

ADHD Experiences Checklist For Women

This is a self-reflection tool designed to represent common ways ADHD can present in women. This is not a diagnostic test and does not replace a comprehensive evaluation.

Instructions:

Read each statement and mark how often it has been true for you over most of your life, not just recently.

	Executive Function & Cognitive Load	Never	Rarely	Sometimes	Often	Very Often
	I know what to do but feel unable to start or finish tasks.					
	I feel mentally exhausted by routine daily responsibilities.					
	I struggle to prioritize things even when I know they are urgent matters.					
	I rely on last minute pressure to get things done.					
	I overthink simple decisions and feel paralyzed by choices.					
	I forget tasks unless I write them down immediately.					
	My brain feels “noisy” or scattered even when I’m trying to focus.					
	Time, Energy, & Productivity	Never	Rarely	Sometimes	Often	Very Often
	I underestimate how long tasks will actually take.					
	I may be highly productive one day, but another day be unable to get anything done.					
	I feel guilty for not being as productive as others expect.					
	I need more recovery time than others after social or work demands.					
	I feel behind in life despite working very hard.					
	I struggle with consistent routines, even ones I want.					
	Masking, Perfectionism, & Overcompensation	Never	Rarely	Sometimes	Often	Very Often
	I work extra hard to appear organized, calm, or “on top of things.”					
	Others see me as capable, but I feel like I’m barely holding it together.					
	I over-prepare to avoid mistakes or criticism.					
	I fear being seen as lazy, irresponsible, or flaky.					
	I feel like I’m performing competence rather than living it.					
	I avoid asking for help because I should be able to manage.					

	Emotional Regulation & Internal Experience	Never	Rarely	Sometimes	Often	Very Often
	I feel emotions very intensely.					
	Small setbacks feel overwhelming or crushing.					
	I experience strong shame or self-criticism after mistakes.					
	I replay conversations or decisions long after they happen.					
	I feel easily rejected, criticized, or misunderstood.					
	My mood can shift quickly in response to stress or feedback.					
	Relationships, Identity, & Self-Concept	Never	Rarely	Sometimes	Often	Very Often
	I struggle to maintain friendships due to forgetting, canceling, or burnout.					
	I feel like I'm "too much" or "not enough."					
	I've been told I'm sensitive, dramatic, or overreactive.					
	I adapt my personality depending on who I'm with.					
	I feel disconnected from a stable sense of self.					
	I compare myself to others and feel chronically inadequate.					
	Attention Style (Not Just "Distracted")	Never	Rarely	Sometimes	Often	Very Often
	I hyperfocus on interests while neglecting basic needs.					
	I miss details unless something deeply interests me.					
	I struggle to listen while forming responses in my head.					
	My attention feels interest-based rather than effort-based.					
	I lose track of conversations, shows, or reading despite trying.					
	I need stimulation (music, movement, multitasking) to focus.					
	Hormones, Life Stages, & Burnout	Never	Rarely	Sometimes	Often	Very Often
	My symptoms worsen during PMS, pregnancy, postpartum, or perimenopause.					
	I experienced a major increase in symptoms during adulthood.					
	I hit burnout after years of "functioning well."					
	Anxiety or depression appeared before ADHD was considered.					
	I was labeled as gifted, anxious, sensitive, or perfectionistic growing up.					

Scoring & Interpretation

Assign numerical values to each response:

- Never = 0
- Rarely = 1
- Sometimes = 2
- Often = 3
- Very Often = 4

Add the values for each section. Use the ranges below to understand the level of endorsement for each section:

0–6 | Low endorsement

These experiences are not prominent or persistent in this area.

7–12 | Mild / situational

These experiences occur at times, often during stress, transitions, or increased demands.

3–18 | Moderate (clinically meaningful)

These experiences are frequent and may significantly impact daily functioning.

19–24 | High (persistent and likely impairing)

These experiences are longstanding, pervasive, and often require substantial effort to manage or mask.

***Important:** A single high score does not define ADHD. Meaningful patterns emerge when multiple sections show moderate or high endorsement.

Totals

Executive Function &
Cognitive Load

Time, Energy, &
Productivity

Masking, Perfectionism,
& Overcompensation

Emotional Regulation &
Internal Experiences

Relationships, Identity,
& Self-Concept

Attention Style

Hormones, Life Stages,
& Burnout

Important Guidance on Use

This checklist is not a diagnostic assessment and should not be used in isolation to determine the presence or absence of ADHD.

It is intended to:

- Support self-understanding
- Reduce self-blame
- Highlight gendered diagnostic gaps
- Guide informed conversations with qualified professionals

Low scores do not rule out ADHD.

High scores do not confirm a diagnosis.

Interpreting Results: Looking for Patterns (Not a Total Score)

This checklist is intentionally not scored with a single cutoff or total score.

Instead, interpretation focuses on patterns across domains, which better reflects how ADHD often presents in women.

Below are common patterns seen in women and high-masking adults.

Pattern 1: Masked ADHD Presentation

Commonly seen in late-identified women

Moderate or High scores in:

- Executive Function & Cognitive Load
- Masking, Perfectionism & Overcompensation
- Emotional Regulation & Internal Experience

What this may reflect:

Longstanding ADHD traits that have been managed through overpreparation, perfectionism, people-pleasing, or emotional suppression. Others may see competence while the internal experience is exhausting and distressing.

Pattern 2: Burnout or Life-Stage Amplification

Often emerges in adulthood

Moderate or High scores in:

- Time, Energy & Productivity
- Hormones, Life Stages & Burnout
- With at least Mild–Moderate Executive Function difficulties

What this may reflect:

ADHD traits that became more visible during periods of increased responsibility, hormonal shifts, caregiving, chronic stress, or loss of external structure. This does not rule out ADHD, it often explains why recognition happens later in life.

Pattern 3: High Masking with Internal Distress

Frequently missed by standard screeners

Scores:

- High Masking scores
- Moderate–High Emotional Regulation scores
- Lower or borderline Executive Function scores

What this may reflect:

A presentation where external functioning appears intact, but at significant emotional and psychological cost. ADHD traits may be camouflaged, internalized, or misattributed to anxiety or personality factors.

Pattern 4: Broad Impact Across Multiple Domains

May indicate complexity or comorbidity

Scores:

- High scores across four or more section

What this may reflect:

ADHD may be present alongside anxiety, trauma history, depression, or chronic burnout. A comprehensive evaluation can help clarify what is primary versus secondary effects.

No Dominant Pattern

If no clear pattern stands out this does not invalidate your experience. High masking, recent stress, or limited insight into early life experiences can influence results. A deeper clinical conversation with a licensed provider may still be useful if ADHD resonates with your lived experience.