

ADHD Assessment Checklist

A structured guide for comprehensive adult ADHD assessment · DSM-5 & NICE NG87 aligned

SECTION A · PRE-ASSESSMENT PREPARATION

- Referral reason and presenting concerns reviewed
- Self-report screening tool completed (e.g. ASRS v1.1)
- Patient advised to invite an informant who knew them in childhood
- Previous records / school reports requested where available
- Interpreter or reasonable adjustments arranged if needed
- Sufficient time allocated (a full DIVA-5 interview takes 60–90 minutes)

SECTION B · CORE DSM-5 SYMPTOM DOMAINS

Assess in BOTH childhood and adulthood

Inattention — 5+ symptoms in adults (6+ in under-17s) required

- Fails to give close attention to detail / makes careless mistakes
- Difficulty sustaining attention in tasks or activities
- Does not seem to listen when spoken to directly
- Does not follow through on instructions / fails to finish tasks
- Difficulty organising tasks and activities
- Avoids or dislikes tasks requiring sustained mental effort
- Loses things necessary for tasks and activities
- Easily distracted by extraneous stimuli
- Forgetful in daily activities

SECTION B (CONT.) · HYPERACTIVITY / IMPULSIVITY*5+ in adults / 6+ under-17*

Fidgets with or taps hands / feet, or squirms in seat

Leaves seat when remaining seated is expected

Feels restless (in adults, often subjective inner restlessness)

Unable to engage in leisure activities quietly

'On the go' / acts as if 'driven by a motor'

Talks excessively

Blurts out answers before questions are completed

Difficulty waiting their turn

Interrupts or intrudes on others

SECTION C · DSM-5 DIAGNOSTIC CRITERIA CONFIRMATION

Criterion A: Required symptom threshold met in at least one domain

Criterion B: Several symptoms present before age 12

Criterion C: Symptoms present in two or more settings (e.g. home, work)

Criterion D: Clear evidence symptoms interfere with functioning

Criterion E: Symptoms not better explained by another mental disorder

SECTION D · FUNCTIONAL IMPAIRMENT*DIVA-5 assesses five life domains*

Work and education (performance, deadlines, employment history)

Relationships and family life (conflict, communication, stability)

Social contacts (friendships, social difficulties, isolation)

Free time and hobbies (restlessness, unable to relax, incomplete projects)

Self-confidence and self-image (self-esteem, chronic underachievement)

SECTION E · DIFFERENTIAL DIAGNOSIS & CO-OCCURRING CONDITIONS

Screen for and document conditions that may mimic, mask, or co-occur with ADHD:

Anxiety disorders	Trauma / PTSD
Depression / mood disorders	Bipolar affective disorder
Autism spectrum (consider AuDHD)	Personality disorders
Sleep disorders	Learning disability / difficulties
Substance use	Physical / thyroid / neurological causes

SECTION F · OUTCOME & DOCUMENTATION

- Corroborating informant information obtained and documented
- Provisional presentation determined (Inattentive / Hyperactive-Impulsive / Combined)
- Diagnosis communicated with clarity and compassion
- Written report prepared with evidence for each criterion
- Treatment options and next steps discussed with patient
- Shared care / onward referral arranged where appropriate

Assessing clinician:

Date:

Provisional outcome:

Signature: