

ADHD in Women Checklist (Adult Self-Screen)

Checklist · 55 items · 9 sections

ADHD in women is frequently missed because the textbook picture skews male, hyperactive, and childhood-onset. Most women present with internalized symptoms: chronic mental restlessness, forgetfulness, time blindness, emotional dysregulation, and rejection sensitivity. This checklist follows the DSM-5 inattentive and combined criteria, adds the executive function and emotional patterns women report most often, and notes the hormonal angles (PMDD, perimenopause) that change ADHD severity. Use it as a self-screen to bring to a qualified clinician, not as a diagnosis.

Open the editable version online:

<https://genechecklist.com/checklist/adhd-in-women-checklist>

INATTENTION

- Trouble holding attention on tasks you find boring, even short ones
HIGH
- Mind drifts mid-conversation, then you nod and hope you caught it
HIGH
- Re-read the same paragraph three times before it lands
HIGH
- Lose keys, wallet, phone, glasses on a regular cadence
HIGH
- Forget appointments unless they are in a calendar with two alarms
HIGH
- Start a task, walk past another, switch, and forget the first
HIGH
- Make careless errors at work even when you are trying hard
- Avoid tasks that need sustained desk focus (taxes, paperwork, long forms)
HIGH
- Easily distracted by background noise, screens, or your own thoughts
HIGH
- Hyperfocus on a project for six hours, forget meals, then crash
HIGH

HYPERACTIVITY INTERNAL

- Internal restlessness more than visible fidgeting
HIGH
- Mind feels like several radios playing at once
HIGH
- Talk fast, interrupt, finish other people's sentences
- Cannot relax without a second screen, a task, or background noise
- Pick at skin, twirl hair, jiggle a leg, chew the inside of your cheek

EXECUTIVE FUNCTION

- Underestimate how long tasks take by half or more (time blindness)
HIGH
- Late despite leaving early, because of one more small thing
HIGH
- Struggle to start a task you know is important and easy
HIGH
- Need external pressure (a deadline, a body double) to begin
HIGH
- Working memory glitches: walk into a room, forget why
HIGH
- Cannot hold a phone number in your head long enough to dial
- Plan a complex week, then collapse under the planning itself
- Clutter piles in flat surfaces: desk, dining table, bedroom chair
- Bills paid late despite having the money in the account
HIGH

EMOTIONAL DYSREGULATION

- Big emotions arrive fast, peak, and pass faster than other people's
HIGH
- Rejection or perceived criticism feels physically painful (RSD)
HIGH
- Replay a small social misstep for days
HIGH
- People-please to pre-empt disapproval, then resent it later
- Snap at family over small interruptions when overstimulated

- Cry from frustration when something does not work the first time

HORMONAL PATTERNS

- Symptoms worsen in the luteal phase (PMDD-like pattern)
 - HIGH**
- Perimenopause has tipped previously manageable symptoms into crisis
 - HIGH**
- Pregnancy or postpartum changed your focus, energy, or emotional baseline
- Estrogen drop days line up with the worst inattention and word-finding lapses
- Track cycle and symptoms in the same calendar to spot the pattern

COMMON MISDIAGNOSES

- Diagnosed with anxiety or depression in your 20s with partial relief from treatment
 - HIGH**
- Burnout cycles every two to three years even with no obvious cause
 - HIGH**
- Disordered eating, restriction, or binge cycles
- Sleep onset takes one to two hours because the brain will not switch off
- Use caffeine, sugar, or alcohol to self-regulate energy

CHILDHOOD HISTORY

- Childhood report cards said: bright but daydreams, talks too much, careless work
 - HIGH**
- Coasted in primary school, then hit a wall when structure dropped (high school, college)
 - HIGH**
- Always lost something: lunchbox, jacket, library book
- Felt different, sensitive, too much, or not enough as a child

DSM-5 CRITERIA

- Symptoms present in at least two settings (home, work, school, relationships)
 - HIGH**
- Several symptoms began before age 12 (even if mild or masked)
 - HIGH**
- Symptoms interfere with functioning, not just preference
 - HIGH**
- Symptoms are not better explained by thyroid disease, anemia, or sleep disorder

HIGH

NEXT STEPS

- Print your answers and bring the list to a clinician trained in adult ADHD
HIGH
- Ask for evaluation, not a quick screen, ideally with collateral history from family
HIGH
- Check thyroid (TSH, free T4), ferritin, vitamin D, and B12 first
- Screen for anxiety, depression, autism, and trauma alongside ADHD
HIGH
- If diagnosed, ask about medication options (stimulant and non-stimulant)
- Ask about workplace accommodations protected under ADA in the US
- Try external scaffolding: one calendar, alarms, body doubling, written checklists