⚡ ADHD DSM-5 Diagnostic Checklist: The Focus & Energy Assessment

Your Complete Guide to ADHD Diagnosis Made Simple

⚡ WELCOME TO THE ADHD DIAGNOSTIC COMMAND CENTER!

Welcome to the comprehensive ADHD diagnostic assessment - your systematic approach to identifying Attention-Deficit/Hyperactivity Disorder! Think of this as your diagnostic radar system that scans for the telltale signs of ADHD across different life domains. Every symptom is like a signal on your radar screen, and when you see enough signals in the right pattern, you've identified ADHD!

⚡ DSM-5 ADHD DIAGNOSTIC CRITERIA: THE OFFICIAL CHECKLIST

⚡ CRITERION A: CORE SYMPTOM PATTERNS

⚡ INATTENTION SYMPTOMS: The Focus Challenges

Must have 6+ symptoms for ages 6-16, or 5+ symptoms for ages 17+

□ 1. CARELESS MISTAKES & ATTENTION TO DETAILS
⚡ Often fails to give close attention to details
⚡ Makes careless mistakes in schoolwork, work, or activities ⚡ Example: Math errors, missed instructions, sloppy work

□ 2. SUSTAINED ATTENTION DIFFICULTIES
⏰ Often has difficulty sustaining attention in tasks or play ⚡ Example: Can't

focus on lectures, reading, conversations

□ 3. LISTENING PROBLEMS
   ✅ Often does **not** seem to listen when spoken to directly
   Example: Mind seems elsewhere, even without distractions

□ 4. FOLLOWING THROUGH DIFFICULTIES
   ✅ Often does **not** follow through on instructions
   ❌ Fails to finish schoolwork, chores, **or** workplace duties
   ✅ Example: Starts tasks but loses focus **and** wanders off

□ 5. ORGANIZATION PROBLEMS
   ✅ Often has difficulty organizing tasks **and** activities
   Example: Messy work, poor time management, disorganized

□ 6. AVOIDANCE OF MENTAL EFFORT
   ✅ Often avoids, dislikes, **or is** reluctant to engage **in** tasks ✅ Example: Homework, paperwork, preparing reports

□ 7. LOSING THINGS
   ✅ Often loses things necessary **for** tasks **or** activities
   ✅ Example: School materials, pencils, books, tools, wallets, keys

□ 8. DISTRACTIBILITY
   ✅ Often easily distracted by extraneous stimuli
   ✅ Example: Noise, movement, thoughts, **or** other activities

□ 9. FORGETFULNESS
   ✅ Often forgetful **in** daily activities
   ✅ Example: Chores, errands, returning calls, appointments

⚡ HYPERACTIVITY-IMPULSIVITY SYMPTOMS: The Energy & Control

Challenges Must have 6+ symptoms for ages 6-16, or 5+ symptoms for ages 17+

HYPERACTIVITY SYMPTOMS:

□ 10. FIDGETING
   ✅ Often fidgets **with or** taps hands **or** feet
   ✅ Squirms **in** seat
   ✏️ Example: Tapping pencils, bouncing legs, restless

□ 11. LEAVING SEAT
   ♂ Often leaves seat **in** situations **when** remaining seated **is** expected ✅ Example: Classroom, office, other situations requiring staying put

□ 12. INAPPROPRIATE RUNNING/CLIMBING
   ♂ Often runs about **or** climbs **in** inappropriate situations
   In adolescents/adults: feelings **of** restlessness
   ✅ Example: Can't sit still, feels "driven by a motor"

□ 13. DIFFICULTY WITH QUIET ACTIVITIES
   ✅ Often unable to play or engage in leisure activities quietly ✅ Example: Loud during games, can't do quiet hobbies

□ 14. "ON THE GO" BEHAVIOR
⚡ Often "on the go," acting **as if** "driven by a motor"
�� Example: Uncomfortable being still, others see **as** restless

□ 15. EXCESSIVE TALKING
Often talks excessively
�� Example: Dominates conversations, talks non-stop

IMPULSIVITY SYMPTOMS:

□ 16. BLURTING **OUT** ANSWERS
Often blurts **out** answers **before** questions completed
⏰ Example: Can't wait for turn, finishes others' sentences

□ 17. DIFFICULTY WAITING TURN
⏳ Often has difficulty waiting their turn
☃ Example: Waiting **in** lines, games, conversations

□ 18. INTERRUPTING **OR** INTRUDING
�� Often interrupts **or** intrudes **on** others
�� Example: Butts **into** conversations, games, activities

⚠ CRITERION B: ONSET TIMING

□ EARLY ONSET REQUIRED
⚠ Several inattentive or hyperactive-impulsive symptoms present before age 12
⚠ Example: Elementary school problems, early childhood issues ⚠ Note: Symptoms don't need to meet full criteria before age 12

⚠ CRITERION C: PERVASIVE IMPAIRMENT

□ MULTIPLE SETTINGS REQUIRED
⚠ Several symptoms present in 2+ settings
⚠ Example: Home AND school, work AND home
⚠ Social AND academic/occupational settings

⚠ CRITERION D: FUNCTIONAL IMPAIRMENT

□ CLEAR EVIDENCE OF IMPAIRMENT
⚠ Social, academic, or occupational functioning
⚠ Example: Poor grades, job problems, relationship issues
⚠ Interference with quality of functioning

⚠ CRITERION E: EXCLUSION CRITERIA

□ NOT BETTER EXPLAINED BY OTHER DISORDERS
⚠ Not during schizophrenia or other psychotic disorder
⚠ Not better explained by mood, anxiety, dissociative, personality disorder ⚠ Not due to substance intoxication or withdrawal

?? ADHD PRESENTATION SPECIFIERS

?? COMBINED PRESENTATION (MOST COMMON - 70%)

✅ CRITERIA MET:
□ 6+ inattentive symptoms (5+ **if** age 17+)
□ 6+ hyperactive-impulsive symptoms (5+ **if** age 17+)
□ Both symptom clusters present **for** past 6 months

?? TYPICAL PROFILE:
• ?? Attention problems AND hyperactivity/impulsivity
• ?? Most disruptive in classroom settings
• ?? Social difficulties due to impulsivity
• ?? Academic problems from both attention and behavior issues

?? PREDOMINANTLY INATTENTIVE PRESENTATION (20-30%)

✅ CRITERIA MET:
□ 6+ inattentive symptoms (5+ **if** age 17+)
□ <6 hyperactive-impulsive symptoms (<5 **if** age 17+)
□ Inattentive symptoms predominant **for** past 6 months

?? TYPICAL PROFILE:
• ?? "Daydreamy," "spacey," "in their own world"
• ?? Academic problems but less behavioral issues
• ?? Less likely to be disruptive
• ?? Often missed, especially in girls
• ?? May appear sluggish or lethargic

⚡ PREDOMINANTLY HYPERACTIVE-IMPULSIVE PRESENTATION (RARE - <5%)

✅ CRITERIA MET:
□ <6 inattentive symptoms (<5 **if** age 17+)
□ 6+ hyperactive-impulsive symptoms (5+ **if** age 17+)
□ Hyperactive-impulsive symptoms predominant **for** past 6 months

?? TYPICAL PROFILE:
• ♂ Constantly moving, "driven by a motor"
• Impulsive speech and actions
• ?? Social problems due to impulsivity
• ?? Attention span may be relatively intact
• ?? More common in preschool children

?? COMPREHENSIVE ASSESSMENT TOOLS

?? RATING SCALES FOR DIAGNOSIS

PARENT/CAREGIVER RATING SCALES

?? VANDERBILT PARENT ASSESSMENT:
- ?? 47 items covering DSM-5 symptoms
- ⏰ Takes 10-15 minutes to complete
- ?? Includes functional impairment assessment
- ?? Covers home **and** school behaviors

?? CONNERS PARENT RATING SCALE:
- ?? Multiple versions (short **and** long forms)
- ?? T-scores **and** percentiles provided
- ?? Good **for** monitoring treatment response
- ?? Includes oppositional **and** anxiety subscales

?? ADHD RATING SCALE-5:
- ?? 18 items directly from DSM-5 criteria
- ?? Separate home **and** school versions
- ⏰ Quick screening **tool**
- ?? Excellent **for** symptom tracking

?? TEACHER RATING SCALES

?? VANDERBILT TEACHER ASSESSMENT:
- ?? 43 items covering classroom behaviors
- ?? Academic performance assessment
- ?? Peer relationship evaluation
- ?? Classroom functioning focus

?? TEACHER REPORT FORM (TRF):
- ?? Comprehensive behavioral assessment
- ?? Multiple behavioral domains
- ?? Normative data available
- ?? Good **for** comorbidity screening

SELF-REPORT SCALES (ADOLESCENTS/ADULTS)

?? ADULT ADHD SELF-REPORT SCALE (ASRS):
- ?? 18 items based on DSM-5 criteria
- ⏰ 6-item screener available
- ?? Workplace functioning assessment
- ?? WHO-endorsed screening tool

?? CONNERS ADULT ADHD RATING SCALE:
- ?? **Self**-report **and** observer versions
- ?? T-scores **and** clinical interpretations
- ?? Treatment monitoring capability
- ?? Multiple symptom domains

?? PSYCHOLOGICAL TESTING

?? CONTINUOUS PERFORMANCE TESTS (CPTs)

COMPUTER-BASED ATTENTION TESTS:
- ⏰ Sustained attention measurement
- ?? Impulsivity assessment
- ?? Objective performance data
- ?? Treatment response monitoring

?? COMMON CPTs:
- TOVA (Test of Variables of Attention)
- CPT-3 (Conners Continuous Performance Test)
- IVA-2 (Integrated Visual and Auditory CPT)

?? NEUROPSYCHOLOGICAL TESTING

?? EXECUTIVE FUNCTION ASSESSMENT:
- ?? Working memory tests
- ?? Inhibitory control measures
- ?? Cognitive flexibility assessment
- ⏰ Processing speed evaluation

?? COMMON TESTS:
- WISC-V/WAIS-IV (IQ and processing speed)
- D-KEFS (Executive function battery)
- BRIEF (Behavior Rating Inventory of Executive Function)

?? DIFFERENTIAL DIAGNOSIS: RULING OUT LOOK ALIKES

?? PSYCHIATRIC CONDITIONS THAT MIMIC

ADHD ?? DEPRESSION

?? OVERLAPPING SYMPTOMS:
- ?? Concentration difficulties
- ?? Fatigue and low energy
- ?? Academic/work problems
- ?? Memory problems

?? KEY DIFFERENCES:
- ⏰ ONSET: Depression usually later onset
- ?? MOOD: Persistent sadness in depression

• ◆◆ DURATION: ADHD symptoms since childhood
• ◆◆ DIURNAL: Depression often worse in morning

◆◆ ANXIETY DISORDERS

◆◆ OVERLAPPING SYMPTOMS:
• ◆◆ Concentration problems
• ♂ Restlessness
• ◆◆ Sleep difficulties
• ◆◆ Academic/work impairment

◆◆ KEY DIFFERENCES:
• ◆◆ FOCUS: Anxiety focused on specific worries • ⏰ SITUATIONAL: Anxiety symptoms situation-specific • ◆◆ ATTENTION: ADHD attention problems pervasive • ◆◆ ONSET: ADHD symptoms present since childhood

◆◆ BIPOLAR DISORDER

◆◆ OVERLAPPING SYMPTOMS:
• ⚡ Hyperactivity/energy
• Excessive talking
• ◆◆ Distractibility
• ◆◆ Impulsivity

◆◆ KEY DIFFERENCES:
• ◆◆ EPISODIC: Bipolar has distinct mood episodes • ◆◆ MOOD: Elevated/irritable mood in mania • ⏰ DURATION: Bipolar episodes last days/weeks • ◆◆ ONSET: ADHD continuous since childhood

◆◆ MEDICAL CONDITIONS THAT MIMIC

ADHD ◆◆ THYROID DISORDERS

◆◆ HYPERTHYROIDISM SYMPTOMS:
• ⚡ Hyperactivity, restlessness
• ◆◆ Concentration difficulties
• ◆◆ Irritability
• ◆◆ Sleep problems

◆◆ DIAGNOSTIC TESTS:
• TSH, Free T4, Free T3
• Clinical examination
• Family history assessment

◆◆ SLEEP DISORDERS

◆◆ SLEEP DEPRIVATION SYMPTOMS:
• ◆◆ Attention problems
• ⚡ Hyperactivity (paradoxical)
• ◆◆ Irritability

• ?? Academic problems

ASSESSMENT NEEDED:
• Sleep history and diary
• Sleep study **if** indicated
• Sleep hygiene evaluation

?? LEARNING DISABILITIES

?? OVERLAPPING SYMPTOMS:
• ?? Academic difficulties
• ?? Task avoidance
• ?? Frustration behaviors
• ?? School problems

?? ASSESSMENT NEEDED:
• Psychoeducational testing
• Academic achievement tests
• Processing speed evaluation

?? AGE-SPECIFIC DIAGNOSTIC CONSIDERATIONS

?? PRESCHOOL CHILDREN (AGES 4-5)

?? DIAGNOSTIC CHALLENGES:
• ?? Normal developmental hyperactivity
• Limited verbal expression
• ?? Primarily home-based observations
• Parental stress and bias

?? ASSESSMENT MODIFICATIONS:
• ?? Direct behavioral observation
• ?? Play-based assessment
• Parent training trial
• ?? Preschool teacher input

⚠️ DIAGNOSTIC CAUTION:
• ?? Higher threshold **for** diagnosis
• ?? Consider developmental delays
• ?? Rule out trauma/neglect
• ⏰ Monitor over time before diagnosing

?? SCHOOL-AGE CHILDREN (AGES 6-12)

?? OPTIMAL DIAGNOSTIC WINDOW:
• ?? Clear academic expectations
• ?? Peer comparison available
• ?? Teacher observations crucial
• ?? Multiple informants possible

�� COMPREHENSIVE ASSESSMENT:
• ⬜⬜ School records review
• Parent and teacher ratings
• ⬜⬜ Psychological testing
• ⬜⬜ Medical examination

⬜⬜ KEY INDICATORS:
• ⬜⬜ Academic underachievement
• ⬜⬜ Social difficulties
• ⬜⬜ Classroom behavior problems
• ⬜⬜ Home functioning issues

ADOLESCENTS (AGES 13-18)

⬜⬜ DIAGNOSTIC CHALLENGES:
• ⬜⬜ Normal adolescent behaviors
• ⬜⬜ Mood disorder emergence
• ⬜⬜ Substance use considerations
• ⬜⬜ Academic pressure increases

⬜⬜ ASSESSMENT FOCUS:
• ⬜⬜ Academic performance decline
• ⬜⬜ Driving safety concerns
• ⬜⬜ Peer relationship problems
• ⬜⬜ Part-time job difficulties

⬜⬜ HISTORICAL PERSPECTIVE:
• ⬜⬜ Childhood symptom history
• ⬜⬜ Elementary school records
• Parent retrospective reports
• ⬜⬜ Standardized rating scales

ADULTS (AGES 18+)

⬜⬜ DIAGNOSTIC CHALLENGES:
• ⬜⬜ Retrospective symptom recall
• ⬜⬜ Comorbid conditions common
• ⬜⬜ Work/relationship stressors
• ⬜⬜ Substance use history

⬜⬜ COMPREHENSIVE ASSESSMENT:
• ⬜⬜ Childhood history (school records ideal)
• ⬜⬜ Work performance evaluation
• Relationship functioning
• ⬜⬜ Neuropsychological testing

⬜⬜ KEY ADULT PRESENTATIONS:
• ⬜⬜ Job performance problems
• ⬜⬜ Relationship difficulties
• ⬜⬜ Financial management issues
• ⬜⬜ Driving problems/accidents

?? DIAGNOSTIC PRO TIPS: THE EXPERT SECRETS

?? Clinical Pearls for Diagnostic Excellence

?? PEARL #1: "The Two-Informant Rule"
Always get information from at least two different sources (parent + teacher, or self + spouse). ADHD symptoms must be pervasive across settings.

?? PEARL #2: "The Childhood History Imperative"
Adult ADHD diagnosis requires clear evidence of childhood symptoms. School records are gold - report cards often contain classic ADHD descriptions.

?? PEARL #3: "The Functional Impairment Focus"
Symptoms without impairment don't equal ADHD. Look for real-world consequences: grades, jobs, relationships, daily functioning.

?? PEARL #4: "The Gender Presentation Difference"
Girls often present with inattentive symptoms and internalized distress. They're frequently missed because they're not disruptive.

?? PEARL #5: "The Comorbidity Complexity"
70% of people with ADHD have at least one comorbid condition. Don't stop at ADHD - screen for anxiety, depression, learning disabilities.

?? Red Flags and Green Lights

?? RED FLAGS (QUESTION ADHD DIAGNOSIS):
- ?? Symptoms only in one setting
- ⏰ Onset after age 12
- ?? Episodic rather than persistent
- ?? Only during stress/major life changes
- ?? Better explained by other conditions

✅ GREEN LIGHTS (SUPPORT ADHD DIAGNOSIS):
- ?? Clear childhood onset
- ?? Pervasive across multiple settings
- ?? Functional impairment evident
- ?? Multiple informant agreement
- ?? Persistent over time

?? DIAGNOSTIC RESOURCES: THE REFERENCE TOOLKIT

⁇ Essential Diagnostic References

⁇ PROFESSIONAL GUIDELINES:
• American Academy of Pediatrics ADHD Guidelines
• American Psychiatric Association Practice Guidelines • Canadian ADHD Resource Alliance Guidelines
• NICE Guidelines (UK)

⁇ ASSESSMENT TOOLS:
• Vanderbilt Assessment Scales
• Conners Rating Scales
• ADHD Rating Scale-5
• Adult ADHD **Self**-Report Scale (ASRS)

⁇ ONLINE RESOURCES:
• CHADD (Children **and** Adults with ADHD)
• ADHD Institute
• Russell Barkley's ADHD resources
• ADDitude Magazine

⁇ Continuing Education

⁇ PROFESSIONAL DEVELOPMENT:
• ADHD diagnostic training workshops
• Psychological testing certification
• Developmental pediatrics courses
• Adult ADHD specialty training

⁇ STAYING CURRENT:
• Journal of Attention Disorders
• Clinical Child and Family Psychology Review
• ADHD Attention Deficit and Hyperactivity Disorders
• Professional conference attendance

⁇ CONCLUSION: MASTERING ADHD DIAGNOSIS

Congratulations! You've completed your comprehensive training in ADHD diagnosis. You now possess the knowledge and tools to accurately identify ADHD across the lifespan while avoiding common diagnostic pitfalls.

⁇ Your New Diagnostic Superpowers:

⁇ **Systematic Assessment**: Comprehensive DSM-5 criteria application

⁇ **Differential Diagnosis**: Distinguishing ADHD from look-alike

conditions ⁂ **Multi-Informant Approach**: Gathering information from multiple sources ⁂ **Standardized Tools**: Proper use of rating scales and tests

⁂ **Functional Focus**: Emphasizing real-world impairment

⁂ Remember the Diagnostic Golden Rules:

1. ⁂ **Childhood Onset**: Symptoms must be present before age

12 2. ⁂ **Pervasive Pattern**: Must occur in multiple settings

3. ⁂ **Functional Impairment**: Must cause significant problems

4. ⁂ **Multiple Informants**: Get information from different sources 5.

⁂ **Rule Out Alternatives**: Consider other conditions that mimic ADHD

Remember: ADHD diagnosis is both an art and a science. It requires careful attention to detail, systematic assessment, and clinical judgment. Master these diagnostic skills, and you'll be able to accurately identify ADHD and help individuals get the treatment they need to reach their full potential! ⚡✨

"The greatest thing in this world is not so much where we stand, but in what direction we are moving." - Oliver Wendell Holmes. Accurate ADHD diagnosis sets individuals on the right direction toward success!

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