



After your ADHD assessment

Your next steps
and further information

A Neurohaven patient support guide



Now you have had your assessment

A few simple next steps while you wait for your report.

1 Wait for your assessment report

Your assessment report will be emailed to you.

2 If you plan to start medication

While you wait, arrange verified blood pressure, pulse, height and weight readings from your GP or a pharmacist. Obtain an up-to-date Summary Care Record and make sure valid photo ID is uploaded to your case file.

3 Follow your agreed treatment plan

If you were advised to contact your prescribing service after receiving your report, please do so to begin your treatment journey. Otherwise, follow the advice given during your ADHD assessment.

The following guide offers additional information that may or may not be relevant to you. If a topic was discussed during your assessment, you can find further explanation and resources within these pages. You do not need to read everything at once.



Medication & titration

Explore the Neurohaven Titration Kit and the linked video.

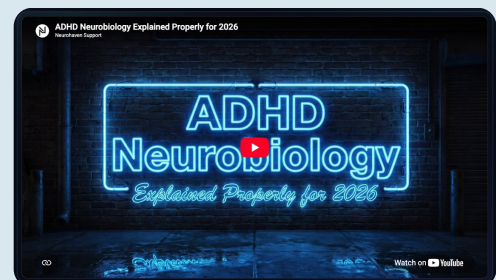
The screenshot shows the 'ADHD STIMULANT TITRATION FOR UK PATIENTS' interface. It features a sidebar with a search bar and a list of pages: Home, Titration Pathway, Medication Types, Dose & Effects, Dosing Strategies, Monitoring, Safety Rules, Weekly Check-In, GP / Shared Care, Supplements, Side Effects, Guidelines, and ADHD & Sleep. The main content area is titled 'ADHD stimulant titration' and includes a goal statement: 'The goal of titration is to reach a point where you and your prescriber agree that your ADHD symptoms are meaningfully treated, with no intolerable side-effects.' Below this are three key points: Aim: benefit + tolerability, Typical duration: weeks → a few months, and Outcome: stabilise → consider Shared Care. Further down, there are three boxes: 'CONTROLLED DRUG RULE' (Prescriptions: max 30 days), 'TYPICAL TITRATION PATTERN' (3-4 prescriptions in ~3 months), and 'WEEKLY MONITORING' (BP • Pulse • Weight). At the bottom, there are tabs for 'Starting rules', 'Daily routine', and 'Expectations'. The 'Starting rules' tab is active, showing a list of rules under the heading 'DO FIRST Caffeine, food, and timing'.

[Open the Neurohaven Titration Kit](#)

YOUTUBE VIDEO

The Neurobiology of ADHD How Stimulants Work

[Watch on YouTube >](#)



The video opens in your browser; internet access is required.

DSM-5 Criteria for Autism Spectrum Disorder (ASD)

Educational summary – a diagnosis requires the full clinical pattern, not just a few isolated traits.

A. Persistent deficits in social communication and social interaction – **ALL 3** required

1 Social-emotional reciprocity



Difficulties with the back-and-forth of social interaction.

- Trouble with natural conversation or turn-taking
- May not know how to start, continue, or end conversations
- Can seem one-sided, overly factual, or less responsive to others' emotions
- May find sharing interests, feelings, or enjoyment less intuitive

2 Nonverbal communication



Differences in using or understanding nonverbal social cues.

- Reduced or unusual eye contact
- Facial expression, tone, or gestures may not match the situation
- Difficulty reading body language or facial cues
- Can seem awkward, intense, or hard to 'read' socially

3 Developing, maintaining, and understanding relationships



Difficulties adjusting behaviour to suit different social contexts or understanding social expectations.

- Finds friendships confusing or hard to sustain
- May prefer limited social interaction or solitary activities
- Difficulty knowing what is expected in groups, workplaces, or informal social settings
- Struggles with pretend play / social imagination in childhood, or with nuanced adult relationships later on

B. Restricted or repetitive patterns of behaviour, interests, or activities – **AT LEAST 2 OF 4** required

1 Repetitive movements, use of objects, or speech



- Hand flapping, rocking, pacing, finger movements, fidgeting in a repetitive way
- Repeating words, phrases, or questions
- Lining up, spinning, or repeatedly handling objects
- Needing to say or do things in a particular repeated pattern

2 Insistence on sameness / routines



- Distress at unexpected change
- Strong preference for familiar routines or predictable plans
- Rigid ways of doing tasks or travelling routes
- Difficulty transitioning between activities or coping when plans change suddenly

3 Highly restricted, fixated interests



- Very intense interests that dominate time or conversation
- Collecting detailed facts far beyond typical interest levels
- Strong focus on one topic, system, character, or hobby
- Interest may be unusually narrow or unusually intense

4 Sensory differences



- Over-sensitive or under-sensitive to noise, light, touch, taste, smell, pain, heat, or movement
- Strong dislike of certain fabrics, food textures, or crowded noisy places
- Fascination with lights, movement, textures, or spinning objects
- May seek pressure, movement, or other sensory input



C. Early developmental onset

Symptoms are present from early development, although they may become more obvious only when social demands increase, or may be partly masked by learned coping strategies.



D. Clinically significant impairment

Symptoms must cause clinically significant difficulties in social, occupational, educational, or other important areas of functioning.



E. Not better explained by intellectual disability alone

Autism can co-occur with intellectual disability, but social communication difficulties must be beyond what would be expected for developmental level.



Important overlap note

Autistic-like traits can also occur in ADHD and other conditions. For example, sensory sensitivity, social awkwardness, blunt communication, intense interests, or burnout do not by themselves mean someone is autistic. Autism requires the broader DSM-5 pattern, including **ALL 3** features in section A and at least **2 of 4** in section B, together with real-life impairment.

For educational use only – formal diagnosis requires a full clinical assessment.



The AQ50 Autism Screening Tool

Further clarity

What is it?

The AQ-50 is a 50-question self-report questionnaire exploring autistic traits in adults. It asks about social interaction, communication, attention to detail, switching attention and imagination.

How do I complete it?

For each statement, choose how strongly you agree or disagree, thinking about your usual experiences. Use your answers to identify examples you may want to discuss with a clinician.

What does the result mean?

It is a screening and reflection tool, not a diagnosis. A score alone cannot confirm or rule out autism. If the questions raise concerns, discuss them alongside your developmental history and everyday difficulties with a qualified clinician.

[Complete the AQ-50 online](#)

Questionnaire and background: Psychology Tools, Autism Spectrum Quotient (AQ).



ADHD: further clarity

A collection of links and supporting material to explore after diagnosis.

Neurohaven

Evidence-based ADHD and Mental Wellbeing resources.

[OPEN RESOURCE >](#)

ADHD in girls and women

Neurohaven's dedicated Female ADHD page.

[OPEN RESOURCE >](#)

Rejection Sensitive Dysphoria (RSD)

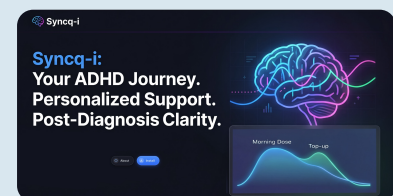
Neurohaven's page on rejection sensitivity and RSD.

[OPEN RESOURCE >](#)

Syncq-i App

Your ADHD journey: personalised support and post-diagnosis clarity.

Install on your phone.

[OPEN RESOURCE >](#)

Choose the topic you want to understand better. Each button opens the original resource.



Reading & support

Further resources and understanding overlapping difficulties.

ADDitude

ADHD articles, information and practical resources.

[OPEN RESOURCE >](#)

Headstuff ADHD Therapy

ADHD therapy, coaching and support.

[OPEN RESOURCE >](#)

Screening

Differentiating ADHD from dyslexia, dyspraxia and dyscalculia

Explore the similarities and differences in the comparison section that follows.

[VIEW COMPARISON >](#)



Why these traits run together

Shared family influences. Different people. Different combinations.

ADHD, autism, dyslexia, developmental coordination disorder (DCD / dyspraxia) and some other conditions occur together more often than chance would predict. Having more than one condition is called co-occurrence or comorbidity. [2]

WHY CAN DIFFERENT CONDITIONS RUN IN ONE FAMILY?

Many small genetic differences influence how the brain develops. Some influences are shared across conditions; others are more specific. Each child inherits a different combination from both parents. Development and environment also matter, so relatives may have different diagnoses, milder traits or no diagnosis. [1,2]

ONE FAMILY / DIFFERENT COMBINATIONS



ADHD traits



Reading + motor traits



Autistic + ADHD traits

Illustration of possible family differences, not a genetic test or prediction.

HOW COMMON IS CO-OCCURRENCE?

Each row describes a particular group. Rates vary with age, setting and assessment; most figures concern children and should not be treated as adult prevalence estimates.

Children with Tourette syndrome	also have ADHD	about 55% [3]
Autistic people (mixed-age studies)	also have ADHD	about 28-40% [4]
Children/adolescents with ADHD	meet an autism threshold	about 21% [5]
Autistic children/adolescents	also have diagnosed OCD	about 12% [6]
ADHD and dyslexia / reading disorder	co-occur in youth studies	about 25-40% [7]
Children with DCD / dyspraxia	also have ADHD	about 50% [8]

Symptoms can be more common than a full diagnosis. In one specialist study of 40 autistic adults, up to 50% reported at least moderate interference from obsessive-compulsive symptoms. That is a different measure and population from the 12% OCD diagnosis estimate above. [6,11]

OCD can also coexist with ADHD, and difficulties with maths can coexist with either ADHD or dyslexia. Estimates vary: there is no single percentage that applies to every combination. [9,10]

SHARED INFLUENCES DO NOT MEAN IDENTICAL CONDITIONS

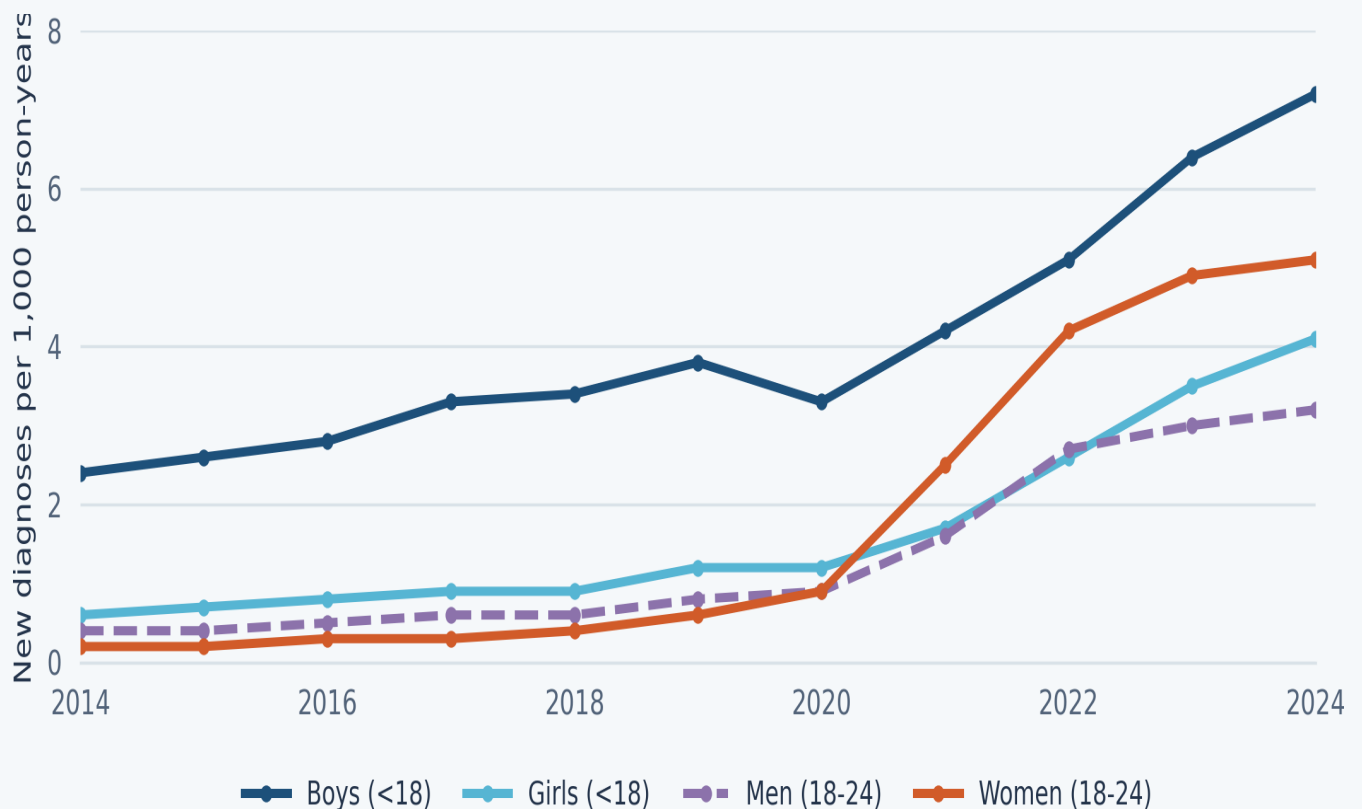
The biology involves many genes and brain systems. It is not explained by one shared chemical imbalance. Attention and planning difficulties can overlap, while reading, movement and social-communication differences need their own assessment. [1,2,7]

ADHD: a changing picture

Broader recognition, rising diagnoses and an evolving diagnostic framework.

Women across all adult age groups have been a major driver of the recent surge in demand for ADHD assessment, reflecting growing recognition of difficulties often overlooked in childhood. Recognition has also widened to include girls and boys with predominantly inattentive ADHD, whose quieter, less disruptive symptoms can be missed.

Recorded diagnoses in England, 2014-2024



Approximate rates read from John et al. (2026), Figure 4. Children: under 18; young adults: 18-24. These are diagnosis rates, not referral counts; adult lines do not represent all adult ages.

[Read the research: John et al., 2026](#)



How the diagnosis has evolved

Key changes in DSM terminology, adult recognition and UK clinical guidance.

A BRIEF HISTORY OF ADHD DIAGNOSIS

- 1968** DSM-II: "hyperkinetic reaction of childhood".
- 1980** DSM-III: ADD, with or without hyperactivity. "Residual type" acknowledged symptoms persisting into adulthood.
- 1987** DSM-III-R: the name changed to ADHD.
- 1994** DSM-IV: "in partial remission" could describe adolescents and adults with persisting symptoms below the full threshold.
- 2008** NICE CG72: ADHD guidance covered children, young people and adults.
- 2013** DSM-5: adult examples and a five-symptom threshold from age 17, rather than six for younger children.
- 2018** NICE NG87: updated and replaced the 2008 guidance.

Alongside DSM: WHO ICD-10 retained "hyperkinetic disorders"; ICD-11 uses ADHD. There was no single worldwide changeover date.

[Graph source](#) | [DSM history](#) | [Adults in DSM](#) | [NICE](#) | [DSM-5](#)



Shared care: where you live

Adult ADHD medication | Guidance checked 17 October 2026

Shared care usually means your specialist starts and stabilises treatment, while your GP agrees to ongoing prescribing and specified monitoring. Specialist support and reviews continue. It requires agreement; a diagnosis alone does not guarantee GP prescribing.

England

[NHS protocols >](#)

National adult ADHD shared-care protocols exist, but local NHS commissioning and GP acceptance vary. NHS-funded Right to Choose care is distinct from self-funded private care; it does not guarantee GP acceptance. Ask the provider who will prescribe if shared care is declined.

Wales

[All Wales guidance >](#)

The All Wales Shared Care Framework (August 2025) sets national principles; health boards approve local protocols. Private requests need separate consideration. Your GP must agree to the individual arrangement; it is not automatic.

Scotland

[NAIT guidance >](#)

Arrangements depend on the NHS board, local pathway and GP practice. NAIT guidance addresses prescribing after a private diagnosis and the need for continuing specialist oversight. A private assessment does not automatically transfer treatment to the NHS.

Northern Ireland

[HSC patient guidance >](#)

Regional prescribing guidance exists, but adult service access remains limited. Shared care, including after a private diagnosis, is at the individual GP's discretion. Confirm local HSC Trust specialist support and the prescribing plan before relying on a transfer.

Republic of Ireland

[HSE model of care >](#)

The HSE adult ADHD model provides for GP prescribing and physical monitoring after stabilisation, with annual specialist review. Local service rollout and access vary. Confirm arrangements with your GP and specialist; private treatment does not automatically transfer to public care.

Before you rely on shared care

Ask your GP and specialist to confirm who will prescribe, monitor and review treatment; what costs continue; and what happens if shared care is declined or withdrawn. If you move, check the new arrangements before your medicine runs out.

For updates, use the official links above and your local NHS/HSC board, Trust or HSE service. England: ask your ICB (or its successor body) for local policy. These links provide guidance, not live confirmation that an individual practice accepts shared care.

Adult Dyslexia, Dyscalculia, Dyspraxia / DCD and ADHD

Real-world symptom comparison with evidence strength and clickable sources

Evidence key	Dyslexia: stronger shade = core/direct	Dyscalculia: stronger shade = core/direct	Dyspraxia / DCD: stronger shade = core/direct	ADHD: dark purple = direct formal criterion
White = not characteristic / insufficiently specific	Paler shade = published associated manifestation	Paler shade = published associated manifestation	Paler shade = published associated manifestation	Pale purple = robust adult manifestation / associated deficit
Interpretation: colour identifies a documented difficulty associated with that condition, not a diagnosis. For Dyslexia, Dyscalculia and DCD, strong colour denotes core/directly established features or clearly demonstrated adult functional problems; pale colour denotes supported associated manifestations. For ADHD, dark purple means the difficulty directly maps to a formal ADHD symptom/criterion; pale purple means a robust adult manifestation or associated deficit that is not itself a standalone diagnostic criterion. White means not characteristic or insufficiently specific. Conditions can coexist.				
Area	Dyslexia – common adult experience	Dyscalculia – common adult experience	Dyspraxia / DCD – common adult experience	ADHD – adult experience / overlap
Reading	Slow or effortful reading; may lose place, avoid dense text, and need more time than expected. BDA	Not characteristic.	Not characteristic.	May struggle to sustain attention during lengthy reading; attention can drift so material is not registered. Difficulty sustaining attention and prolonged mental effort map directly to formal ADHD criteria; slow decoding itself does not. CDC criteria · CDC adults
Re-reading / comprehension	May need to re-read paragraphs before the meaning settles, especially with dense or unfamiliar text. BDA	Not characteristic.	Not characteristic.	Repeated reading can occur when attention drifts or the person loses the thread. This can directly reflect difficulty sustaining attention, but is not a reading-language disorder in itself. CDC criteria
Reading aloud	May be slow, hesitant or error-prone despite good spoken intelligence; reading fluency difficulties can persist into adulthood. BDA	Not characteristic.	Not characteristic.	Not characteristic.
Scanning / skimming	Difficulty rapidly scanning or skimming written text is a recognised adult dyslexia indicator. BDA	Not characteristic.	Not characteristic.	May skim too quickly, overlook details or make careless reading errors through inattention. Failure to give close attention to details is a formal ADHD symptom. CDC criteria
Spelling	Persistent or erratic spelling; may spell the same familiar word differently and rely heavily on spellcheck. BDA	Not characteristic.	Not characteristic.	Not characteristic.
Writing emails / messages	May know exactly what they want to say but take disproportionate time to organise it on paper/screen, check it and re-read it. BDA · Workplace study	Not characteristic.	Typing or handwriting can be slower or more effortful when fine-motor coordination is affected. NHS · Adult DCD checklist	Long written tasks may be hard to organise, sustain attention to, complete and proofread; careless omissions are common manifestations of formal inattention/organisation symptoms. CDC criteria · CDC adults
Finding words	Some adults report word-retrieval or naming difficulty; research supports persistent phonological/lexical retrieval differences, but this is not diagnostic by itself. Word-retrieval study	Not characteristic.	Not characteristic.	Not characteristic.
Forms / paperwork	Dense instructions, unfamiliar wording, checking boxes and organising written responses can be disproportionately effortful. BDA · Workplace study	Dates, money, reference numbers and calculations within forms may be particularly difficult. BDA adults · Adult study	Fine-motor writing and organisational demands may add difficulty, but paperwork itself is not a core motor symptom. Adult DCD checklist · Clinical guideline	Forms can be difficult because they require sustained mental effort, close attention to detail, organisation and follow-through. These mechanisms map directly to formal ADHD inattention criteria. CDC criteria
Numbers in everyday life	Digits may be misremembered or sequences lost through working-memory/processing difficulties; this does not by itself mean dyscalculia. Everyday memory study · BDA maths	Core area: numbers and quantities may feel unreliable or unintuitive; difficulty understanding magnitude and relationships is characteristic. BDA	Not characteristic.	Digits or sequences may be lost through inattention or working-memory weakness, but ADHD does not cause a primary number-sense disorder. This is an associated cognitive manifestation, not a diagnostic numerical symptom. Adult review
Number magnitude / quantity sense	Not characteristic.	Core dyscalculia feature: difficulty understanding, comparing, ordering or estimating quantities and number magnitude. BDA	Not characteristic.	Not characteristic.
Phone numbers / PINs / codes	May lose or transpose sequences because of working-memory difficulty; non-specific. Everyday memory study	Remembering PINs, passcodes and telephone numbers is specifically described in adult dyscalculia guidance. BDA adults	Not characteristic.	May lose a number sequence while holding/manipulating it in mind. Working-memory difficulty is well supported in adult ADHD, but difficulty understanding numbers is not. Adult review
Mental arithmetic	Can be difficult through working memory, slow retrieval and sequencing even without dyscalculia. BDA maths	Disproportionate difficulty with arithmetic facts, mental calculation and numerical reasoning is characteristic. BDA · Adult study	Not characteristic.	Mental arithmetic may be disrupted by working-memory and sustained-attention difficulties, but impaired arithmetic ability or number sense is not an ADHD criterion. Adult review
Times tables / arithmetic facts	May have difficulty rapidly retrieving multiplication facts and number sequences. BDA maths	Difficulty retrieving arithmetic facts is a central dyscalculia-related problem. BDA	Not characteristic.	Not characteristic.
Fractions / decimals / percentages	Can be difficult because of sequencing, working memory and maths-language processing. BDA maths	May be markedly difficult where number relationships and arithmetic concepts are poorly understood. BDA	Not characteristic.	Not characteristic.
Restaurant bills / receipts	May be awkward if written information or maths working memory is difficult, but not a core dyslexia discriminator. BDA maths	Strong real-world indicator: difficulty understanding a bill, checking a receipt, discounts, change or whether the amount is plausible. BDA · BDA adults · Adult study	Not characteristic.	ADHD may contribute to overlooking bills, forgetting to pay, or impulsive decisions, but difficulty calculating change/percentages is not an ADHD criterion. Finance study
Shopping / prices	Written labels or comparisons can take longer; maths difficulty may coexist. BDA maths	Difficulty judging whether prices are reasonable, comparing value or estimating totals is recognised. BDA · BDA adults · Adult study	Shopping may be harder because of navigation, carrying or organisation, not because of number sense. Adult participation study	Impulsive or spontaneous purchasing is well documented in adults with ADHD; difficulty understanding unit prices or numerical value itself is not. Finance study
Money / budgeting	May be difficult through organisation or co-occurring maths difficulties rather than core dyslexia itself. BDA maths · Adult EF study	Budgeting, money value, change, discounts and simple transactions are well-supported adult difficulties. BDA adults · Adult study	Managing money may be affected by organisation/planning in some adults with DCD, not by primary number sense. Clinical guideline · Adult participation study	Financial management difficulties, impulsive spending and problems saving are well documented in adult ADHD, usually reflecting impulsivity, organisation and future-planning rather than dyscalculic number sense. Finance study
Time / analogue clocks	Time management can be difficult; clock calculations can also be affected where dyslexia impacts maths learning. BDA · BDA maths	Strong indicator: difficulty with analogue clocks, elapsed time, schedules and intuitive duration/estimation. BDA adults · BDA · Adult study	Time management may be difficult through planning/organisation, but clock or number comprehension is not core DCD. Clinical guideline	Poor time management, lateness and difficulty estimating/managing duration are well described in adult ADHD. Difficulty reading an analogue clock itself is not an ADHD criterion. Time review · CDC adults
Calendar dates / appointments	Forgetting important dates and time-management problems are recognised adult dyslexia indicators. BDA · Everyday memory study	Numerical dates, timetables and chronological calculations may be troublesome. BDA adults	Planning and organisation may make appointments harder to manage. Clinical guideline	Forgetting appointments and daily obligations, and difficulty organising schedules, map directly to formal ADHD forgetfulness and organisation symptoms. CDC criteria
Travel times / timetables	Following written directions or schedules may be harder where reading, sequencing or working memory are affected. BDA · Everyday memory study	Working out journey times and reading/planning from numerical timetables is specifically recognised. BDA adults · BDA	Navigation and planning can be difficult in DCD; this is distinct from dyscalculic number/time processing. Clinical guideline · Driving study	Planning journeys and allocating enough time may be difficult because of time-management and organisation problems. Numerical timetable comprehension itself is not an ADHD feature. Time review · CDC adults
Estimating physical distance	Not characteristic.	Usually normal.	Spatial awareness and judging position in space can be impaired in DCD. NHS · Driving study	Not characteristic.
Measurements	May be difficult where dyslexia affects maths procedures or working memory. BDA maths	Estimating and using measurements is a recognised area of dyscalculia/maths difficulty and was impaired in adult research. BDA · BDA adults · Adult study	Physical handling of measuring tools may be difficult if coordination is affected. NHS · Adult DCD checklist	Not characteristic.
Cooking	May lose place in recipes, need to re-read instructions or become overloaded by several steps. BDA · Everyday memory study	Quantities, fractions, temperatures, altering recipes and timing are specifically recognised adult difficulties. BDA adults · Adult study	Chopping, peeling, pouring, coordinating pans and sequencing practical actions can be difficult; adult participation studies also identify cooking. NHS · Adult participation study	May lose track of steps, become distracted, leave tasks unfinished or struggle to organise several simultaneous actions. This is a real-world expression of inattention/follow-through rather than a motor or numerical

DIY / assembly	Written instructions and sequencing may be the main obstacle. BDA	Measurements and quantity calculations can be the obstacle. BDA adults	Using tools and physically assembling objects may be difficult because of fine/gross motor coordination. NHS · Adult DCD checklist	Multi-step assembly may be difficult through distractibility, organisation and failure to follow through; difficulty physically manipulating tools is not an ADHD symptom. CDC criteria
Driving	Written signs, unfamiliar routes or rapid verbal directions may add cognitive load, but driving itself is not a core dyslexia feature. BDA	Journey-time calculations can be difficult; primary driving coordination is not dyscalculia. BDA adults	Driving is a recognised adult DCD difficulty and has been studied directly. NHS · Driving study · Clinical guideline	Driving difficulties and increased unsafe-driving risk are well documented in adult ADHD, related to inattention and impulsivity, but driving impairment is not itself a diagnostic criterion. Driving review
Left-right confusion	Difficulty telling left from right is an explicitly recognised adult dyslexia indicator. It is associated with dyslexia, although it is not by itself diagnostic or a defining reading/spelling criterion. BDA · NHS	Not characteristic.	Not characteristic.	Not characteristic.
Directions / navigation	Following several sequential written or verbal directions can be difficult where reading, sequencing or working memory are affected. Route-finding/spatial navigation itself is not a defining dyslexia feature. BDA	Journey-time, timetable and numerical distance calculations may be difficult, but spatial route-finding/navigation itself is not a core dyscalculia feature. BDA adults	Spatial awareness, body-in-space judgement and navigation can be problematic in DCD/dyspraxia; these are distinct from simple left-right confusion. NHS	May lose multi-step directions because attention drifts, instructions are not retained, or follow-through breaks down. Spatial navigation difficulty itself is not a core ADHD feature. CDC criteria · Adult review
Parking	Not characteristic.	Not characteristic.	Parking and vehicle positioning are repeatedly reported/researched adult DCD difficulties. Clinical guideline · Driving study	Not characteristic.
Sports	Not characteristic.	Not characteristic.	Catching, throwing, balance, changing direction and team sports are classic motor-coordination difficulties. NHS · Clinical guideline · Adult DCD checklist	Not characteristic.
Dancing / copying movements	Remembering sequences can be difficult, but motor execution may be normal. BDA · Everyday memory study	Not characteristic.	Learning and reproducing movement sequences can be disproportionately difficult where motor planning/coordination is affected. NHS · Clinical guideline	Not characteristic.
Handwriting	Spelling and written formulation are often the main dyslexic difficulty; handwriting motor quality itself is separate. BDA	Not characteristic.	Slow, effortful or poorly coordinated handwriting is strongly supported in adult DCD literature. NHS · Clinical guideline · Adult DCD checklist	Not characteristic.
Cutlery / eating	Usually normal.	Usually normal.	Knife-and-fork/spoon use and eating neatly appear in validated adult DCD checklist research. ADC validation · Adult DCD checklist	Not characteristic.
Pouring drinks	Usually normal.	Usually normal.	Spilling, dropping and misjudging object position fit established fine-motor/spatial difficulties. NHS · Adult DCD checklist	Not characteristic.
Doorframes / bumping into things	Not characteristic.	Not characteristic.	Bumping into objects/people is explicitly recognised in adult DCD guidance and checklist research. NHS · ADC validation	Not characteristic.
Dropping things	Not characteristic.	Not characteristic.	Dropping objects is explicitly recognised as an adult DCD manifestation. NHS	Not characteristic.
Clothing / fastenings	Usually normal.	Not characteristic.	Shoelaces and fine-motor dressing tasks are established DCD difficulties. NHS · Adult DCD checklist	Not characteristic.
Hair / grooming / shaving / makeup	Usually normal.	Usually normal.	Self-care tasks such as shaving or makeup are included in validated adult DCD checklist research. ADC validation	Not characteristic.
Keys / locks / small tools	Usually normal.	Usually normal.	Orientating/manipulating small objects can be difficult where fine motor coordination is impaired. NHS · Adult DCD checklist	Not characteristic.
Carrying several things / dual motor tasks	Not characteristic.	Not characteristic.	Combining several coordinated physical actions can be difficult; this follows from established motor-coordination impairment. NHS · Clinical guideline	Not characteristic.
Typing while listening	Working-memory load can make simultaneous listening and written output difficult. BDA · Everyday memory study	Dictated numbers may add difficulty where numerical working memory is weak. Adult study	Typing plus concurrent cognitive demands may be harder where fine-motor and executive demands combine. NHS · Clinical guideline	Divided-attention and working-memory demands can be disproportionately difficult in adult ADHD. This is well supported cognitively, but is not a standalone DSM symptom. Adult review
Several verbal instructions	Confusion when given several instructions at once is an explicit BDA adult indicator. BDA	Not characteristic.	Sequencing, planning and remembering information can be affected in DCD. NHS · Clinical guideline	Frequently failing to retain/follow instructions because attention drifts maps directly to formal symptoms of not seeming to listen and not following through on instructions. CDC criteria
Organisation / planning	Personal organisation, prioritising and time management are recognised adult dyslexia difficulties and supported by adult EF research. BDA · Adult EF study	Not characteristic.	Organisation, planning ahead, managing belongings and everyday activities are supported adult DCD difficulties. Clinical guideline · Adult participation study	Difficulty organising tasks and activities is a formal ADHD diagnostic symptom. In adults it commonly appears as poor planning, disorganisation and difficulty completing multi-step responsibilities. CDC criteria · CDC adults · NICE
Being put on the spot	May go blank under high cognitive/working-memory load; this is associated rather than diagnostic. Everyday memory study · Workplace study	Mental calculations under pressure can expose numerical difficulties; maths anxiety may amplify this. BDA · Adult study	Rapidly planning a novel action can be difficult, but this is not a specific standalone DCD sign. Clinical guideline	Not characteristic.
Busy / distracting environments	Distraction, difficulty maintaining focus and mental overload are explicit BDA adult indicators. BDA	Not characteristic.	Crowded/unpredictable environments may increase motor demands; evidence is supportive but not a core diagnostic discriminator. Adult fatigue study · Clinical guideline	Being easily distracted by extraneous stimuli is a formal ADHD symptom. Busy environments can therefore expose inattention very clearly, although sensory overload has other differentials. CDC criteria
Memory / forgetting	Forgetting conversations/dates is listed by BDA, and adult research supports everyday working/prospective-memory difficulties. BDA · Everyday memory study · Adult EF study	Remembering numerical information can be difficult; broader everyday memory problems are not specific to dyscalculia. BDA adults · Adult study	Remembering information can be difficult in DCD, but this is associated rather than a primary motor criterion. NHS · Clinical guideline	Being forgetful in daily activities is a formal ADHD symptom. Working-memory deficits are also well supported in adult ADHD research. CDC criteria · Adult review
Fatigue	Long periods of reading/writing and compensating can produce substantial mental fatigue; supported by adult workplace research. Workplace study · Systematic review	Not characteristic.	Adults may experience fatigue as a secondary consequence of the effort required for mobility and daily tasks. Adult fatigue study	Not characteristic.
Avoidance	Avoiding certain work/study is an explicit adult indicator; reading aloud, long reports or spelling exposure may be avoided. BDA · Systematic review	Avoidance of maths/numerical tasks is common when numbers are persistently difficult; this is supportive rather than diagnostic. BDA · BDA adults	Some adults restrict sport or practical activities because of coordination difficulties; participation research supports this. Adult participation study · Clinical guideline	Avoiding, disliking or being reluctant to undertake tasks requiring prolonged mental effort is a formal ADHD diagnostic symptom. CDC criteria
Compensation / coping strategies	Spellcheck, text-to-speech, repeated checking, templates, reminders and other compensatory strategies are widely reported; systematic-review evidence supports compensation/coping. Systematic review · Workplace study	Calculators, digital clocks, saved formulas, alarms and checking by others are common practical compensations in guidance. BDA adults	Deliberate routines, familiar tools/routes and observing others before new tasks are consistent with adult adaptation to DCD; evidence supports compensatory participation strategies. Clinical guideline · Adult participation study	Adults often use reminders, alarms, lists, external structure and other strategies to compensate for organisation/attention difficulties. This is clinically useful but not itself diagnostic. CDC adults · Adult work review
“Good days / bad days”	Difficulties may become more obvious with fatigue, pressure or overload; supportive evidence, but not a diagnostic feature itself. BDA · Workplace study	Not characteristic.	Fatigue and environmental demands can worsen functional performance; variability is supportive, not diagnostic. Adult fatigue study	Not characteristic.
ADHD colour rule: purple is used only where the existing row either directly corresponds to a formal ADHD symptom or has strong adult evidence. Motor coordination, left-right confusion, spelling and primary number-sense problems are deliberately left white for ADHD.				

Genetics & overlap / sources

- [1]** Demontis et al. (2026). Rare genetic variants and ADHD. Nature.
[Read source >](#)
- [2]** A meta-analysis of genetic effects across neurodevelopmental conditions (2023).
[Read source >](#)
- [3]** CDC: Tourette syndrome and co-occurring conditions; US child survey.
[Read source >](#)
- [4]** ADHD in autism: meta-analyses (2019; 2021): about 28% and 38.5%.
[Read source >](#)
- [4a]** ADHD among autistic people: current 38.5%; lifetime 40.2% (2021).
[Read source >](#)
- [5]** Autism thresholds in children/adolescents with ADHD: meta-analysis (2019).
[Read source >](#)
- [6]** Aymerich et al. (2024). Autism-OCD concurrence in young people.
[Read source >](#)
- [7]** Dyslexia-ADHD neural correlates: meta-analysis and overlap background (2019).
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- [11]** Russell et al. (2005). Obsessions and compulsions in autistic adults (n=40).
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Rates are not interchangeable across age groups or diagnostic methods.



Fun things at Neurohaven

Take a break and explore the Neurohaven Cafe: a relaxed corner for TV, ADHD-focused viewing, radio, news and games. Drop in whenever you feel like a change of pace.

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Frequency

A newspaper you can read or listen to using text-to-audio.

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Head to the arcade for games and a change of pace.

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Each yellow button opens its own destination in your browser. Internet access is required. For the latest selection, return to the Cafe.