assoc. Prof Department of Orthopedics, SDUMC
7. Dr. Mahendra.M , Asst. Prof. of Community Medicine, SDUMC
8. Dr. Harish Asst. Prof. of Pharmacology, SDUMC
9. Dr. Vinay Kulkarni Lecturer, Dept. of Anatomy, SDUMC
10. Dr. Ruth Sneha Chandrakumar Asst. Prof. of Psychiatry, SDUMC
11. Dr. Shiva Kumar C S Asst. Prof. Dept. of Clinical Nutrition and Diabetics, SDUMC
12. Dr. Munilakshmi U Asst. Prof. of Biochemistry, SDUMC

No. SDUMC/KLR/IEC/577/2020-21 **Date: 24-12-2020**

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PRIOR PERMISSION TO START OF STUDY

The Institutional Ethics Committee of Sri Devaraj Urs Medical College, Tamaka, Kolar has examined and unanimously approved the synopsis entitled **"Attention deficit hyper activity disorder among college students in kolar-A cross sectional study"** being investigated by **DR. VIVEK JAYAN**, Dr. Muninarayana C in the Department of Community Medicine at Sri Devaraj Urs Medical College, Tamaka, Kolar. **Permission is granted by the Ethics Committee to start the study.**

Member Secretary
Member Secretary
Institutional Ethics Committee
Sri Devaraj Urs Medical College
Tamaka, Kolar.

Chairman
CHAIRMAN
Institutional Ethics Committee
Sri Devaraj Urs Medical College
Tamaka, Kolar

ANNEXURE XI

DEFINITION OF VARIABLES

Operational definitions

1. **Age:** The age was recorded as stated by the subject and also from the college register.
2. **Gender:** Gender refers to the characteristics of women, men, girls and boys that are socially constructed.
3. **Siblings:** One of two or more persons born of the same parents or, sometimes, having one parent in common; brother or sister.
4. **Birth order:** The birth order is the order in which a child is born.
5. **Type of Family:**

- Nuclear: One which is composed of the husband, the wife, the minor children, and direct dependent
- Joint: Composed of two or more couple and their children, including older persons related to them.
- Three generation family: Representatives from three generations residing there among the households.

6. **Epilepsy:** Epilepsy is a common condition that affects the brain and causes frequent seizures.
7. **College Student:** Individual who is a full-time or a part-time student attending an institution for higher education**.**

	TALUK	AGE	GENDER	RELIGION	PREVIOUS YEAR SCHOLASTIC PERFORMANCE (%)	NO OF SIBLINGS	BIRTH ORDER	TYPE OF FAMILY	STREAM	HISTORY OF EPILEPSY	ADHD	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 ha	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?	Q12How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	Q13How often do you feel restless or fidgety?	Q14How often do you have difficulty unwinding and relaxing when you have time to yourself?	Q15How often do you find yourself talking too much when you are in social situati	Q16When 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?	Q17How often do you have difficulty waiting your turn in situations when turn taking is required?	Q18How often do you interrupt others when they are busy? Part
1	BANGARAPET	19	1	1	69	3	1	1	1	2	0	3	2	1	3	2	1												
2	BANGARAPET	18	2	2	74	3	3	1	1	2	0	3	2	1	3	2	4												
3	BANGARAPET	18	2	1	62	4	1	1	1	2	0	3	2	1	3	2	5												
4	BANGARAPET	18	2	3	60	4	4	1	2	2	0	1	3	2	2	1	3												
5	BANGARAPET	20	2	1	75	1	2	2	1	2	0	2	3	3	1	3	1												
6	BANGARAPET	20	2	1	72	2	3	2	1	2	0	2	3	3	1	4	1												
7	BANGARAPET	20	2	1	70	3	2	1	1	2	0	2	3	3	1	3	1												
8	BANGARAPET	19	1	1	65	3	3	1	1	2	0	1	3	3	4	2	3												
9	BANGARAPET	19	2	1	75	3	3	1	1	2	0	3	2	1	2	3	3												
10	BANGARAPET	19	2	1	78	2	3	1	1	2	0	2	3	3	1	3	2												
11	BANGARAPET	18	2	1	90	3	2	1	1	2	0	1	1	3	1	2	3												
12	BANGARAPET	19	2	1	75	4	4	1	1	2	0	1	1	3	1	1	2												
13	BANGARAPET	19	1	1	80	2	2	1	1	2	0	2	1	1	1	3	3												
14	BANGARAPET	20	1	1	80	2	2	2	1	2	0	2	1	1	1	3	3												
15	BANGARAPET	21	1	1	75	2	2	1	1	2	0	2	1	1	1	3	3												
16	BANGARAPET	18	2	1	75	2	2	2	1	2	0	1	2	1	3	1	1												
17	BANGARAPET	18	1	1	75	4	2	2	1	2	0	1	3	3	3	1	3												
18	BANGARAPET	19	1	3	60	3	1	1	2	2	1	3	4	5	4	5	4	3	3	4	2	5	2	3	2	5	5	3	2
19	BANGARAPET	18	2	3	61	3	2	1	2	2	0	1	2	3	1	1	2												
20	BANGARAPET	18	1	1	75	3	3	2	2	2	0	1	3	2	3	3	2												
21	BANGARAPET	18	2	1	68	2	2	1	1	2	0	1	3	1	1	3	2												
22	BANGARAPET	18	2	1	80	3	2	1	1	2	0	1	3	1	1	3	2												
23	BANGARAPET	19	1	1	78	3	2	2	1	2	0	1	3	1	2	3	4												
24	BANGARAPET	18	2	1	75	2	1	1	1	2	0	1	3	1	2	2	4												
25	BANGARAPET	19	1	1	87	2	2	1	1	2	0	1	2	3	3	2	3												
26	BANGARAPET	20	1	1	73	3	2	1	1	2	0	2	2	3	3	2	1												
27	BANGARAPET	20	1	3	70	1	1	1	1	2	0	2	2	3	3	1	3												
28	BANGARAPET	19	1	1	78	3	2	2	1	2	0	2	3	2	3	3	3												
29	BANGARAPET	19	2	1	65	2	1	1	1	2	0	1	3	3	4	2	2												
30	BANGARAPET	19	2	1	75	2	2	1	2	2	0	1	3	2	4	4	2												
31	BANGARAPET	19	2	1	65	2	1	2	2	2	0	1	3	3	4	3	3												
32	BANGARAPET	19	2	1	68	3	3	2	2	2	0	1	3	2	4	4	2												
33	BANGARAPET	18	2	1	75	2	1	1	1	2	0	1	1	3	2	2	3												
34	BANGARAPET	19	2	3	63	0	2	1	1	2	0	2	1	1	3	1	3												
35	BANGARAPET	18	2	1	75	2	2	2	2	2	0	1	3	2	2	1	3												
36	BANGARAPET	20	1	1	55	3	2	1	1	2	0	1	1	3	3	5	3												
37	BANGARAPET	19	1	1	65	2	2	1	1	2	0	3	3	4	3	3	2												
38	BANGARAPET	18	1	3	60	2	1	2	1	2	0	3	2	3	2	1	2												
39	BANGARAPET	18	1	1	75	2	2	1	1	2	0	2	3	1	2	3	3												
40	BANGARAPET	19	1	1	70	3	3	2	1	2	0	1	3	3	4	1	2												
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42	BANGARAPET	19	1	1	75	2	1	2	1	2	0	1	3	3	4	1	2												
43	BANGARAPET	19	1	1	80	3	3	1	1	2	0	1	3	3	4	3	3												
44	BANGARAPET	19	1	1	80	2	2	1	1	2	0	1	3	3	3	1	3												
45	BANGARAPET	20	1	1	78	2	1	1	1	2	0	3	3	2	3	3	1												
46	BANGARAPET	18	1	1	80	2	2	1	1	2	0	2	2	4	1	1	1												
47	BANGARAPET	19	1	1	76	1	1	1	1	2	0	2	3	4	1	2	1												
48	BANGARAPET	18	1	1	70	0	1	1	1	2	1	2	3	3	4	4	2	4	4	2	2	3	1	3	1	4	1	3	2
49	BANGARAPET	19	1	1	77	3	3	1	1	2	0	2	3	1	2	4	4												
50	BANGARAPET	20	1	1	86	1	1	2	1	2	0	1	3	3	1	2	1												
51	BANGARAPET	19	1	1	75	2	2	2	1	2	1	3	2	3	4	4	5	3	2	3	4	5	3	3	4	5	3	5	3
52	BANGARAPET	20	1	1	70	2	1	1	1	2	0	2	3	2	1	3	3												
53	BANGARAPET	18	2	1	95	0	1	1	1	2	1	3	3	2	3	4	4	2	3	1	1	2	2	3	3	2	2	3	3
54	BANGARAPET	19	2	1	84	4	3	1	1	2	1	3	3	2	2	4	4	2	3	5	2	5	1	3	3	5	2	3	2
55	BANGARAPET	18	2	1	71	2	2	1	1	2	0	3	3	2	3	4	3												
56	BANGARAPET	19	2	1	80	1	2	1	1	2	1	4	2	1	4	4	5	2	3	4	3	5	1	3	5	1	4	2	3

57	BANGARAPET	19	2	1	86	4	3	1	1	2	0	4	3	2	1	5	2														
58	BANGARAPET	18	2	1	80	1	2	1	1	2	1	2	3	3	4	4	2	4	4	2	2	3	1	3	1	4	1	3	2		
59	BANGARAPET	18	2	1	69	1	2	1	1	2	1	2	3	3	4	4	2	4	4	2	2	1	3	3	3	1	4	2	3		
60	BANGARAPET	18	2	1	75	1	1	1	1	2	0	2	3	4	4	3	2														
61	BANGARAPET	19	2	1	75	1	2	1	1	2	0	3	2	4	5	3	2														
62	BANGARAPET	19	1	1	74	2	1	1	1	2	0	2	3	3	2	4	1														
63	BANGARAPET	19	1	1	73	1	1	1	1	2	0	2	4	3	2	4	1														
64	BANGARAPET	19	1	1	78	4	4	2	1	2	0	1	1	2	1	2	1														
65	BANGARAPET	19	1	1	74	1	2	1	1	2	0	1	1	2	1	2	3														
66	BANGARAPET	20	1	1	82	3	2	1	1	2	0	1	1	2	1	2	3														
67	BANGARAPET	18	2	1	92	3	1	2	1	2	0	3	1	1	2	3	3														
68	BANGARAPET	19	2	1	77	4	4	2	1	2	1	4	5	3	2	1	1	4	1	4	3	4	3	1	4	3	2	3	2		
69	BANGARAPET	19	2	1	73	1	2	1	1	2	1	2	3	3	4	4	2	5	5	2	3	3	2	3	3	1	2	1	2		
70	BANGARAPET	19	2	1	78	1	2	2	1	2	0	3	4	2	1	5	3														
71	BANGARAPET	19	1	1	73	1	2	1	1	2	0	1	1	1	1	1	1														
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73	BANGARAPET	19	2	1	70	1	1	1	1	2	0	3	4	1	3	1	4														
74	BANGARAPET	18	2	1	89	3	3	1	1	2	0	3	2	3	3	4	3														
75	BANGARAPET	18	2	1	73	1	2	1	1	2	0	3	2	3	3	1	2														
76	BANGARAPET	20	2	1	75	1	1	1	1	2	0	3	2	3	4	1	3														
77	BANGARAPET	19	2	1	77	1	1	1	1	2	0	2	2	1	1	1	1														
78	BANGARAPET	19	2	1	70	1	1	2	1	2	1	3	2	5	4	4	4	1	2	3	5	5	2	4	1	2	3	2	5		
79	BANGARAPET	18	2	1	82	1	2	2	1	2	0	2	3	4	3	3	2														
80	BANGARAPET	19	2	1	82	1	1	1	1	2	1	3	1	2	5	5	5	4	5	1	1	5	4	5	5	2	2	4	1		
81	BANGARAPET	19	2	1	75	1	1	2	1	2	0	2	1	1	3	4	1														
82	BANGARAPET	18	2	1	65	3	2	1	1	2	0	2	3	3	1	3	3														
83	BANGARAPET	19	1	1	70	1	1	1	1	2	0	2	1	1	3	4	3														
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89	BANGARAPET	19	2	1	80	1	2	1	1	2	0	3	2	3	1	2	5														
90	BANGARAPET	18	1	1	85	1	1	1	1	2	0	1	3	2	3	3	5														
91	BANGARAPET	18	1	1	85	0	1	1	1	2	0	3	1	1	3	3	2														
92	BANGARAPET	19	1	1	65	0	1	1	1	2	0	1	1	3	3	3	2														
93	BANGARAPET	18	2	1	80	1	2	1	1	2	0	4	2	4	5	3	3														
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96	BANGARAPET	19	2	1	80	1	2	1	1	2	0	2	3	3	1	3	3														
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104	BANGARAPET	19	2	3	75	0	1	1	1	2	1	4	3	5	5	2	5	3	4	2	3	3	2	3	2	2	4	1	5		
105	BANGARAPET	18	2	1	75	4	4	2	1	2	0	4	2	5	2	2	4														
106	BANGARAPET	18	2	1	60	2	1	1	1	2	0	1	5	2	2	3	2														
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108	BANGARAPET	18	1	1	75	2	2	1	1	2	0	3	2	1	3	2	3														
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111	BANGARAPET	18	2	1	75	3	1	2	1	2	0	3	2	1	1	3	1														
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161	BANGARAPET	18	2	1	94	1	2	2	1	2	0	2	3	2	1	3	4													
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169	BANGARAPET	19	1	1	71	1	2	1	1	2	0	5	4	1	3	5	3													
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178	BANGARAPET	18	2	1	91	3	3	2	1	2	0	3	3	2	1	3	2													
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181	SRINIVASAPURA	19	1	1	83	3	3	1	1	2	0	2	3	5	1	3	2													
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197	SRINIVASAPURA	18	1	1	86	1	2	2	1	2	0	3	4	1	4	1	1													
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199	SRINIVASAPURA	18	1	1	93	1	1	1	1	2	0	1	2	2	2	3	1													
200	SRINIVASAPURA	18	1	1	72	1	2	2	1	2	0	3	1	4	4	1	2													
201	SRINIVASAPURA	18	2	1	91	0	1	1	1	2	0	3	2	2	2	2	1													
202	SRINIVASAPURA	18	2	1	92	1	2	1	1	2	0	3	4	2	3	5	1													
203	SRINIVASAPURA	19	2	1	88	3	3	1	1	2	0	3	4	2	3	5	1													
204	SRINIVASAPURA	18	2	1	80	4	4	2	1	2	1	3	4	3	5	1	3	4	3	4	3	4	1	2	4	5	1	3	3	
205	SRINIVASAPURA	19	2	1	91	1	2	1	1	2	1	3	4	3	5	1	1	2	3	4	3	4	1	2	3	5	1	2	4	
206	SRINIVASAPURA	18	1	1	82	1	2	1	1	2	0	2	1	1	3	3	2													
207	SRINIVASAPURA	18	1	1	66	3	2	2	1	2	0	2	4	1	5	3	1													
208	SRINIVASAPURA	18	1	1	55	1	2	2	1	2	0	3	3	3	3	3	2													
209	SRINIVASAPURA	18	1	1	60	3	3	2	1	2	1	3	3	5	3	3	5	3	5	1	3	2	1	4	2	3	1	2	4	
210	SRINIVASAPURA	18	1	1	56	1	2	2	1	2	0	2	3	5	1	3	2													
211	SRINIVASAPURA	18	1	1	82	1	1	1	1	2	1	3	3	3	4	2	2	3	3	3	3	2	4	3	4	3	4	3	1	
212	SRINIVASAPURA	18	2	1	81	1	2	1	1	2	0	4	3	1	4	2	3													
213	SRINIVASAPURA	18	2	1	80	1	2	1	1	2	0	3	2	4	3	2	1													
214	SRINIVASAPURA	19	2	1	75	1	2	1	1	2	0	3	2	1	3	2	1													
215	SRINIVASAPURA	18	2	1	70	1	1	1	1	2	0	3	2	1	3	2	1													
216	SRINIVASAPURA	19	2	1	61	4	3	1	1	2	0	4	2	2	3	1	4													
217	SRINIVASAPURA	21	2	1	50	3	2	1	1	2	0	4	2	2	3	1	1													
218	SRINIVASAPURA	19	1	1	80	3	2	2	1	2	0	3	4	2	3	5	1													
219	SRINIVASAPURA	19	2	1	74	3	2	2	1	2	0	3	4	2	3	5	1													
220	SRINIVASAPURA	18	1	1	80	0	1	1	1	2	0	3	2	2	3	1	3													
221	SRINIVASAPURA	19	1	1	53	3	2	2	1	2	0	3	3	5	1	1	3													
222	SRINIVASAPURA	18	1	1	69	3	2	1	1	2	1	5	3	2	4	4	4	3	4	2	3	2	2	3	5	1	3	2	1	

223	SRINIVASAPURA	18	1	1	75	3	2	1	1	2	1	5	4	2	4	4	4	3	4	2	3	3	2	3	1	1	4	2	1
224	SRINIVASAPURA	18	1	1	70	3	1	1	1	2	1	2	3	3	5	4	2	3	5	4	3	1	3	5	3	3	2	4	3
225	SRINIVASAPURA	18	1	1	71	1	2	2	1	2	1	5	3	4	5	3	3	3	2	3	1	3	4	5	3	4	3	3	5
226	SRINIVASAPURA	18	1	1	92	1	1	1	1	2	0	5	3	1	2	3	1												
227	SRINIVASAPURA	18	1	1	94	3	1	1	1	2	0	5	3	1	3	3	1												
228	SRINIVASAPURA	18	1	1	95	1	1	1	1	2	0	4	2	1	3	4	1												
229	SRINIVASAPURA	18	1	1	61	1	1	2	1	2	0	2	2	3	2	2	4												
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231	SRINIVASAPURA	19	2	1	64	1	1	1	1	2	0	3	3	2	2	1	5												
232	SRINIVASAPURA	19	2	1	81	3	1	1	1	2	0	3	1	2	4	5	3												
233	SRINIVASAPURA	18	2	1	76	1	1	1	1	2	0	3	1	3	2	5	1												
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244	SRINIVASAPURA	19	1	1	66	1	2	1	1	2	0	1	2	2	1	3	3												
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253	SRINIVASAPURA	19	1	3	85	3	2	2	1	2	0	1	2	4	5	5	2												
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260	SRINIVASAPURA	19	1	1	72	3	2	2	1	2	0	2	2	2	2	2	2												
261	SRINIVASAPURA	20	1	1	68	4	1	1	1	2	0	2	3	1	3	3	4												
262	SRINIVASAPURA	21	1	1	60	1	1	1	1	2	0	3	2	2	4	2	1												
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277	SRINIVASAPURA	19	2	1	81	1	1	2	1	2	0	1	3	1	3	3	1												
278	SRINIVASAPURA	18	2	1	85	3	2	2	1	2	0	1	3	3	4	1	1												
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368	KGF	20	1	1	68	1	1	1	2	2	0	1	1	1	2	1	1														
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753	KOLAR	19	1	1	76	3	3	1	1	2	0	1	3	1	3	3	3													
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756	KOLAR	19	1	1	64	3	1	1	1	2	0	1	1	1	1	1	1													
757	KOLAR	19	1	1	75	1	2	1	1	2	0	1	2	2	3	2	3													
758	KOLAR	19	1	1	70	0	1	1	1	2	0	3	2	5	4	2	1													
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763	KOLAR	21	1	1	70	1	1	1	1	2	0	1	2	2	3	2	4													
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765	KOLAR	20	1	1	78	2	1	1	1	2	0	1	2	2	2	3	1													
766	KOLAR	20	1	3	74	3	1	2	1	2	0	1	2	2	3	2	5													
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768	KOLAR	21	1	1	67	2	1	2	1	2	0	2	4	1	1	3	4													
769	KOLAR	20	1	3	56	4	3	1	1	2	0	1	1	1	1	2	4													
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789	KOLAR	18	1	1	60	2	2	1	1	2	0	5	3	1	3	2	3													
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887	MULBAGAL	20	1	1	60	1	2	1	2	2	0	5	3	2	3	3	4													
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906	MULBAGAL	20	2	1	83	3	2	1	1	2	0	1	3	1	3	2	1													
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1118	KOLAR	19	1	1	83	2	2	1	2	2	0	1	2	3	2	2	2													
1119	KOLAR	21	1	1	84	2	2	2	2	2	0	1	3	2	1	1	3													
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1122	KOLAR	20	2	1	97	2	1	1	2	2	0	3	2	2	3	3	1													
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1126	KOLAR	20	2	1	94	2	1	2	2	2	0	2	3	1	3	1	5													
1127	KOLAR	19	1	1	80	2	1	2	2	2	0	1	2	3	2	2	3													
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1130	KOLAR	19	1	1	67	3	3	1	1	2	0	2	3	2	3	2	3													
1131	KOLAR	18	1	1	60	1	2	1	1	2	0	3	1	1	5	2	3													
1132	KOLAR	19	1	4	84	4	1	2	1	2	0	2	3	1	2	3	4													
1133	KOLAR	21	2	2	74	4	1	1	2	2	1	3	2	2	4	5	5	3	4	2	2	3	1	4	1	1	3	2	1	
1134	KOLAR	20	2	1	80	4	1	2	2	2	0	3	2	3	3	3	1													
1135	KOLAR	21	1	1	80	2	1	1	2	2	0	3	4	2	3	2	3													

1136	KOLAR	20	2	1	91	2	2	2	2	2	0	3	2	2	4	3	1													
1137	KOLAR	20	2	1	83	3	1	1	2	2	0	3	2	2	3	4	4													
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1217	KOLAR	20	1	1	55	1	1	1	1	2	0	2	1	2	1	2	2													
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1241	KOLAR	20	1	1	52	3	2	1	1	2	0	2	3	2	1	2	3													
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1287	MALUR	19	1	4	85	1	1	2	1	2	1	5	3	3	2	4	5	5	5	1	3	3	2	4	3	3	5	3	4	
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1292	MALUR	20	2	3	76	0	1	1	2	2	0	2	4	3	2	4	1													
1293	MALUR	20	1	1	75	1	1	1	2	2	1	4	5	3	2	3	5	3	2	4	2	2	1	3	2	3	2	3	2	
1294	MALUR	20	2	1	84	1	1	1	2	2	0	2	2	2	4	2	2													
1295	MALUR	21	2	1	76	1	1	1	2	2	0	3	1	4	3	4	4													
1296	MALUR	20	2	1	96	1	2	2	2	2	0	3	3	3	3	3	3													
1297	MALUR	20	1	1	84	1	1	1	2	2	1	5	4	3	5	5	4	5	4	5	4	5	4	4	4	2	3	3	2	
1298	MALUR	20	2	1	75	1	2	1	2	2	0	2	3	5	2	4	1													
1299	MALUR	20	2	2	80	1	1	1	2	2	1	5	4	5	5	5	3	5	5	2	5	3	2	2	1	1	4	4	3	
1300	MALUR	21	1	1	75	1	1	2	2	2	1	3	4	1	1	5	4	3	3	3	3	4	2	3	3	3	2	3	3	
1301	MALUR	21	1	1	71	2	2	1	2	2	0	3	2	4	3	3	4													

1302	MALUR	20	1	1	76	1	1	2	2	2	0	3	2	2	5	5	2													
1303	MALUR	21	1	1	67	3	3	1	2	2	0	3	2	2	3	5	5													
1304	MALUR	20	1	1	77	1	1	1	2	2	0	2	2	2	3	5	2													
1305	MALUR	21	1	1	74	2	2	2	2	2	0	1	3	3	4	1	3													
1306	MALUR	20	1	1	79	1	1	1	2	2	0	5	3	1	1	3	2													
1307	MALUR	20	1	1	75	1	2	2	2	2	0	3	2	1	2	3	2													
1308	MALUR	21	1	1	77	3	3	1	2	2	1	4	3	1	2	4	5	3	4	1	3	3	4	4	4	3	2	1	1	
1309	MALUR	20	1	1	84	1	1	2	2	2	0	1	3	1	2	2	3													
1310	MALUR	20	2	1	70	1	2	1	2	2	0	2	3	2	1	5	4													
1311	MALUR	20	2	1	70	2	1	1	2	2	0	2	3	3	2	3	3													
1312	MALUR	20	2	1	70	1	1	1	2	2	0	2	2	3	3	3	3													
1313	MALUR	20	1	1	83	1	1	1	1	2	1	2	3	4	1	5	4	4	2	3	5	4	2	2	1	2	3	2	1	
1314	MALUR	20	1	1	79	1	1	1	1	2	0	4	3	2	2	3	4													
1315	MALUR	20	1	1	75	1	2	1	1	2	0	4	2	4	3	4	3													
1316	MALUR	19	1	2	80	1	1	1	1	2	1	2	3	4	4	4	5	3	4	3	3	5	3	5	5	2	4	5	3	
1317	MALUR	20	1	2	70	1	1	1	1	2	0	2	4	4	3	4	2													
1318	MALUR	19	2	3	80	2	2	1	1	2	0	3	2	3	5	3	2													
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1323	MALUR	20	1	3	78	2	2	1	1	2	0	1	3	5	3	4	2													
1324	MALUR	21	1	1	79	3	4	1	1	2	0	1	3	5	4	1	3													
1325	MALUR	21	1	1	81	2	1	1	1	2	0	1	3	4	4	1	2													
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1329	MALUR	20	1	1	77	0	1	1	1	2	0	4	4	3	2	1	2													
1330	MALUR	21	1	1	77	0	1	1	1	2	0	3	1	3	2	3	2													
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1332	MALUR	21	1	1	69	1	2	1	1	2	0	1	3	2	1	3	3													
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1335	MALUR	20	1	1	70	1	2	1	1	2	0	2	1	1	3	1	4													
1336	MALUR	19	1	2	74	1	1	1	1	2	1	2	3	3	5	5	2	5	4	3	2	4	1	5	4	3	3	1	4	
1337	MALUR	20	1	1	76	3	3	2	1	2	1	2	3	4	5	4	3	5	5	3	2	3	1	5	3	3	2	4	5	
1338	MALUR	19	1	1	91	1	1	1	1	2	1	3	4	3	2	5	2	3	2	2	4	3	1	3	2	3	2	2	4	
1339	MALUR	19	1	1	92	1	1	1	1	2	1	3	4	3	2	5	1	2	2	3	3	3	1	1	2	2	3	3	3	
1340	MALUR	20	1	1	95	1	1	1	1	2	1	3	4	3	2	5	1	3	2	3	2	4	1	5	3	2	3	2	2	
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1345	MALUR	19	1	1	70	2	2	1	1	2	0	3	2	1	4	4	1													
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1350	MALUR	22	1	1	80	1	1	1	1	2	1	3	2	3	4	5	1	5	3	2	4	3	1	4	2	1	4	2	3	
1351	MALUR	21	1	1	78	1	1	1	1	2	1	3	1	5	1	5	5	5	5	1	5	3	5	2	1	4	1	2	5	
1352	MALUR	21	1	1	72	1	2	2	1	2	0	4	5	4	4	5	5													
1353	MALUR	21	1	1	60	0	1	2	1	2	1	2	1	4	4	5	5	5	4	4	2	1	1	5	1	5	2	1	2	
1354	MALUR	19	1	1	60	1	2	2	1	2	0	1	1	3	3	5	4													
1355	MALUR	19	1	1	81	1	1	1	1	2	0	3	1	1	2	1	3													
1356	MALUR	20	1	1	81	1	1	1	1	2	0	3	2	3	1	2	2													
1357	MALUR	19	1	1	75	1	1	1	1	2	0	3	2	1	5	5	2													
1358	MALUR	20	1	1	71	1	1	1	1	2	0	2	3	1	3	5	2													
1359	MALUR	20	1	1	79	1	2	1	1	2	1	4	3	4	4	2	5	4	3	4	3	3	5	4	5	2	4	3	1	
1360	MALUR	21	2	1	88	1	2	1	1	2	0	2	1	3	2	3	5													
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1367	MALUR	21	2	1	91	1	1	1	1	2	1	4	4	3	5	5	3	5	2	3	5	4	1	5	4	3	2	3	5	
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1369	MALUR	20	2	1	88	1	1	1	1	2	1	4	5	3	5	5	3	5	5	5	5	4	1	5	5	1	1	2	1	
1370	MALUR	21	2	1	88	1	2	2	1	2	0	4	2	3	5	5	3													
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1375	MALUR	22	2	1	79	1	1	1	1	2	0	2	1	3	2	1	1													
1376	MALUR	19	2	1	65	1	2	1	1	2	0	3	3	2	1	3	2													
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1381	MALUR	21	1	1	75	1	1	1	1	2	1	3	2	5	4	5	3	2	4	2	1	4	1	2	1	1	3	3	2	
1382	MALUR	20	1	1	71	1	1	1	1	2	1	3	4	4	5	3	3	3	4	4	3	3	3	5	3	1	3	2	3	
1383	MALUR	20	1	1	75	1	2	1	1	2	1	3	2	5	4	5	2	2	4	1	1	3	1	3	1	2	3	5	2	
1384	MALUR	20	1	1	81	1	2	1	1	2	0	2	1	3	2	3	2													

1385	MALUR	21	1	1	87	1	1	2	1	2	0	3	1	5	4	3	4													
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1387	MALUR	22	1	1	82	1	2	1	1	2	0	3	2	4	3	2	3													
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1391	MALUR	20	1	1	92	1	1	1	1	2	0	1	1	2	3	4	3													
1392	MALUR	22	1	2	65	2	1	1	1	2	0	1	3	1	2	1	1													
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1406	MALUR	20	1	1	74	1	1	1	1	2	0	2	1	2	5	1	2													
1407	MALUR	20	1	1	72	0	1	2	1	2	1	4	1	2	4	5	4	3	2	4	5	4	1	5	3	4	1	2	1
1408	MALUR	21	1	2	89	1	1	2	1	2	0	3	5	2	3	5	3													
1409	MALUR	20	1	1	79	1	1	2	1	2	0	1	4	2	3	4	5													
1410	MALUR	20	1	1	65	1	1	1	1	2	0	1	2	1	2	2	2													
1411	MALUR	20	1	1	80	0	1	1	1	2	0	2	1	1	1	2	3													
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1413	MALUR	20	1	1	80	1	1	1	1	2	0	3	2	2	4	5	1													
1414	MALUR	19	1	1	70	1	1	1	1	2	0	3	2	1	5	3	5													
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1416	MALUR	21	2	1	94	1	1	1	1	2	0	3	2	2	4	4	3													
1417	MALUR	21	2	1	89	1	1	1	1	2	1	5	4	3	3	5	4	2	4	3	2	3	1	3	3	3	3	2	3
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1419	MALUR	20	2	1	85	1	2	1	1	2	0	2	3	5	2	3	2													
1420	MALUR	22	2	1	80	1	2	1	1	2	0	2	3	2	3	2	3													
1421	MALUR	20	2	1	90	1	1	1	1	2	0	2	3	2	3	4	2													
1422	MALUR	20	2	1	92	1	1	1	1	2	0	2	1	3	3	4	2													
1423	MALUR	20	2	1	84	2	2	1	1	2	0	3	1	2	2	3	4													
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1425	MALUR	19	2	1	87	1	1	1	1	2	0	1	2	3	2	5	2													
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1427	MALUR	19	2	1	80	1	2	1	1	2	0	2	3	2	3	2	3													
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1433	MALUR	22	1	1	70	2	3	1	1	2	0	2	3	1	2	3	4													
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1435	MALUR	20	2	2	79	0	1	1	1	2	1	3	2	4	4	5	4	4	3	2	4	2	1	3	2	4	3	2	2
1436	MALUR	18	2	1	81	1	1	1	1	2	0	2	3	1	2	3	1													
1437	MALUR	20	2	1	83	1	1	1	1	2	0	3	2	1	4	4	2													
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1439	MALUR	21	2	1	79	1	1	1	1	2	0	3	2	1	4	5	2													
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1442	MALUR	20	2	1	89	1	2	1	1	2	0	5	5	3	3	5	5													
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1445	MALUR	20	2	1	70	2	2	1	1	2	0	3	2	3	3	5	3													
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1449	MALUR	20	2	1	90	2	1	1	1	2	0	3	5	3	2	4	2													
1450	MALUR	20	2	1	86	0	1	1	1	2	0	3	2	2	3	2	2													
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1457	MALUR	20	2	1	87	1	2	1	1	2	0	5	2	1	3	5	3													
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1460	MALUR	19	2	1	84	1	1	1	1	2	0	3	2	3	3	2	2													
1461	MALUR	20	2	2	86	1	2	1	1	2	0	3	5	2	2	3	2													
1462	MALUR	19	2	1	90	1	1	1	1	2	0	3	2	2	3	2	2													
1463	MALUR	20	1	1	84	2	2	1	1	2	0	1	2	5	2	2	2													
1464	MALUR	19	2	1	90	1	2	2	1	2	1	5	4	3	2	2	1	2	4	4	5	5	1	2	5	1	2	1	5
1465	MALUR	19	2	1	80	1	2	1	1	2	1	4	3	3	4	5	3	3	3	3	4	4	1	5	2	2	2	2	4
1466	MALUR	19	2	1	87	1	2	1	1	2	1	4	1	3	5	4	2	3	4	3	3	5	1	4	2	3	3	2	4
1467	MALUR	19	2	1	94	1	1	1	1	2	0	5	4	3	3	2	1													

1468	MALUR	19	2	1	85	0	1	1	1	2	0	2	3	3	1	1	5													
1469	MALUR	19	2	1	90	1	1	1	1	2	0	5	4	1	3	1	4													
1470	MALUR	19	2	1	86	1	2	2	1	2	0	2	1	4	3	5	2													
1471	MALUR	20	2	1	82	1	2	1	1	2	1	2	3	4	4	5	2	5	3	2	5	3	1	3	1	5	2	2	3	
1472	MALUR	20	2	1	87	1	2	2	1	2	0	2	1	3	4	5	3													
1473	MALUR	19	2	1	82	1	2	1	1	2	0	2	2	4	3	4	2													
1474	MALUR	19	2	1	83	1	2	1	1	2	0	2	3	4	3	4	1													
1475	MALUR	19	2	1	84	1	2	1	1	2	0	2	3	4	3	4	2													
1476	MALUR	20	2	1	94	1	1	1	1	2	0	2	1	2	3	1	2													
1477	MALUR	19	2	2	86	2	3	1	1	2	0	3	1	1	2	4	1													
1478	MALUR	19	2	1	96	1	1	1	1	2	0	3	3	2	2	2	2													
1479	MALUR	21	2	1	95	0	1	1	1	2	0	2	1	1	3	2	2													
1480	MALUR	20	2	1	82	1	2	2	1	2	0	2	1	2	3	2	2													
1481	MALUR	21	2	1	75	2	1	1	1	2	1	4	3	5	3	5	2	4	5	2	3	5	1	5	2	1	5	2	1	
1482	MALUR	21	2	1	70	1	2	1	1	2	0	4	3	5	3	5	3													
1483	MALUR	21	2	1	95	1	1	1	1	2	0	2	1	3	2	2	2													
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1485	MALUR	19	2	1	90	1	2	1	1	2	0	2	3	3	2	3	1													
1486	MALUR	19	2	1	90	3	2	2	1	2	0	3	4	3	3	1	1													
1487	MALUR	19	2	2	80	2	1	1	1	2	1	2	4	3	4	5	2	5	3	5	3	5	1	5	1	2	5	2	3	
1488	MALUR	20	2	1	84	1	2	1	1	2	1	1	3	4	5	5	2	4	3	2	3	5	1	3	3	1	5	1	2	
1489	MALUR	20	1	1	80	0	1	2	1	2	1	3	1	3	4	4	5	3	2	1	2	2	1	5	5	1	5	3	1	
1490	MALUR	20	2	1	81	1	2	1	1	2	0	3	2	2	3	3	2													
1491	MALUR	19	2	3	87	2	2	1	1	2	1	3	3	2	3	4	5	3	3	2	3	3	1	3	3	3	2	3	2	
1492	MALUR	19	2	1	89	1	1	1	1	2	0	3	4	1	3	5	3													
1493	MALUR	19	2	1	90	1	1	1	1	2	0	2	1	2	3	3	2													
1494	MALUR	19	2	3	82	1	2	1	1	2	0	2	3	5	1	2	2													
1495	MALUR	19	2	1	88	0	1	1	1	2	0	2	3	3	1	3	5													
1496	MALUR	19	2	1	85	2	2	1	1	2	0	2	3	4	2	4	3													
1497	MALUR	20	2	1	90	1	1	1	1	2	1	4	3	5	2	4	4	2	3	3	4	3	1	3	5	2	2	3	1	
1498	MALUR	21	2	1	88	2	1	2	1	2	1	3	4	3	2	4	2	1	3	5	2	2	2	5	1	5	2	3	2	
1499	MALUR	20	2	1	94	1	2	1	1	2	0	3	3	4	2	1	3													
1500	MALUR	18	2	1	70	2	1	1	1	1	0	3	1	3	3	3	2													
1501	MALUR	20	2	1	85	2	2	2	1	2	0	3	1	2	3	1	4													
1502	MALUR	18	2	1	89	1	1	1	1	2	0	3	3	2	2	3	4													
1503	MALUR	20	2	1	67	1	2	1	1	2	0	3	2	5	2	1	1													
1504	MALUR	20	2	1	80	1	1	2	1	2	0	3	1	2	4	5	1													
1505	MALUR	19	2	1	89	1	2	1	1	2	0	3	1	2	2	5	1													
1506	MALUR	19	2	1	80	2	1	2	1	2	0	3	3	2	2	3	2													
1507	MALUR	20	2	2	81	0	1	1	1	2	0	3	3	3	2	3	2													
1508	MALUR	19	2	1	89	0	1	1	1	2	1	3	3	2	4	4	2	3	4	3	4	4	1	4	3	1	4	2	1	
1509	MALUR	18	2	1	75	0	1	1	1	2	1	3	4	3	4	5	2	5	3	3	3	4	1	5	1	2	3	2	2	
1510	MALUR	19	2	1	80	1	2	1	1	2	0	2	2	2	3	5	2													
1511	MALUR	19	2	1	75	0	1	1	1	2	0	2	2	3	4	5	1													
1512	MALUR	21	2	2	70	2	2	1	2	2	0	3	3	3	2	3	2													
1513	MALUR	20	2	1	81	1	2	1	1	2	0	4	3	2	3	4	1													
1514	MALUR	19	2	1	83	1	1	1	1	2	0	2	2	2	3	3	3													
1515	MALUR	19	2	1	82	0	1	1	1	2	0	3	4	2	3	2	2													
1516	MALUR	20	2	1	81	2	2	1	1	2	0	4	5	2	3	5	1													
1517	MALUR	19	2	1	84	2	3	1	1	2	0	3	2	5	2	5	1													
1518	MALUR	20	1	3	81	2	2	1	1	2	0	2	1	4	2	1	3													
1519	MALUR	22	2	2	70	1	2	1	2	2	0	2	3	4	3	2	4													
1520	MALUR	19	2	1	86	1	2	1	2	2	0	2	3	1	3	4	2													
1521	MALUR	20	1	1	60	1	1	2	2	2	0	1	2	2	1	3	2													
1522	MALUR	20	1	3	65	2	3	1	2	2	0	2	3	1	2	3	3													
1523	MALUR	20	1	1	75	1	1	1	2	2	1	3	4	4	3	5	5	2	4	4	5	3	2	3	1	3	2	4	5	
1524	MALUR	18	2	1	60	0	1	1	2	2	0	3	4	2	2	4	2													
1525	MALUR	21	1	1	72	1	2	1	2	2	0	3	1	1	2	1	3													
1526	MALUR	19	2	2	86	1	2	1	2	2	1	3	4	2	3	4	4	2	3	2	2	3	1	2	1	2	4	3	2	
1527	MALUR	20	2	1	89	0	1	1	1	2	0	5	3	2	3	2	4													
1528	MALUR	20	2	3	90	1	1	1	1	2	1	2	4	3	5	5	4	5	5	5	5	3	1	5	2	1	1	1	2	
1529	MALUR	19	1	1	65	1	1	1	2	2	1	3	4	3	4	4	4	3	4	2	2	3	2	3	3	2	2	2	2	
1530	MALUR	19	2	1	78	0	1	1	2	2	0	2	3	4	2	3	2													
1531	MALUR	21	1	2	69	0	1	1	1	2	0	2	1	1	2	3	2													
1532	MULBAGAL	20	2	1	93	2	1	1	1	2	0	2	1	3	2	3	2													
1533	MULBAGAL	20	2	1	94	1	1	1	1	2	1	3	2	3	2	5	3	2	3	2	3	5	4	2	2	5	4	2	1	
1534	MULBAGAL	20	2	1	91	1	1	1	1	2	0	5	2	3	5	5	3													
1535	MULBAGAL	21	2	1	91	1	2	1	1	2	0	5	2	3	5	5	2													
1536	MULBAGAL	20	2	1	85	1	2	2	1	2	1	5	2	3	5	5	1	5	2	4	2	5	4	4	2	5	4	2	3	
1537	MULBAGAL	20	2	1	87	1	2	1	1	2	1	5	2	1	3	5	2	5	2	3	2	2	1	5	4	1	2	1	2	
1538	MULBAGAL	20	2	1	85	1	2	1	1	2	0	3	2	2	2	2	5													
1539	MULBAGAL	21	2	1	90	2	3	1	1	2	1	3	2	3	4	5	1	5	3	2	3	3	1	3	5	2	3	2	3	
1540	MULBAGAL	19	2	1	84	1	1	1	1	2	0	3	2	3	3	2	2													
1541	MULBAGAL	19	2	2	86	1	2	1	1	2	0	3	5	2	2	3	2													
1542	MULBAGAL	19	2	1	90	1	1	1	1	2	0	3	2	2	3	2	2													
1543	MULBAGAL	20	2	1	84	2	2	1	1	2	0	1	2	5	2	2	2													
1544	MULBAGAL	19	2	1	90	1	2	2	1	2	1	5	4	3	4	2	1	3	2	5	5	1	2	5	1	2	2	5	2	
1545	MULBAGAL	19	2	2	80	1	2	1	1	2	1	3	2	2	4	5	3	2	3	2	5	2	4	1	2	3	4	2	2	
1546	MULBAGAL	19	2	1	87	1	2	1	1	2	1	4	1	3	5	4	2	4	2	3	2	5	1	2	3	2	1	2	3	
1547	MULBAGAL	19	2	1	94	1	1	1	1	2	0	5	4	3	3	2	1													
1548	MULBAGAL	20	2	1	85	0	1	1	1	2	0	2	4	3	1	1	5													
1549	MULBAGAL	19	2	1	90	1	1	1	1	2	0	5	4	1	3	1	4													
1550	MULBAGAL	19	2	1	86	1	2	2	1	2	0	2	1	4	2	5	1													

1551	MULBAGAL	20	2	1	82	1	2	1	1	2	1	2	3	4	4	5	2	5	3	2	5	3	1	2	1	5	2	2	2
1552	MULBAGAL	20	2	1	87	1	2	2	1	2	0	2	1	3	4	2	1												
1553	MULBAGAL	19	2	1	82	1	2	1	1	2	0	2	2	1	2	3	2												
1554	MULBAGAL	19	2	1	81	1	2	1	1	2	0	2	3	4	2	2	1												
1555	MULBAGAL	19	2	1	84	1	2	1	1	2	0	2	1	2	1	2	1												
1556	MULBAGAL	20	2	1	94	1	1	1	1	2	0	2	1	2	1	2	1												
1557	KOLAR	19	2	2	86	2	3	1	1	2	0	3	1	1	2	4	2												
1558	KOLAR	19	2	1	96	1	1	1	1	2	0	2	2	2	2	2	2												
1559	KOLAR	21	2	1	95	0	1	1	1	2	0	2	1	1	3	2	2												
1560	KOLAR	20	2	1	82	1	2	2	1	2	0	2	1	2	2	3													
1561	KOLAR	21	2	1	75	2	1	1	1	2	1	4	3	5	3	5	2	4	5	3	4	3	2	5	2	5	2	3	5
1562	KOLAR	21	2	1	70	2	1	1	1	2	0	4	3	5	3	5	2												
1563	KOLAR	21	2	1	75	1	1	1	2	2	0	2	1	3	2	2	2												
1564	KOLAR	19	2	1	82	0	1	1	1	2	0	2	2	2	2	2	2												
1565	KOLAR	19	2	3	72	3	2	1	2	2	0	2	3	2	1	2	1												
1566	KOLAR	19	2	1	90	3	2	2	2	2	0	3	3	2	2	2	2												
1567	KOLAR	19	2	1	70	2	1	1	2	2	1	2	4	3	4	5	2	4	3	2	3	4	2	3	2	1	2	3	2
1568	KOLAR	20	2	1	84	1	2	1	2	2	0	1	3	4	5	2	2												
1569	KOLAR	20	2	1	80	0	1	2	1	2	1	3	1	3	4	4	5	3	2	1	2	2	1	3	2	3	2	3	3
1570	KOLAR	20	2	1	81	1	2	1	1	2	0	3	2	2	3	2	3												
1571	KOLAR	19	2	3	87	2	2	1	1	2	1	3	3	2	3	4	4	3	2	3	2	1	4	4	2	2	2	2	2
1572	KOLAR	19	2	1	89	1	1	1	1	2	0	2	3	2	3	2	3												
1573	KOLAR	19	2	1	90	1	2	1	1	2	0	2	1	2	3	3	2												
1574	KOLAR	19	2	3	82	1	2	1	2	2	0	2	3	5	1	2	2												
1575	KOLAR	20	2	1	82	0	1	1	1	2	0	2	3	2	3	2	3												
1576	KOLAR	19	2	1	85	2	2	1	1	2	0	2	3	3	2	3	2												
1577	KOLAR	20	2	1	90	1	1	1	2	2	1	4	3	5	2	4	4	2	3	2	3	2	4	4	2	4	2	3	4
1578	KOLAR	21	2	1	88	2	1	2	1	2	1	3	4	3	2	4	2	1	3	5	3	3	3	4	2	3	2	2	3
1579	KOLAR	20	2	1	94	1	2	1	1	2	0	3	3	4	2	1	2												
1580	KOLAR	18	2	1	70	2	1	1	1	2	0	3	2	3	2	3	2												
1581	KOLAR	20	2	1	85	2	2	2	1	2	0	3	2	2	3	2	3												
1582	KOLAR	20	2	1	87	1	1	1	1	2	0	3	3	2	2	3	3												
1583	KOLAR	20	2	1	67	1	2	1	1	2	0	3	2	5	3	2	2												
1584	KOLAR	20	2	1	80	1	1	2	1	2	0	2	1	2	4	5	2												
1585	KOLAR	19	2	1	89	1	2	1	1	2	0	3	1	2	2	4	1												
1586	KOLAR	19	2	1	80	1	1	2	1	2	0	4	3	2	4	1	1												
1587	KOLAR	20	2	2	81	0	1	1	1	2	0	3	3	3	2	3	2												
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1589	KOLAR	18	2	1	75	0	1	1	1	2	0	2	3	2	3	2	3												
1590	KOLAR	19	2	1	80	1	2	1	1	2	0	2	2	1	2	2	2												
1591	KOLAR	19	2	1	75	0	1	1	1	2	0	2	3	2	1	1	1												
1592	KOLAR	21	2	2	70	2	2	1	2	2	0	3	3	3	2	3	2												
1593	KOLAR	20	2	1	81	1	2	1	2	2	0	4	3	2	3	4	1												
1594	KOLAR	19	2	1	83	1	1	1	2	2	0	2	3	2	2	2	2												
1595	KOLAR	19	2	2	82	0	1	1	2	2	0	2	2	1	1	1	1												
1596	KOLAR	20	2	1	72	2	2	1	2	2	0	2	2	2	2	2	2												
1597	KOLAR	19	2	1	95	2	3	2	2	2	0	1	2	1	1	1	1												
1598	KOLAR	20	1	3	81	2	2	1	2	2	0	2	1	4	2	1	3												
1599	KOLAR	22	2	2	70	1	2	1	2	2	0	2	3	4	3	2	4												
1600	KOLAR	19	2	1	86	1	2	1	2	2	0	2	3	1	3	4	2												
1601	KOLAR	20	1	1	60	1	1	2	2	2	0	1	2	2	1	3	2												
1602	KOLAR	20	1	3	85	2	3	1	2	2	0	2	1	2	2	3	2												
1603	KOLAR	20	1	1	80	0	1	1	2	2	1	3	4	3	2	4	4	4	2	3	4	4	2	2	3	2	4	4	4
1604	KOLAR	18	2	1	65	0	1	1	2	2	0	2	2	1	3	2	1												
1605	KOLAR	21	1	2	65	1	2	1	2	2	0	3	1	1	1	2	3												
1606	KOLAR	19	2	1	62	1	1	1	2	2	0	2	3	2	3	2	3												
1607	KOLAR	20	1	1	89	0	1	1	2	2	0	5	3	2	2	2	2												
1608	KOLAR	20	2	3	90	1	1	1	2	2	1	2	4	3	5	5	3	5	3	5	2	3	2	3	2	4	2	3	3
1609	KOLAR	19	1	1	65	1	1	1	2	2	1	3	4	3	4	4	4	3	3	3	4	2	3	2	3	4	2	3	2
1610	KOLAR	21	1	1	77	3	3	1	2	2	1	4	3	1	2	4	4	3	2	3	2	3	2	3	2	3	2	3	2
1611	KOLAR	20	1	1	84	1	1	2	2	2	0	2	1	2	1	2	1												
1612	KOLAR	20	2	1	70	1	2	1	2	2	0	2	3	2	1	5	3												
1613	KOLAR	20	2	1	70	2	1	2	2	2	0	2	1	1	2	1	2												
1614	KOLAR	20	2	1	70	1	1	1	2	2	0	2	2	3	3	3	3												
1615	KOLAR	20	1	1	83	1	1	1	2	2	0	2	2	3	2	3	3												
1616	KOLAR	20	1	1	79	1	1	1	2	2	0	2	2	2	2	1	2												
1617	KOLAR	20	1	1	75	1	2	1	1	2	0	2	4	2	3	2	1												
1618	KOLAR	19	1	2	80	1	1	1	1	2	0	2	3	3	2	2	2												
1619	KOLAR	20	1	2	70	1	1	1	1	2	0	2	4	4	3	4	2												
1620	KOLAR	20	1	2	75	1	1	1	1	2	0	2	2	2	1	1	1												
1621	KOLAR	19	1	3	80	2	2	1	1	2	0	3	2	3	5	3	2												
1622	KOLAR	20	2	1	80	1	1	1	1	2	0	2	4	1	5	5	2												
1623	KOLAR	19	2	1	80	0	1	1	1	2	0	2	1	1	1	1	1												
1624	KOLAR	19	2	1	80	1	1	1	1	2	0	1	2	2	1	2	2												
1625	KOLAR	20	2	1	80	1	1	2	1	2	1	4	4	4	4	2	5	5	4	5	5	4	2	3	2	1	4	5	2
1626	KOLAR	20	1	3	78	2	2	1	1	2	0	2	1	2	1	1	1												
1627	KOLAR	21	1	1	79	3	4	1	1	2	0	2	1	2	1	2	2												
1628	KOLAR	21	1	1	91	2	1	1	1	2	0	2	2	2	2	2	1												
1629	KOLAR	21	1	1	70	2	2	1	1	2	0	2	1	2	1	2	1												
1630	KOLAR	21	1	3	70	3	3	1	1	2	0	2	2	2	2	2	2												
1631	KOLAR	21	1	3	71	2	2	1	1	2	0	3	2	1	1	2	2												
1632	KOLAR	20	1	1	77	0	1	1	1	2	0	2	1	2	1	1	2												
1633	KOLAR	21	1	1	77	0	1	1	1	2	0	3	1	3	2	3	2												

1634	KOLAR	21	1	1	75	0	1	1	1	2	0	1	1	2	1	2	1													
1635	KOLAR	21	2	1	69	1	2	1	1	2	0	1	3	2	1	3	3													
1636	KOLAR	21	1	1	71	0	1	1	1	2	0	2	2	2	2	2	2													
1637	KOLAR	20	1	1	72	0	2	1	2	2	0	1	2	2	2	2	2													
1638	KOLAR	21	1	1	71	0	1	1	1	2	0	2	1	1	1	2	1													
1639	KOLAR	21	1	1	77	0	1	1	1	2	0	3	1	3	2	3	2													
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1641	KOLAR	21	1	1	69	1	2	1	1	2	0	1	3	2	1	3	3													
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1645	KOLAR	19	1	2	74	1	1	1	1	2	0	2	3	3	5	5	2													
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1686	KOLAR	21	2	2	95	1	2	2	2	2	0	3	1	2	3	3	4													
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1688	KOLAR	21	1	3	76	1	1	2	2	2	0	2	1	2	3	3	4													
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1798	KOLAR	19	1	1	76	0	1	1	2	2	0	1	1	2	3	3	2													
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1813	KOLAR	22	1	1	85	0	1	2	2	2	1	3	2	4	5	5	2	1	3	1	3	2	4	1	3	1	3	2	1	
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1815	KOLAR	22	1	1	75	1	1	2	2	2	0	2	1	2	1	2	1													
1816	KOLAR	22	1	1	75	1	1	2	2	2	0	3	2	1	3	3	2													
1817	KOLAR	22	1	1	76	1	1	1	2	2	0	1	3	1	2	3	2													
1818	KOLAR	22	1	1	69	1	1	1	2	2	0	1	3	4	2	3	2													
1819	KOLAR	22	1	1	62	1	1	2	2	2	0	2	4	2	1	3	2													
1820	KOLAR	19	1	1	96	0	1	1	2	2	0	3	3	2	3	2	1													
1821	KOLAR	19	1	1	56	1	2	2	2	2	0	2	2	2	2	2	2													
1822	KOLAR	19	1	3	58	1	1	1	2	2	0	2	3	1	3	3	4													
1823	KOLAR	19	1	3	95	0	1	1	2	2	0	3	2	2	4	2	1													
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1826	KOLAR	19	1	1	74	2	1	1	2	2	0	1	2	3	2	1	3													
1827	KOLAR	19	2	1	72	1	2	1	2	2	0	1	2	2	3	1	1													
1828	KOLAR	19	1	1	82	4	3	1	2	2	0	3	2	4	2	1	2													
1829	KOLAR	19	1	2	70	1	1	2	2	2	0	1	2	1	3	2	1													
1830	KOLAR	19	1	2	80	2	2	2	2	2	0	1	2	1	1	1	2													
1831	KOLAR	19	1	3	92	1	2	1	2	2	0	1	4	2	4	2	1													
1832	KOLAR	19	1	1	85	1	2	2	2	2	0	1	2	2	4	3	2													
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1835	KOLAR	19	1	1	72	1	2	1	2	2	0	1	2	4	3	5	1													
1836	KOLAR	20	2	1	73	0	1	2	2	2	0	1	2	1	3	1	1													
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1848	KOLAR	21	1	1	65	1	2	2	2	2	0	3	4	2	5	3	1													
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1908	KOLAR	20	2	1	65	1	1	1	2	2	0	1	2	3	2	1	3													
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1912	KOLAR	20	2	1	75	0	1	1	2	2	0	3	2	2	3	3	1													
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