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- Often does not seem to listen when spoken to directly.
  - Giving the wrong responses because you were masking on autopilot and not paying attention.
  - Watching tv and not retaining what you're watching
  - Your other examples (or reasons why this didn't affect you):

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- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
  - Things that are left half-done
  - Messiness
  - Multitasking leading to forgetting to finish things

- Your other examples (or reasons why this didn't affect you):

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- o Often has trouble organizing tasks and activities. (Executive dysfunction)

- Executive dysfunction paralysis: so many things to do that you get overwhelmed and do none because you can't prioritize.
- Multitasking and messiness
- Losing track of time - missed or late appointments or tasks
- Your other examples (or reasons why this didn't affect you):

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- o Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).

- You avoid tasks that provide no dopamine, such as appointments, paying bills, administrative stuff, etc.
- Reading or schoolwork was impossible if you weren't interested in the topic.
- Your other examples (or reasons why this didn't affect you):

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- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
  - How many times you get in the car and forget something and have to go back.
  - Buying multiples of items because you lose or misplace them
  - Your other examples (or reasons why this didn't affect you):

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- Is often easily distracted
  - Tiktok or phone notifications disrupting you
  - Sounds, lights, smells interrupting you
  - Your other examples (or reasons why this didn't affect you):

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- Is often forgetful in daily activities.
  - Forgetting items when leaving the house
  - Missed or nearly missed appointments
  - Your other examples (or reasons this didn't affect you):

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2. Hyperactivity and Impulsivity: Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:

- Often fidgets with or taps hands or feet, or squirms in seat.
  - Sitting on tables or in weird positions
  - Doodling
  - Your other examples (or reasons why this didn't affect you):

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- Often unable to play or take part in leisure activities quietly.

- Your other examples (or reasons this didn't affect you):

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- Is often “on the go” acting as if “driven by a motor”.

- Constantly doing things around the house
- Over-committing to activities/responsibilities
- Your other examples (or reasons this didn't affect you):

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- Often talks excessively.

“If your doctor doesn’t check this box immediately, something is wrong. Because... YES.” - Coach Courtney (feel free to quote me in session)

- Often blurts out an answer before a question has been completed.

“Same sentiment as previous question” - Coach Courtney

- Often has trouble waiting their turn.

“Same sentiment as previous question” - Coach Courtney

- Often interrupts or intrudes on others (e.g., butts into conversations or games)

“Same sentiment as previous question” - Coach Courtney

The last 4 criteria were undoubtedly shown in my session with you to a very high degree. I can imagine that if you’re not this way with someone, it’s because your anxiety has activated your freeze-response, and you’ve shut down OR your autistic traits keep you from wanting to mis-step socially.

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

Remember that anxiety, depression, and PTSD are extremely highly comorbid with ADHD, so if the doctor thinks you have only one of these

and not ADHD, they need to tell you why they don't think you have **both**. I have attached peer-reviewed studies to back this up.

Based on the types of symptoms, three kinds (presentations) of ADHD can occur:

- *Combined Presentation*: if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months
- *Predominantly Inattentive Presentation*: if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months
- *Predominantly Hyperactive-Impulsive Presentation*: if enough symptoms of hyperactivity-impulsivity, but not inattention, were present for the past six months.

Because symptoms can change over time, the presentation may change over time as well.

## Diagnosing ADHD in Adults

ADHD often lasts into adulthood. To diagnose ADHD in adults and adolescents age 17 years or older, only 5 symptoms are needed instead of the 6 needed for younger children. Symptoms might look different at older ages. For example, in adults, hyperactivity may appear as extreme restlessness or wearing others out with their activity.

For more information about diagnosis and treatment throughout the lifespan, please visit the websites of the [National Resource Center on ADHD](#)

[external icon](#)

and the [National Institutes of Mental Health](#)

[external icon](#)

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## Reference

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Arlington, VA., American Psychiatric Association, 2013.

## Additional Well-Known ADHD Characteristics and Common Common Comorbidities:

**Hyperfocus** - an interest-based low level manic state that involves the obsession of a specific subject or activity. Can cause you to lose track of time, forget to eat, and neglect responsibilities. Can lead to hoarding, frivolous spending, and elevated ideas of potential success. Eventually interest in this subject dies and loose ends are never tied up.

Your examples:

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**Impulsivity/Addiction** - gambling addiction, excessive/impulsive shopping, binge eating, video game addiction, substance abuse, risky behavior, adrenaline or sensation seeking.

Your examples:

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**Sensory Processing Issues** - easily distracted or disturbed by sounds, visual stimuli, smells, and textures. Can lead to excessive frustration, distraction, picky eating, texture aversion, and clothing disturbances, and panic attacks.

Your examples:

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**Emotional dysregulation** - The inability to control the level of emotions. Type of emotion will be appropriate to the situation, but the level will not. Does not include random mood swings - these are situational reactions. Can lead to excessive crying, giggling uncontrollably, rejection sensitivity, justice sensitivity, anger management problems, and low frustration tolerance.

Your examples:

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ADHD is genetic. Do you have family members who are diagnosed with ADHD or show obvious symptoms?

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