



ADHD & My Daily Life

A Discussion Guide for Your Healthcare Provider Appointment

ADHD isn't just a list of symptoms. Medications and treatment plans differ so the most useful thing you can bring to an appointment is an honest picture of what your or your child's days look like. Completing this guide before your visit may be helpful in conversations with your healthcare provider.

This guide is educational and does not diagnose ADHD, recommend any specific medication, or replace your provider's judgment.

1 Where I am today

- ☐ I / my child have been diagnosed with ADHD
- ☐ I / my child suspect ADHD but have not been formally evaluated
- ☐ I / my child am currently taking medication for ADHD

If yes, which medication(s), dose, and when I / my child take it:

-
- ☐ I / my child have tried other ADHD medications in the past

What I / my child tried:

-
- ☐ I / my child use non-medication supports (therapy, coaching, exercise, apps, accommodations)

What I / my child tried:

-
- ☐ I / my child haven't tried medications, therapy or accommodations yet

2 A walk through my typical day

Check every statement that sounds like you or your child on a typical day. Add notes, examples can help your provider.

Waking up & mornings

- ☐ Getting out of bed is a battle (multiple alarms, someone has to wake me / my child, chronic lateness)
- ☐ Mornings feel chaotic — I / my child lose track of time, forget items, or skip breakfast
- ☐ If I / my child take a morning medication, the hardest part of my morning happens before it kicks in
- ☐ I'm / my child is often late to work, school, or morning commitments

Notes:

Daytime — work, school, or home responsibilities

- ☐ I / my child have trouble starting tasks, even ones I / my child care about
- ☐ I / my child is easily pulled off-task by noise, notifications, or my / their own thoughts
- ☐ I / my child miss details, deadlines, or instructions
- ☐ I / my child lose everyday items (keys, phone, wallet, paperwork)
- ☐ I / my child interrupt others, talk over people, or struggle to wait my / their turn
- ☐ I / my child feel restless or fidgety in meetings or classes

Notes:

Afternoons

- ☐ My / my child's focus, patience, or mood noticeably change
- ☐ Projects and chores get abandoned in the late afternoon or early evening
- ☐ I / my child get irritable, flat, or emotionally raw as the day goes on
- ☐ I / my child withdraws from social activities

Notes:

Evenings

- ☐ Homework time, dinner, or family logistics are the most stressful part of the day)
- ☐ I / my child avoid or can't stay engaged in things that need sustained attention (reading, movies, conversation)
- ☐ Household tasks pile up because evenings are when my/ my child's focus is gone

Notes:

Night & sleep

- ☐ I / my child have trouble winding down — my / my child's brain “turns on” at bedtime
- ☐ I / my child stay up too late (procrastination, doomscrolling, losing track of time)
- ☐ Poor sleep makes the next morning difficult

Notes:

The single moment in my day I most wish were different:

Something that is going well/I'm proud of is:
