

# Clinician's Handout: Real-Life Presentations of ADHD in Girls & Women

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## At Work

Client Statement (Real-Life Example)	Possible ADHD Indicator
I burn out quickly in jobs that require juggling tasks.	Organisation/multitasking difficulties
I do long hours to keep up with colleagues.	Masking, overcompensation
Always missing deadlines or forgetting meetings.	Time blindness, disorganisation
I change jobs often when I get overwhelmed.	Impulsivity, difficulty sustaining roles
Work is exhausting, even if I look successful.	Hidden ADHD behind achievement

## In Relationships

Client Statement (Real-Life Example)	Possible ADHD Indicator
I blurt things out or interrupt without realising.	Impulsivity in conversations
I lose friends suddenly or change friend groups.	Impulsive social changes
Partners complain I'm restless, never relaxed.	Internal hyperactivity, racing thoughts
I take criticism really hard – it feels unbearable.	Rejection Sensitivity Dysphoria
I hide how stressed I am so I don't look incompetent.	Masking / camouflaging
I feel like I'm always the 'difficult' one.	Emotional dysregulation, shame

## Social / Safety Risks

Client Statement (Real-Life Example)	Possible ADHD Indicator
I took risks online or with sex when younger.	Risk-taking, unsafe sexual practices
I had my first child very young, wasn't planned.	Unplanned/teen pregnancy
I've been in unsafe relationships.	Vulnerability to victimisation
I drink too much in social settings to cope.	Social impulsivity, substance risk

## At Home / Daily Life

Client Statement (Real-Life Example)	Possible ADHD Indicator
House is always messy no matter how hard I try.	Disorganisation, overwhelm
Bills pile up, I can't manage money well.	Impulsivity, poor planning
I forget to pay rent or miss appointments.	Forgetfulness, time blindness
I start five chores and finish none.	Difficulty completing tasks
Simple admin feels like climbing a mountain.	Executive dysfunction
I feel guilty that I can't manage family demands.	Self-blame, low self-esteem

## Health & Wellbeing

Client Statement (Real-Life Example)	Possible ADHD Indicator
I feel restless inside, even when I look calm.	Internal hyperactivity
I can't switch off at night.	Insomnia, difficulty unwinding
I self-soothe with food, alcohol, or cannabis.	Risk of substance use, eating issues
I cut myself or think about suicide when overwhelmed.	Self-harm, suicidal ideation
I get stressed headaches, stomach pain, and fatigue.	Somatic stress symptoms
Hormones make it worse, before periods, after birth, or at perimenopause.	Hormonal vulnerability, fluctuations increasing symptom intensity

## Emotional Experience

Client Statement (Real-Life Example)	Possible ADHD Indicator
I'm up and down all the time – emotions shift so fast.	Emotional lability
I overthink everything, never good enough.	Perfectionism, anxiety, self-doubt
I feel invisible and lonely even with people around.	Social isolation
I never ask for help – people won't believe me.	Difficulty articulating needs
Life feels overwhelming all the time.	Chronic overwhelm

## At School / Studying

Client Statement (Real-Life Example)	Possible ADHD Indicator
She's bright, but her grades don't reflect it.	Academic underachievement despite ability
Homework takes forever; she forgets instructions.	Difficulty sustaining attention, following directions
Always leaves things behind – books, pens, PE kit.	Frequently losing items
She gets told off for daydreaming in class.	Inattention, mind wandering
Reads the same page over and over, avoids reading.	Reluctance to read, poor focus
Puts in triple the effort to get average grades.	Overcompensation / perfectionism

## Core ADHD Symptom Domains

### Inattention

- ☐ Daydreaming / mind wandering
- ☐ Disorganisation / difficulty organising tasks
- ☐ Difficulty focusing or sustaining concentration
- ☐ Lack of attention to detail
- ☐ Forgetfulness
- ☐ Frequently losing items (keys, phone, bag)
- ☐ Difficulty following directions
- ☐ Difficulty finishing tasks
- ☐ Lack of effort or motivation
- ☐ Easily overwhelmed
- ☐ Appears passive or sluggish

- ☐ Poor working memory (executive dysfunction)
- ☐ “Time blindness” (poor internal sense of time)
- ☐ Avoidance/reluctance to read
- ☐ Workplace/academic burnout from overcompensation

### **Hyperactivity / Impulsivity**

- ☐ Internal restlessness / racing thoughts
- ☐ Fidgeting (hair-twirling, cuticle/nail biting, toe tapping, doodling)
- ☐ Excessive or rapid talking / hyperv verbalisation
- ☐ Frequently interrupts others
- ☐ Difficulty waiting / impatience
- ☐ Impulsive emotional outbursts (“lashing out”)
- ☐ Impulsive topic shifting in conversations
- ☐ Impulsive friendship changes
- ☐ Blurting out answers

### **Emotional & Internalising Indicators (Red Flags)**

- ☐ Emotional lability / rapid mood shifts
- ☐ Irritability / low frustration tolerance
- ☐ Chronic anxiety (generalised, performance, or school/work-related)
- ☐ Depressive symptoms / persistent low mood
- ☐ Stress-related somatic symptoms (headaches, fatigue, pain)

- ☐ Low self-esteem / self-blame / feelings of inadequacy
- ☐ Shame (high exposure to negative feedback)
- ☐ Perfectionism / relentless self-monitoring
- ☐ Rejection Sensitivity Dysphoria (RSD)
- ☐ Loneliness / social withdrawal
- ☐ Difficulty expressing needs or seeking help
- ☐ Chronic overwhelm managing daily life

## Masking & Compensatory Strategies

- ☐ Masking / camouflaging ADHD traits
- ☐ Overcompensating through long hours, perfectionism, or compliance
- ☐ High anxiety or burnout from hiding struggles
- ☐ Appearing “overly compliant” or agreeable

## Functional Impairments (Triggers for Referral)

- ☐ Academic underachievement / learning difficulties
- ☐ Workplace challenges (organisation, multitasking, deadlines)
- ☐ Relationship difficulties (family, peers, partners)
- ☐ Financial mismanagement / impulsive spending

- ☐ Vulnerability to bullying or social exclusion
- ☐ Home life dysfunction / difficulty with domestic organisation
- ☐ Poor planning for the future
- ☐ Emotional dysregulation impacting quality of life

## High-Risk Behaviours & Vulnerabilities

- ☐ Self-harm, suicidal thoughts or attempts
- ☐ Substance use (alcohol, cannabis, etc.)
- ☐ Risk-taking or sensation-seeking behaviour
- ☐ Risky sexual behaviours (unsafe sex, early sexual activity, multiple partners)
- ☐ Increased vulnerability to sexual victimisation or STIs
- ☐ Early/unplanned pregnancy, teen motherhood

## Hormonal & Life-Stage Factors

- ☐ Symptom worsening premenstrually (“danger week”)
- ☐ Pubertal onset of aggression, academic decline, early substance use
- ☐ Perimenopause/menopause exacerbation of ADHD symptoms
- ☐ Pregnancy / postpartum difficulties (PPD, postnatal anxiety)
- ☐ PMDD symptoms

## Common Misdiagnoses / Co-occurring Conditions

- ☐ Anxiety disorder
- ☐ Depression / mood disorder
- ☐ Eating disorder
- ☐ Borderline Personality Disorder (BPD)
- ☐ Bipolar disorder
- ☐ Somatic conditions (fibromyalgia, chronic pain, chronic fatigue, headaches)
- ☐ Tics / Tourette's
- ☐ Autism spectrum disorder

**Clinician Note:** Female ADHD is often masked, internalised or misattributed. Symptoms may intensify during hormonal transitions. High achievement or intelligence does not rule out ADHD. Always screen for self-harm/suicidality when women present with emotional dysregulation or chronic overwhelm.