

AD/HD consists of a pattern of behavior that is present in multiple settings where it gives rise to social, educational or work performance difficulties.

A. Either (A1) or (A2):

A1. Six or more of the following symptoms of inattention have been present for at least 6 months *to a degree that is inconsistent with developmental level and that impact directly on social and academic/occupational activities.*

Inattention

- a. Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities (*e.g., overlooks or misses details, work is inaccurate*).
- b. Often has *difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or reading lengthy writings)*.
- c. Often does not seem to listen when spoken to directly (*e.g., mind seems elsewhere, even in the absence of any obvious distraction*).
- d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (*e.g., starts tasks but quickly loses focus and is easily sidetracked; fails to finish schoolwork, household chores, or tasks in the workplace*).
- e. Often has *difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized, work; poor time management; tends to fail to meet deadlines)*
- f. Often avoids, dislikes, or *is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, or reviewing lengthy papers)*.
- g. Often loses things needed for tasks and activities (*e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, or mobile telephones*)
- h. Is often easily distracted by *extraneous stimuli (for older adolescents and adults, may include unrelated thoughts)*.
- i. Is often forgetful in daily activities (*e.g., chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments*)

A2. Hyperactivity and Impulsivity: Six or more of the following symptoms of have been present for at least 6 months *to a degree that is inconsistent with developmental level and that impact directly on social and academic/occupational activities.*

Hyperactivity

- a. Often fidgets with hands or feet or squirms in seat.
- b. *Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, office or other workplace, or in other situations that require remaining seated)*
- c. *Often runs about or climbs in situations where it is inappropriate. (In adolescents or adults, may be limited to feeling restless)*.
- d. *Often unable to play or engage in leisure activities quietly.*
- e. Is often "on the go" or often acts as if "driven by a motor" (*e.g., is unable or uncomfortable being still for an extended time, as in restaurants, meetings, etc; may be experienced by others as being restless and difficult to keep up with*).
- f. Often talks excessively.
- g. Often blurts out answers before questions have been *completed (e.g., completes people's sentences and "jumps the gun" in conversations, cannot wait for next turn in conversation)*
- h. Often has trouble waiting *his or her turn (e.g., while waiting in line)*.

- i. Often interrupts or intrudes on others (e.g., butts into conversations or games or activities; may start using other people's things without asking or receiving permission, adolescents or adults may intrude into or take over what others are doing).
- B. Some symptoms that cause impairment were present *prior to age 12*.
- C. *Criteria for the disorder are met in two or more settings (e.g., at home, school or work, with friends or relatives, or in other activities).*
- D. There must be clear evidence *that the symptoms interfere with or reduce the quality of social, academic, or occupational functioning.*
- E. The symptoms do not *occur exclusively during the course of schizophrenia or another psychotic disorder and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, or a personality disorder).*

Specify Based on Current Presentation

Combined Presentation: If both Criterion A1 (Inattention) and Criterion A2 (Hyperactivity-Impulsivity) are met for the past 6 months.

Predominantly Inattentive Presentation: If Criterion A1 (Inattention) is met but Criterion A2 (Hyperactivity-Impulsivity) is not met and 3 or more symptoms from Criterion A2 have been present for the past 6 months.

Inattentive Presentation (Restrictive): If Criterion A1 (Inattention) is met but no more than 2 symptoms from Criterion A2 (Hyperactivity-Impulsivity) have been present for the past 6 months.

Predominantly Hyperactive/Impulsive Presentation: If Criterion A2 (Hyperactivity-Impulsivity) is met and Criterion A1 (Inattention) is not met for the past 6 months.

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.

ADHD Not Elsewhere Classified may be coded in cases in which the individuals are below threshold for ADHD or for whom there is insufficient opportunity to verify all criteria. However, ADHD-related symptoms should be associated with impairment, and they are not better explained by any other mental disorder.

To comment on this proposal please login or [Register Now](#)..