



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. EXCESSIVE TALKING** -  Often talks excessively -  Example: Monopolizes conversations, hard to interrupt

IMPULSIVITY SYMPTOMS:

- ❑ **15. BLURTING OUT ANSWERS** - 🗨️ Often blurts out answers before questions completed - 🙋 Example: Can't wait for turn, interrupts teacher
- ❑ **16. DIFFICULTY WAITING TURN** - ⌚ Often has difficulty waiting their turn - 📝 Example: Can't wait in lines, impatient in games
- ❑ **17. INTERRUPTING OR INTRUDING** - 🚫 Often interrupts or intrudes on others - 👥 Example: Butts into conversations, takes over activities

CRITERION B: ONSET TIMING

- 🕒 Several inattentive or hyperactive-impulsive symptoms were present **before age 12**
- 📖 Evidence may come from school records, parent reports, or clinical history

CRITERION C: PERVASIVE PATTERN

- 🏠 Several symptoms are present in **two or more settings**
- 📍 Examples: Home AND school, work AND social situations

CRITERION D: FUNCTIONAL IMPAIRMENT




- 📊 Clear evidence that symptoms **interfere with or reduce quality** of:
- 📖 Academic functioning
- 📁 Occupational functioning
- 👥 Social functioning

CRITERION E: DIFFERENTIAL DIAGNOSIS




- ❌ Symptoms are **NOT better explained** by another mental disorder
- 🧠 Examples: Mood disorder, anxiety disorder, personality disorder, substance use

ADHD SUBTYPES: THE PRESENTATION PATTERNS




COMBINED PRESENTATION (Most Common)

-  Meets criteria for BOTH inattention AND hyperactivity-impulsivity
-  About 70% of ADHD cases
-  Classic "textbook" ADHD presentation

PREDOMINANTLY INATTENTIVE PRESENTATION




-  Meets criteria for inattention but NOT hyperactivity-impulsivity
-  More common in girls and women
-  Often called "quiet" or "daydreamy" type

PREDOMINANTLY HYPERACTIVE-IMPULSIVE PRESENTATION




-  Meets criteria for hyperactivity-impulsivity but NOT inattention
-  More common in younger children
-  The "can't sit still" type

SEVERITY SPECIFIERS




MILD

-  Few symptoms beyond required minimum
-  Minor impairment in functioning
-  Manageable with minimal support

MODERATE

-  Symptoms between mild and severe
-  Moderate impairment in functioning
-  Requires some accommodations and support




SEVERE

-  Many symptoms beyond required minimum
-  Severe impairment in functioning
-  Requires significant support and intervention




DIFFERENTIAL DIAGNOSIS: THE ADHD LOOK-ALIKES

CONDITIONS THAT CAN MIMIC ADHD:




ANXIETY DISORDERS

-  Difficulty concentrating due to worry
-  Restlessness from anxiety, not hyperactivity
-  Key difference: Anxiety-driven vs. ADHD-driven symptoms





MOOD DISORDERS

-  Depression can cause concentration problems
-  Mania can look like hyperactivity
-  Key difference: Episodic vs. persistent pattern





LEARNING DISORDERS

-  Academic struggles may appear as inattention
-  Avoidance of difficult tasks
-  Key difference: Specific academic areas vs. global attention

MEDICAL CONDITIONS

-  Thyroid disorders
-  Sleep disorders
-  Hearing problems
-  Key difference: Medical cause vs. neurodevelopmental

SUBSTANCE USE





-  Caffeine excess or withdrawal
-  Nicotine effects
-  Medication side effects
-  Key difference: Substance-related vs. inherent



ASSESSMENT TOOLS: THE DIAGNOSTIC TOOLKIT







RATING SCALES

-  **Vanderbilt Assessment Scales** - Parent and teacher versions
-  **Conners Rating Scales** - Comprehensive assessment
-  **ADHD Rating Scale-5** - DSM-5 aligned
-  **Adult ADHD Self-Report Scale (ASRS)** - Adult screening







PSYCHOLOGICAL TESTING

-  **Continuous Performance Tests** - Attention measurement
-  **IQ Testing** - Rule out intellectual disability
-  **Academic Achievement Tests** - Identify learning disorders
-  **Executive Function Tests** - Working memory, planning



COLLATERAL INFORMATION

-  **School Records** - Report cards, teacher comments
-  **Multiple Informants** - Parents, teachers, spouse
-  **Behavioral Observations** - Clinic and natural settings
-  **Developmental History** - Pregnancy, early childhood



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!*

References

- CDC. (2024, October 3). Diagnosing ADHD. Attention-Deficit / Hyperactivity Disorder (ADHD); U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/adhd/diagnosis/index.html>
- Staff, A. I., Oosterlaan, J., van der Oord, S., Hoekstra, P. J., Vertessen, K., de Vries, R., van den Hoofdakker, B. J., & Luman, M. (2020). The Validity of Teacher Rating Scales for the Assessment of ADHD Symptoms in the Classroom: A Systematic Review and Meta-Analysis. *Journal of Attention Disorders*, 25(11), 108705472091683. <https://doi.org/10.1177/1087054720916839>
- Trine Wigh Arildskov, Virring, A., Rikke Lambek, Edmund J.S. Sonuga-Barke, Søren Dinesen Østergaard, & Per Hove Thomsen. (2024). Brief report: ADHD Rating Scale-IV (parent/caregiver-report) norms for young Danish schoolchildren. *Nordic Journal of Psychiatry*, 1–5. <https://doi.org/10.1080/08039488.2024.2388070>
- Ghanizadeh, A. (2009). Screening signs of auditory processing problem: Does it distinguish attention deficit hyperactivity disorder subtypes in a clinical sample of children? *International Journal of Pediatric Otorhinolaryngology*, 73(1), 81–87. <https://doi.org/10.1016/j.ijporl.2008.09.020>
- GADOW, K. D., NOLAN, E. E., LITCHER, L., CARLSON, G. A., PANINA, N., GOLOVAKHA, E., SPRAFKIN, J., & BROMET, E. J. (2000). Comparison of Attention-Deficit/Hyperactivity Disorder Symptom Subtypes in Ukrainian Schoolchildren. *Journal of the American Academy of Child & Adolescent Psychiatry*, 39(12), 1520–1527. <https://doi.org/10.1097/00004583-200012000-00014>