

UNDERSTAND. SUPPORT. GROW TOGETHER.

ADHD

A handbook for parents

Practical guidance for children, teenagers and families



A child is more than a diagnosis.

Rewritten and redesigned edition | October 2026

www2.totsguide.com

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Start anywhere. Choose one practical idea, try it with your child and build from what helps.

HOW TO USE THIS HANDBOOK

A guide for the whole family

Start with understanding

ADHD affects more than attention. It can influence how a child begins a task, organises belongings, waits, manages feelings and moves between activities. Families benefit from shared understanding, practical support and a plan that fits the child.

What you will find

This handbook brings together the original Totsguide guidance on informed parenting, asking for help, nurturing your child, talking about ADHD, emotional regulation, organisation, communication and stress. It also covers adolescence, sleep, food, activity, medication and the SMILES programme.

Read in small steps

Choose the section that addresses your most pressing concern. Try one manageable change, notice what happens and adjust it with your child. Keep teachers and your healthcare team involved. The aim is progress and connection, rather than a perfect household.

A note on this edition

The original handbook has been rewritten and visually redesigned. Its core messages and practical topics are retained. Medical statements have been phrased with appropriate qualifications, and historical programme details are identified separately. This is educational information; assessment and treatment decisions belong with your child's healthcare team.

CONNECTION BEFORE CORRECTION

What your child wants you to know

**Dear Mum and Dad**

I can learn and succeed, but I may need more encouragement, patience and practical help. I did not choose these difficulties. Please see me as a whole person, with interests, strengths and feelings beyond ADHD.

Notice my effort

I cannot always do everything you ask, even when I want to. Decide which expectations matter most. Catch the moments when I manage well and tell me exactly what you noticed. Sometimes I simply need time with you, without a lesson or correction.

Help me understand myself

I may not notice when my behaviour is causing a problem. Show me gently, and help me practise checking my actions. Clear feedback, encouragement and someone checking in can help me stay with a task more than repeated reminders or raised voices.

YOUR CHILD'S PERSPECTIVE

Make the invisible easier to see

Time, memory and organisation

Time can be difficult for me to judge. Make it visible with a clock, timer or simple plan. Break a large task into steps that I can see and finish. I forget things, so help me use reminders instead of assuming that I do not care. Teach me where belongings go and practise the routine with me.

Thinking through a problem

Holding all the parts of a problem in my mind may be hard. Let me draw it, move objects around or use a checklist. A concrete example can help me work out what comes next.

Away from familiar routines

Shops, visits and journeys bring distractions and unexpected changes. Plan with me before we leave: where we are going, what will happen, how long it may take and what I can do if I become overwhelmed. Give me a small, clear role.

We are a team

I need acceptance and support as well as expectations. Help me build skills a little at a time. I do not have to manage ADHD alone, and neither do you.

Make time visible. Make tasks smaller. Make support predictable.

THE FOUNDATIONS

Understanding ADHD

A neurodevelopmental condition

Attention-deficit/hyperactivity disorder, or ADHD, concerns the way brain development supports attention, activity and impulse control. A child may know what to do yet struggle to use that knowledge at the right moment. Planning, self-regulation, organisation and time management can be especially demanding.

Development is individual

The original handbook describes differences in the development of brain systems involved in thinking and regulation. These differences are not a measure of intelligence. They should not be translated into a fixed number of years of delay for every child.

More than a passing phase

ADHD begins in childhood and may continue into adult life. Its expression changes as a child grows and daily demands change. Some difficulties become less visible; others still need support. A child's strengths and needs should be reviewed over time.

The environment matters

Self-regulation is harder when expectations are unclear or routines change without warning. Consistent, understandable rules and practical supports make it easier to use developing skills.

ADHD does not define a child's intelligence, character or potential.

UNDERSTANDING WITHOUT BLAME

Causes and common questions

Several influences, not one cause

ADHD is associated with a combination of genetic and other factors. Inherited differences can contribute to risk; there is no single gene or single family experience that explains every case.

Pregnancy, birth and environmental factors

The original handbook discusses associations with tobacco or alcohol exposure during pregnancy, pregnancy-related stress, prematurity and some complications around birth. It also mentions lead exposure and brain injury, including injury following trauma or illness. These are possible influences, not a way to assign blame or identify a cause in an individual child. A clinician can review the relevant history.

Does sugar cause ADHD?

The handbook challenges the popular idea that sugar itself causes ADHD. A child's diet still matters for general health, but ADHD should not be reduced to a sugar problem.

What about additives?

Some families notice changes around particular foods or additives. Discuss observations with a clinician or dietitian rather than removing broad food groups on your own. Evidence and individual responses vary; food is one part of support, not an explanation for every symptom.

SIGNS TO DISCUSS WITH A PROFESSIONAL

Recognising patterns of attention

Attention can be inconsistent

A child may find it difficult to keep attention on repetitive work, reading or a task that feels uninteresting. Sounds, sights or thoughts may pull attention away. Details can be missed and familiar tasks left unfinished.

Interest is not the same as control

Some children become deeply absorbed in an activity they enjoy and struggle to stop or shift their focus. The difficulty may be directing attention towards what matters now, rather than having no ability to concentrate.

Patterns you may notice

- Losing items needed for school or daily routines.
- Forgetting instructions or overlooking parts of a task.
- Appearing not to listen, drifting into daydreams or tuning out during conversation.
- Finding it hard to sustain focus while reading.
- Needing support to return to a task after a distraction.

Look at the whole picture

These experiences can happen in many children. Their persistence, effect on everyday life and presence in more than one setting are important. They are observations to share with a professional, not a home diagnostic checklist.

UNDERSTANDING BEHAVIOUR

Activity, impulses and emotions

Hyperactivity and restlessness

A child may fidget, tap fingers, move their legs or feel restless inside. They may struggle to relax, talk rapidly or at length, seek excitement, switch focus frequently or attempt several things at once.

Restlessness does not always look like running around.

Impulsivity

Acting before pausing can lead to interruptions, blurting out a thought, difficulty waiting or taking risks without considering the outcome. Boredom and strong emotions can make pausing harder. In older teenagers and adults, impulsive choices may also affect spending, work or relationships.

Emotional regulation

Some children become frustrated quickly, react strongly to criticism or find it difficult to stay motivated. Irritability, impatience, sudden changes in mood and angry outbursts may accompany ADHD. An upset feeling may pass quickly or take time to settle.

Describe, rather than label

Notice what happened before an outburst, what the child was being asked to do and what helped afterwards. Avoid treating every emotional difficulty as ADHD: other concerns may need assessment too.

Executive skills and assessment



The skills behind everyday tasks

Executive skills help us start, plan, prioritise, remember steps, organise, manage time and finish. Difficulties may look like procrastination, lateness, a messy workspace, unfinished projects or dependence on someone else to keep things on track. A child may feel disappointed despite trying hard.

When to seek assessment

Talk with a qualified healthcare professional when attention, activity or impulse-control difficulties persist and interfere with home, school or friendships. Assessment considers the child's developmental history, reports from different settings and possible alternative explanations. Persistent symptoms over at least six months are part of diagnostic criteria, but duration alone does not establish ADHD.

An individual plan

A developmental paediatric team or another appropriately trained professional may use standardised rating scales alongside clinical assessment. Once concerns are understood, agree a plan tailored to the child, with follow-up and school involvement. An online developmental profile does not replace diagnosis.

PRACTICAL SUPPORT AT HOME

Bring calm to everyday routines

Start small and work together

ADHD can add strain to family life through forgotten tasks, noise, disorganisation or emotional outbursts. Each family is different, so no single solution fits everyone. Choose one part of the day that could be easier and build a simple routine with your child.

Write down the plan

When children help shape a routine, they can feel part of the solution. Decide the order together and use words or pictures. Begin with a few essentials; add detail only after the basic sequence is working.

Give belongings a home

Keep schoolbags, shoes, toys and everyday supplies in predictable places. Demonstrate the steps, do them together and gradually reduce help. Organisation is a skill to teach, rather than a standard to demand without support.

Make room for real life

Keep the routine consistent where possible, but expect disruptions. Prepare for a different day and return to the plan without treating a setback as failure. Sleep, meals and quiet downtime also affect how manageable the day feels.

One useful routine, repeated kindly, is a strong beginning.

MAKE THE NEXT STEP CLEAR

Lists, visual cues and transitions



Use visible instructions

Written instructions reduce the need to hold every step in memory. For younger children, photographs, simple drawings or picture cards may work better. Arrange them in the order the tasks happen and place the checklist where it is easy to see.

Check off progress

Let your child tick, move or turn over a card after completing a step. Keep the action concrete: shoes on, bag packed, teeth brushed. The visual cue should guide your child rather than become another test.

Prepare for change

Give a countdown before leaving home, ending a game, switching off a screen or getting ready for bed. A reminder around ten minutes before a transition, followed by shorter reminders, may help. Adjust timing to your child.

Practise during calm moments

Introduce timers and checklists when no one is rushed. Explain what the signal means and what happens next. A predictable cue can make a transition feel less like an unexpected demand.

PRAISE, FEEDBACK AND REWARDS

Encouragement that builds skills

Notice what is going well

Look for effort, strengths and useful behaviour. Specific praise tells a child what to repeat: you started when the timer rang, or you put your bag in its place. Frequent positive feedback can build confidence and a sense of progress.

Choose meaningful rewards

Rewards can encourage a new habit or reduce a difficult behaviour. Let your child help choose them and offer variety. Prompt recognition often works better than a distant reward. Social rewards include affection, attention and praise; material rewards might be a small toy or an agreed treat. Shared time or a privilege can also be meaningful.

Keep the goal realistic

Reward a small, observable action that the child can achieve with support. Explain the goal beforehand and recognise success soon afterwards. Gradually build on it rather than suddenly raising the standard.

Use fewer negative responses

Repeated criticism can damage self-worth. Clear boundaries still matter, but positive reinforcement should receive much more attention. Sit beside your child if face-to-face discussion feels intense. A shared activity or journey can create a relaxed opportunity to connect.

AN EIGHT-PART APPROACH

Helping during emotional overload

1. Protect the basics

Support sleep, regular balanced meals and downtime. Hunger, fatigue and overstimulation can lower tolerance.

2. Choose your priorities

Be clear with yourself and your child about the expectations that matter most. Avoid turning every small issue into a battle.

3. Keep routines predictable

Agree when homework, play and meals happen. Use a sequence the child understands and return to it consistently.

4. Warn before transitions

Give a calm countdown before stopping an activity or leaving. Make the next step visible.

5. Stay steady

Lower your voice and reduce the amount you say. Shouting or becoming equally upset usually makes regulation harder.

6. Acknowledge the feeling

Listen and reflect what you understand: you were upset because the game ended. Understanding a feeling does not mean removing every boundary.

7. Offer a calming action

If your child is willing, try slow breathing together. Practise this when calm so it is familiar.

8. Review afterwards

When everyone has settled, discuss what happened and agree a simple plan for next time. Follow the plan calmly and consistently.

These steps support regulation; they cannot prevent every outburst.

DAILY FOUNDATIONS

Sleep, movement and a steadier day

**Make bedtime predictable**

Plan a sequence with your child: bathing, brushing teeth, reading and settling. Use a regular bedtime and a calm environment. A gentle bedtime timer can provide an external cue instead of repeated parental instructions. It should signal the routine, not startle the child.

Support sleep through the day

Age-appropriate physical activity, regular meals and avoiding caffeinated foods and drinks can help the evening go more smoothly. Discuss persistent sleep problems with the healthcare team, including whether medication may be contributing.

Build in active play

The original handbook recommends daily activity and supervised play after school before homework. Adapt the duration to age, health and the child's needs. Give space for movement and recovery, then help the child begin the next small task. For school-age children, an hour of daily activity is a useful general goal; it need not happen all at once.

A BALANCED FOUNDATION

Food and family wellbeing

Regular meals and enough energy

Offer a balanced diet that supports growth and general health. Include protein foods, suitable sources of energy, a range of fruits and vegetables and water. Foods containing omega-3 fats can be part of a varied diet. The aim is adequate nutrition, rather than a special ADHD food rule.

Avoid turning meals into treatment claims

Healthy eating supports wellbeing, but a diet is not a substitute for a treatment plan. If you suspect a particular food affects your child, keep a simple record and discuss it with a clinician or dietitian. Do not make major restrictions or add supplements without appropriate advice.

Notice changes over time

Appetite may vary with stress, sleep, growth or medicine. Share sustained changes in eating, weight or growth with the prescribing clinician. Plan meals and snacks around your family's routine and your child's needs.

Keep the approach practical

A steady meal schedule and a relaxed eating environment are often more manageable than repeatedly changing the whole diet. Food, sleep and movement work alongside teaching, school support and clinical care.

WORK WITH THE TEACHER

School support that makes sense

Shape the learning environment

- Consider a seat near the teacher and a kind, engaged peer.
- Use short, clear language and reduce unnecessary verbal demands.
- Review the timetable and warn before changes.
- Use practical problem-solving and more than one way to explore an idea.
- Notice when the child drifts off task and offer a discreet cue back.

Balance work and breaks

Short work periods with planned breaks may help sustain participation. The original suggests a pattern such as ten minutes of work followed by three minutes of rest. Treat this as an example to adjust, not a fixed requirement for every learner.

Make success achievable

Break homework and other large tasks into smaller parts. Give frequent, specific feedback and build on interests, strengths and creativity. Progress in something meaningful to the child can restore motivation.

Keep home and school connected

Agree a small number of supports that both settings can use. Protect sleep, prepare for transitions and share what is helping. The purpose is to make learning accessible, rather than expecting a child to manage every difficulty unaided.

SUPPORT GROWING INDEPENDENCE

ADHD during the teenage years



A changing stage of life

Adolescence brings rapid physical, social and developmental change. A young person with ADHD may still need help with organisation, considering consequences and regulating strong feelings, even when they want more independence.

Take emotional wellbeing seriously

Frustration, sensitivity to rejection, anxiety, low mood or low confidence can affect friendships and daily life. Keep conversations open and seek help when concerns persist. Discuss safety and risky choices, including substance use, without assuming that ADHD determines a teenager's future.

Be clear and reassuring

Agree expectations, boundaries and privileges. Use consistent, proportionate responses and recognise useful behaviour. Reassure your teenager that you believe in their ability to succeed and are available to work through difficulties.

Build on interests

Explore activities in which energy, imagination and sustained interest become strengths. Help your teenager explain their needs and participate in decisions. Growing self-understanding can make support more collaborative.

DECISIONS WITH YOUR CLINICIAN

Medication as part of a care plan

An individual decision

ADHD care can include behavioural approaches, school support and medication. A combination may be helpful, depending on the child's age, difficulties and other conditions. A trained medical professional decides whether medicine is appropriate and reviews its benefits and side effects.

Stimulants

These medicines affect brain signalling involved in attention and behaviour. They are commonly used for ADHD and are available in formulations that act for different lengths of time.

Non-stimulants

These work differently from stimulant medicines. Some take longer to show their full effect. Their duration, benefits and side effects depend on the particular medicine and the child.

Follow-up matters

Keep appointments and share changes at home and school. The prescriber may adjust the dose or medicine to balance helpful effects with unwanted ones. Do not start, stop or change a medicine on the basis of this handbook.

Young children

For children under six, parent training in behaviour management is generally the first treatment approach. If significant difficulties continue, treatment choices require individual specialist assessment. Support needs do not disappear when medicine is prescribed.

MEDICATION FOLLOW-UP

Monitor effects, not just doses

What to record

Keep a short record of the prescribed medicine, when it is taken, the changes you notice and any unwanted effects. Include attention, task completion, emotions, appetite and sleep. School observations can help the clinician understand the whole day.

Possible stimulant effects

The original handbook highlights reduced appetite, concerns about growth, dizziness, difficulty sleeping or nightmares and changes in mood. These are possibilities to monitor, not effects every child will experience.

Possible non-stimulant effects

Depending on the medicine, concerns may include stomach symptoms, headache, sleepiness or changes in blood pressure or heart rate. Cardiovascular effects differ between medicines; ask the prescriber what applies to your child.

Regular reviews

Medicine may be needed over a longer period, so ongoing review of effectiveness, growth and side effects is important. Bring your notes to appointments rather than making dose changes yourself.

Questions to ask

- What improvement are we looking for?
- When should the medicine begin to help?
- Which side effects should we watch for?
- Who do we contact if we have a concern?
- When is the next review?

WELLBEING AND CONNECTION

Parents need support too

Your needs belong in the plan

It is easy to focus entirely on a child after diagnosis. Caring for your own health, rest and emotional wellbeing helps you manage the demands of parenting and benefits the whole family.

Acknowledge the pressure

Supporting a child with ADHD may require more planning and patience than you expected. Recognising that pressure is not an admission of poor parenting. Ask for practical help and share responsibilities where possible.

Learn alongside other families

A parent group can offer understanding, ideas and a sense of belonging. Experiences from others in similar situations may help you adapt your approach and feel less alone. Keep professional care involved when advice concerns treatment.

Support mentioned in the original

The original handbook names a group called Power of Acceptance and lists its administrator, BN Vijayanthi, on 9972136065. This is a historical contact reproduced from the source; its current availability has not been verified.

Accept useful help

Support is a way to strengthen your resources for your child's needs. You do not have to carry every part of the work alone.

AGES THREE TO SIX

Supporting preschool children



Build skills through everyday play

Preschool children may show high activity, frequent talking or difficulties with behaviour and regulation. Support should take their developmental stage into account. Parent-led strategies and skill-building are important; medicine is not ordinarily the first approach for this age group.

The programme described in the source

The original handbook describes an online initiative developed by professionals in developmental paediatrics, psychology, special education and occupational therapy from the Centre for Child Development and Disabilities and Sangamitra.

Parents as partners

Its approach uses simple activities and worksheets at home to strengthen social-emotional and executive skills. Play and sensory experience provide opportunities for learning, with adults helping children participate and practise.

Choose the right support

Activities should suit the child's age and actual abilities. An online programme can support learning, but it does not replace a clinical evaluation or individual treatment. For current Totsguide programme information, visit www2.totsguide.com or contact support@totsguide.com.

The SMILES developmental profile

An integrated picture

SMILES brings together Social cognition, Motor planning, Intellectual development, Learning academics, Emotional skills and Sensory skills. The source describes a profile of abilities across these connected streams, intended to guide supportive activities.

Why look across several areas?

A child's readiness to participate in learning depends on more than academic knowledge. Small difficulties in regulation, movement, memory or sensory processing may otherwise go unnoticed and undermine confidence or motivation.

Social understanding and emotions

Relationships and responsible choices rely on learning to recognise emotions, pause and respond to others. Taking turns, following game rules and talking about feelings can create opportunities to practise empathy.

Support, not a label

A profile can help parents notice strengths and areas needing support. It should not be treated as a diagnosis or a prediction of school success. The original handbook includes broad estimates about developmental concerns; individual needs are better understood through careful assessment than through a population statistic.

EXECUTIVE SKILLS IN THE SMILES PROGRAMME

Planning, memory and time

Organisation and problem-solving

Goal-directed activities require a child to organise materials, regulate actions and follow a sequence. Practising a plan during play can help prepare for the demands of academic tasks. Start with a clear goal and a small number of steps.

Working memory

Working memory helps a child keep information in mind while following directions, playing a rule-based game, reading or solving a number problem. When this is difficult, a child may lose track of steps or rely heavily on repetition.

Connect information

Linking ideas, sorting, recognising patterns and arranging sequences can make information more meaningful. The programme describes activities that practise these processes. Use visual reminders and concrete materials so that the child is not expected to remember everything unaided.

Time management

Sequencing, choosing priorities and judging time matter in everyday life, particularly in tasks with several parts. Make the order visible, use an appropriate timer and help the child decide what comes first. These are skills to practise gradually, not measures of intelligence.

LEARNING FOUNDATIONS

Seeing, attending and using hands

Visual perception

Shape, size and position provide information about the world. Understanding spatial relationships also supports movement and manipulation. The programme uses visualisation, pictures and practical activities to develop visual learning.

Attention

Attention includes becoming alert, staying with an activity and managing distraction. These abilities develop over childhood and depend on the child, task and setting. The original handbook gives age-related examples of attention duration; they are not fixed limits or diagnostic tests.

Fine motor skills

Handwriting requires coordination, control and accurate movement. Hand skills also support eating, dressing and brushing teeth. Practice may include pattern drawing, finger games, lacing, supervised cutting and crafts, adapted to the child's abilities.

Make practice usable

Choose an activity that is challenging but achievable. Offer a short demonstration, enough support to get started and a chance to repeat it. Fine motor difficulty can affect schoolwork, but a child's overall learning should not be judged from handwriting alone.

CONNECTED WAYS OF LEARNING

Sensory skills, reading and numbers

Sensory processing

Alongside sight, hearing, taste, smell and touch, movement and body-position information help a child understand their surroundings. Children respond differently to sensory experiences. Notice patterns and seek professional input when they interfere with everyday participation.

Reading and comprehension

Recognising the relationship between letters and sounds supports learning to read. Understanding what is read is equally important as school demands increase. Shared books, sound games and conversations about a story help make reading meaningful and enjoyable.

Mathematics

Build concepts one step at a time. Number recognition, measurement, sorting, grouping, classification, place value and calculation are foundations for later problem-solving. Everyday objects can make an abstract idea more concrete.

A gradual foundation

The original programme brings these areas together through activities. Follow the child's developmental level, vary the way an idea is presented and allow time to practise. The aim is participation and understanding, rather than racing through a worksheet.

Movement and the programme pathway

Motor planning and coordination

Dancing, jumping, hopscotch and sports involve carrying out a sequence of movements. Difficulties can show up as clumsiness in daily tasks or play, and may also affect handwriting. Fun, well-supported movement activities provide a way to practise.

Who the source programme is for

The handbook describes activities for children with neurodevelopmental concerns, including ADHD and learning difficulties, as well as children without identified concerns who may benefit from stimulation and practice.

How the source describes the process

An online assessment considers the programme domains and identifies skills that appear typical or need additional support. Areas of concern may be described from mild to severe. The source then proposes age-appropriate activities for relevant subdomains, describing five activities in each.

What each activity includes

An activity should explain the task, materials needed and how to carry it out. Materials may be downloadable or available at home. This is the programme model described by the original handbook; confirm current availability and content with Totsguide.

Keep clinical care connected

An activity profile guides practice. It is not a substitute for a developmental assessment or an ADHD diagnosis.

PRINTABLE TOOL 01

My routine and weekly plan

Make a copy, write or draw the steps with your child, and display the plan where it is needed. Keep it short enough to use independently.

A simple daily routine

Step / picture	When	Done

A week at a glance

Day	Main activity / change to expect
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Try this: practise the first step together, then reduce reminders as your child becomes familiar with it.

PRINTABLE TOOL 02

Encouragement and calming plan

Choose one achievable goal. Recognise effort quickly. Complete the calming plan together when everyone is settled.

Our encouragement chart

Our small goal				Reward / recognition		

Mon	Tue	Wed	Thu	Fri	Sat	Sun

When I begin to feel overwhelmed, I notice...

What helps me settle...

What my adult can do...

Afterwards, we will...

Use pictures, words or symbols your child understands. The chart supports learning; it should not become a source of shame.

ABOUT THIS EDITION

Sources and editorial context

Original content

Based on the Totsguide Handbook on ADHD for Parents, a 28-page handbook hosted at www.totsguide.com. The new edition rewrites its core messages and replaces its visuals; the source remains unchanged.

What was retained

The child's perspective; understanding ADHD and possible risk factors; attention, activity, impulse and emotional difficulties; assessment; home routines, lists, transitions and rewards; emotional overload; sleep, movement, nutrition and school; adolescence; medication and follow-up; parent support; preschool support; and every developmental area in the SMILES programme.

Medical wording

Fixed brain-age delays, attention-span figures and unreferenced prevalence estimates from the original are not used as universal rules. Risk factors are described as associations. Medication effects are described as medicine-specific. The programme is described without promises of diagnosis, cure or guaranteed learning improvement.

Programme and contact details

SMILES and the parent group are described as they appear in the original. Current programme availability and historical contact details have not been independently confirmed. Contact Totsguide for current information.

Further reading

CDC: ADHD in Children; Treatment of ADHD; Parent Training in Behavior Management. NICE guideline NG87: Attention deficit hyperactivity disorder: diagnosis and management. These resources informed the medical wording checks, not a clinical approval of this edition.

Original handbook

CDC - ADHD in children

CDC - treatment

CDC - parent training

NICE - NG87

ORIGINAL CREDITS

Created to support understanding

The original authors' purpose was to help families understand ADHD, reduce stigma and give parents, teachers and the wider community practical information.

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