



**ADHDadultUK**

# Appendix I

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# ADHDadultUK 2024 ‘State of the Nation’ Survey: Appendix I - Methodology

The ADHDadultUK ‘State of the Nation’ Survey 2024 was conducted in October 2024 with the aim of gathering insights into the experiences of adults with ADHD in the UK. This section outlines the methodology used to collect and analyse the data.

## **i. Survey Distribution**

The survey was advertised primarily through social media platforms, including Facebook and Instagram, and through the charity's online community of over 7000 people on Discord. Posts and advertisements targeted communities and individuals connected to ADHD Adult UK’s networks. Additionally, the survey was shared by partner organisations, including The ADHD Alliance.

## **ii. Respondent Pool**

A total of 1,440 valid responses were recorded after removing four submissions from individuals located outside the UK. These responses represent a diverse range of experiences, from adults diagnosed with ADHD or currently seeking a diagnosis to those managing symptoms without a formal diagnosis.

## **iii. Data Coding and Analysis**

Survey responses were systematically coded to categorise both quantitative and qualitative data. Closed-ended questions were analysed for statistical trends, while open-ended responses were coded for thematic analysis to identify recurring patterns and insights.

## **iv. Data Analysis**

Descriptive Statistics:

Data was cleaned to remove duplicate, irrelevant, or incomplete responses. For descriptive statistics, analysis was performed using a combination of tools:

- Google Sheets was used for data organisation, data cleaning, production of graphical representations and initial data exploration.
- GraphPad Prism (version 10.4.1) and AI statistical analysis tools were used to facilitate deeper exploration of correlations, predictive patterns, and clustering within the dataset.

## **v. Cluster Analysis:**

To segment survey respondents into groups based on shared characteristics or patterns, using quantitative or categorical variables, K-Means Clustering was used.

Key variables (e.g., demographic information, ADHD severity, treatment experiences, and satisfaction levels) were extracted from the survey dataset. The data were standardised to ensure comparability across variables, and missing values were handled appropriately.

Variables most relevant to the research questions were identified, excluding those with low variance or limited impact on clustering outcomes. K-means clustering was applied for numerical data or hierarchical clustering for mixed data types, and the optimal number of clusters using methods such as the elbow method (for K-means) or dendrogram analysis (for hierarchical clustering) were applied. Respondents were grouped into clusters based on shared attributes or response patterns, and cluster characteristics were analysed to interpret meaningful similarities or differences.

The findings were presented through graphical representations and descriptive statistics to ensure clarity and accessibility.

## **vi. Thematic Analysis**

Reflexive Thematic Analysis (as described by Braun & Clarke) was used to systematically identify and interpret recurring themes in qualitative responses from the survey, capturing participants' lived experiences and challenges. This method was chosen for its flexibility and suitability for capturing the complexity of lived experiences. Inductive coding was performed, allowing themes to emerge organically from the data rather than imposing predefined categories and descriptive codes were added to specific segments of the data.

Themes were collated related codes into broader categories, generating candidate themes and then refined iteratively to ensure themes were coherent, distinct, and relevant to the research objectives. Finally, themes were organised into a thematic matrix, linking specific responses to themes and sub-themes, and key insights, identified patterns, and noted direct quotes to illustrate themes were extracted.

## **vii. Limitations of the survey**

There was a lack of ethnicity data gathered, the first half of postcode was only recorded, so no data on deprivation IMD, and there was an unequal distribution of reported gender.



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ADHD, run by adults with  
ADHD.**

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