

ADHD Women's Checklist

Please listen to the ADHD for Smart Ass Women Podcast, Episode #40, How To Prepare For A Meeting With An ADHD Doctor, before attempting to fill out this checklist.

The DSM-5 lists three types of ADHD: 1) Predominantly Inattentive, 2) Hyperactive-Impulsive and 3) Combined Type. 5 or more symptoms of Inattention and/or Hyperactivity/Impulsivity must be present to receive a diagnosis of ADHD.

ADHD predominantly inattentive presentation

- **1** Does not pay attention to details
 - Do you make careless mistakes?
 - Do you often have appointments and days mixed up on your calendar?
 - Do you fear being alone because you don't know if you can handle the demands of daily life by yourself?
 - Do you have trouble reading and then remembering what you read?

- **2** Has difficulty sustaining attention
 - Do you struggle to remain on task unless you're doing something that you're really interested in?
 - Do you struggle to balance your checkbook or stay on top of bank accounts?
 - Do you often feel like an imposter?
 - Do you hate to be interrupted?
 - Do you not pick up your phone when someone calls because you fear the interruption?
 - Do you drink excessive amounts of coffee?
 - Have you used stimulants to stay focused?
 - Do you feel like you're in a constant fog?
 - Do you often feel like your thoughts are like butterflies that just fly away, sometimes in mid-sentence?
 - Were you called a daydreamer as a child?
 - Were you called oversensitive as a child?
 - Are you clumsy? Do you often bump into things?
 - Do you change jobs more than your peers?
 - When working or cleaning your home, do you flit from one task to the next, never getting anything done?
 - Do you purchase many books but rarely finish one?
 - Do you struggle to memorize most anything?
 - Do you often get excited by a new idea or project but then lose interest and not follow through?

Do you find it difficult to read or write memos?
Do you find it difficult to keep an updated contact list (i.e. business or holiday cards)?

- **3** Does not appear to listen
 - Is small-talk difficult for you?
 - Do your children and spouse often tell you that they told you something that you don't remember ever discussing?
 - Do you often watch people's lips moving but don't pay attention to what they're saying?
 - Do you dislike cocktail parties?

- **4** Doesn't follow through on instructions
 - Do you beat yourself up about your disorganization or forgetfulness?
 - Do you feel irresponsible?
 - Do you often not understand instructions?
 - Do you struggle to follow to-do lists?
 - Do you often agree to do something but then forget about it?

- **5** Has difficulty organizing tasks
 - Are you disorganized?
 - Is your home disorganized?
 - Is your car full of personal and other belongings?
 - Do you have trouble meeting deadlines, planning and prioritizing tasks?
 - Do you find it difficult to maintain a planner or calendar?
 - Do you constantly purchase organizational tools and apps but can't consistently use them?
 - Do you start each week, determined to get organized?
 - Do you struggle with writing; organizing your thoughts on paper?
 - Do you have difficulty discussing world events?
 - Do you often feel so overwhelmed that you can't handle one more thing?
 - Do you struggle to prioritize things?
 - Are there piles of paper all over your desk or home?
 - At the end of the day do you have post-it notes and little scraps of paper filled with notes all over your desk?
 - As a child/teen was your bedroom, locker and/or car a mess?

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- **6** Avoids tasks that require sustained mental effort
 - Do bills and important things you need to get done end up in piles unattended to?
 - Are you bad with managing money?
 - Have you ever thought that you are much smarter than you can show?
 - Are you worried about not living to your potential?
 - Were you consistently inconsistent in school; you could get A's and D's in the same subject in the same week?
 - Did you change schools, colleges or majors more than your peers?
 - Do you have trouble getting started on things?

 - **7** Loses things
 - Are you constantly losing your car keys, your purse, your wallet, your phone, the remote control?
 - Do you lose your car in the parking lot because you can't remember where you parked it?
 - Do you lose important papers, receipts, bills?

 - **8** Is easily distracted
 - Do you feel overwhelmed shopping in big box or department stores?
 - Do you find it impossible to shut out certain sounds and distractions that don't seem to bother others?
 - Are you always late?
 - Do you feel as if your mind is hyperactive, you cannot shut it down?
 - Do you feel as if you have so many more ideas than most people?
 - Have you had several car accidents but always when you're driving at slow speeds?
 - Do you lose track of time when you're working on something you're interested in?
 - Are you a chronic researcher always looking for more options?

 - **9** Forgetful in daily activities
 - Do you have a poor memory?
 - Do you forget where you put things?
 - Do you successfully use a calendar or planner for a couple of weeks but then forget about it altogether?
 - Do you forget birthdays?
 - Do you purchase cards and gifts but then forget you purchased them?
 - Do you often forget what you're going to say while you're saying it?
 - Do you often pay rush shipping charges to get something in time?
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Are you overwhelmed by trying to keep your children organized?
Do you often have to rewash clothing because you forget about them?
Do you forget that you're cooking and find yourself burning food?
Do you forget to eat throughout the day?
Do you forget to take your medication?
Do you find it difficult to stop working so you can start dinner?

ADHD predominantly hyperactive-impulsive presentation

- **10** Fidgets with hands/feet or squirms in chair
 - Do you move a lot?
 - Are you constantly fidgeting?
 - Do you bite your nails or pick your cuticles?
 - Do people often comment on your high energy?

- **11** Has difficulty remaining seated
 - Do you hate meetings?

- **12** Feels restless
 - Do you struggle with impulsive shopping?
 - Do you speed when driving?
 - Do you have a hard time relaxing?
 - Do you often feel like you're "too much?"
 - Are you always trying to change something; your house, job, paint color on the walls, furniture placement?
 - Are you incapable of reading directions?
 - Do you need to exercise to feel good?

- **13** Difficulty doing leisure activities quietly
 - Do you get antsy, if you're doing nothing
 - Do you have trouble relaxing on vacation?
 - Do you feel guilty when you're not working?
 - Do friends comment on your ambition?
 - Do you feel as if you work harder than most people?
 - Do you watch movies and television programs but never know what's going on?

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- **14** Always on the go
 - Do you enjoy high-stimulation, and even dangerous activities?
 - Do you find it difficult to relax and do nothing?

 - **15** Talks excessively
 - Do you feel like you often can't stop talking even though you know you're monopolizing a conversation and want to stop?
 - Do you talk really fast?
 - Do you often drift-off topic?
 - Do you have trouble keeping secrets?
 - Were you extremely talkative as a child?

 - **16** Difficulty waiting
 - Do you hate waiting in line?
 - Do you consider yourself impatient?
 - Do you hate driving in heavy traffic?

 - **17** Interrupts or intrudes upon others
 - Do you feel like you often interrupt people because you're afraid that you'll forget what you want to say?
 - Do you often feel like a bull in a china shop?
 - Do you feel like your personality often of

ADHD combined presentation

The individual has 5 or more symptoms in the Inattentive and Hyperactive/Impulsive lists above. You do not need 5 symptoms in each category. 5 symptoms total for both lists combined is sufficient.

In order to meet the criteria for an ADHD diagnosis, you must be able to answer yes, to the following questions:

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have 5 or more symptoms of Inattention or Hyperactivity/Impulsivity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have these symptoms been present for at least 6 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did these symptoms develop before the age of 12? (Many experts believe that the cut-off should be 16 for girls.) There is no requirement that these symptoms reduce quality of life at this age, just that the symptoms are present. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do your symptoms interfere with or reduce the quality of social, academic or occupational functioning? (There is no longer a requirement that the symptoms cause impairment.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your symptoms present in at least 2 settings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Home |
| <input type="checkbox"/> | <input type="checkbox"/> | School |
| <input type="checkbox"/> | <input type="checkbox"/> | Work |
| <input type="checkbox"/> | <input type="checkbox"/> | Friends |
| <input type="checkbox"/> | <input type="checkbox"/> | Family |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Activities |