ADHD MIND

Your ADHD Mind Profile

Prepared for Sam

14 July 2026

This is a self-report screening tool, not a medical diagnosis. The questionnaires used here are the same validated screening instruments used in clinics, but only a qualified clinician can diagnose ADHD or any other condition. Your report is designed to help you have a better-informed conversation with your GP.

BEFORE YOU START

How to read this report

Sam, this report pulls together your answers across five validated screening questionnaires, the same instruments used in clinics as part of ADHD assessments. It's designed to do one thing well: give you a clear, organised picture you can bring to your GP.

One thing to be clear about, because we'd rather be straight with you: this is a screening, not a diagnosis. No questionnaire can diagnose ADHD; that takes a clinician, a proper interview, and your history. What a good screening can do is tell you whether the pattern is there, how strong it looks, and what's worth investigating. That's what the next pages do.

> This is a self-report screening tool, not a medical diagnosis. The questionnaires used here are the same validated screening instruments used in clinics, but only a qualified clinician can diagnose ADHD or any other condition. Your report is designed to help you have a better-informed conversation with your GP.

This report was generated by software from validated scoring rules. Éanna Healy, the founder of ADHD Mind, is not a clinician, and says so openly.

Optional plain-language examples were available on some questions. The validated question wording was always shown unchanged and answered as published.

AT A GLANCE

Your summary

Five areas, screened with the same validated instruments clinics use. Each is explained fully in the pages that follow.

ADHD: current symptoms (ASRS v1.1) — 4 of 6 screening questions

Positive screen (4+ is the cutoff)

ADHD: childhood picture (WURS-25) — 50 / 100

Elevated (46+ is the research cutoff)

Autism traits (AQ-10) — 2 / 10

Below the referral threshold of 6

Anxiety, past 2 weeks (GAD-7) — 11 / 21

Moderate range

Mood, past 2 weeks (PHQ-9) — 8 / 27

Mild range

3 of the five areas show notable indicators. The “What this means together” page pulls the threads into one picture.

BEFORE THE NUMBERS

The picture your answers paint

Before the numbers, it is worth saying plainly what your answers actually described. Not what a questionnaire thinks of you: what you told us, reflected back.

The difficulties you reported cluster where attention lives: starting, finishing, keeping track of things and time. The louder kinds of restlessness featured less in your answers. That quieter pattern is the one most easily missed, in classrooms and in adults, precisely because it doesn't make noise. You named it yourself, question by question.

When you looked back at childhood, you rated those years strongly. Whatever this is, your answers say it did not arrive last year; it was there in the classroom, in the reports, in the friendships. That consistency between then and now is the single most useful thing a screening can surface.

You also told us worry has been taking up real space these past two weeks. That matters in its own right, and it matters here, because a mind that is busy bracing for things finds focus expensive.

SECTION 1 OF 5

ADHD: your current symptoms

The ASRS v1.1 is the World Health Organization's adult ADHD screening scale. Six of its questions form the official screen; the rest fill in the detail of how symptoms show up.

Screening questions in the significant range 4 of 6

Positive screen

Your answers on the ASRS meet the threshold for a positive ADHD screen: 4 of the six screening questions fell in the significant range, where four is the cutoff. In research settings, this pattern identifies the large majority of adults who go on to receive a diagnosis. It doesn't mean you have ADHD; it means your current everyday experience matches the pattern closely enough that a formal assessment is a reasonable next step, not an overreaction.

How your difficulties cluster

Attention, organisation, follow-through 81%

Inattentive symptom load

Restlessness, impulsivity 39%

Hyperactive/impulsive symptom load

Within your answers, the difficulties cluster around attention, organisation and follow-through rather than restlessness. This is the pattern often described as "inattentive presentation", the version of ADHD most likely to be missed, especially in adults, because it's quiet.

SECTION 2 OF 5

The childhood picture

ADHD starts in childhood, by definition, so any serious look at adult ADHD has to look backwards. The WURS-25 asks what you were like as a child, rated in adulthood.

Childhood traits (WURS-25) 50 / 100

Elevated (bands: under 30 low · 30 to 45 borderline · 46+ elevated)

Your childhood score is 50 out of 100, above the research cutoff of 46. This matters more than it might seem: ADHD, by definition, starts in childhood. A clinician assessing you as an adult will always ask "was this there early?", and your answers say yes, clearly. Alongside your current-symptom results, this is the strongest kind of pattern a screening can show.

SECTIONS 3 TO 5 OF 5

The screens that travel with ADHD

Anxiety (GAD-7)

Why is anxiety in an ADHD screening? Because they overlap and travel together. Untreated ADHD often produces anxiety; anxiety can also mimic ADHD's concentration problems. Clinicians screen both to tell them apart.

Anxiety, past 2 weeks 11 / 21

Moderate range

Your anxiety score is 11/21, in the moderate range. This is high enough to deserve attention in its own right, whatever the ADHD picture turns out to be. Concentration problems can come from anxiety, ADHD, or both feeding each other; a clinician can untangle which.

Mood (PHQ-9)

Why is mood in an ADHD screening? Because low mood overlaps with ADHD: motivation, concentration and sleep all sit in both pictures. Clinicians screen both to tell them apart.

Mood, past 2 weeks 8 / 27

Mild range

Your mood score is 8/27, in the mild range. Keep an eye on it and mention it to your GP.

Autism traits (AQ-10)

ADHD and autism co-occur often enough that clinicians routinely screen for both. The AQ-10 is a short referral screen, not an autism assessment.

Autism traits (AQ-10) 2 / 10

Below the referral threshold of 6

Your score is 2/10, below the referral threshold of 6. Autism-related traits don't appear to be a significant part of your picture based on this short screen.

YOUR ANSWERS, YOUR WORDS

Your life, in your words

This part of your report was built from the optional questions you chose to answer at the end of the assessment. It is not scored, and it forms no part of your screening results.

Anything in quotation marks is exactly as you typed it. No software interpreted your words, and none will.

Asked what made now the moment to look into this, you wrote:
“My school reports all said the same thing: bright but doesn't apply himself. I turned forty and I want a real answer.”

Many adults describe work or study as the place where the gap between effort and credit is widest: the deadline met, the email finally sent, the standard held, while nobody around them sees what each one took. Working far harder than it looks just to appear ordinary is a real cost, and it counts, even when nothing on paper shows it.

Many adults describe a quiet tax on money and life admin: the envelope that stayed unopened because opening it meant dealing with it, the form abandoned three questions in, the thing bought twice because the first one disappeared. It is not carelessness about money. It is the admin around money asking, over and over, for exactly the things that cost the most effort, with penalties attached.

Many adults describe arriving here carrying a vocabulary built up over the years: lazy, careless, too much, not living up to potential. Whatever the explanation turns out to be, one thing can be said already: those words were doing a lot of blaming and not much describing. Taking a careful, honest look at your own patterns, the way you are doing now, is not what lazy looks like.

Asked what the hardest part looks like in a normal week, you wrote:
“I got passed over for a promotion because I keep missing small deadlines, and my partner is tired of being the one who remembers everything.”

You told us this has been part of your life for as long as you can remember. That is worth saying to a GP out loud and in those exact words, because how far back something reaches is one of the first things they will want to know, and you are the only person who can tell them.

You told us ADHD has long been suspected in your family, though no one was ever assessed. That is a very common family story in Ireland, and it is worth passing on to your GP as a simple fact, in exactly those terms.

You told us that the following is part of the picture for you at the moment:

· Ongoing sleep problems

Anything on that list can affect focus and energy all by itself, which is exactly why your GP will want it named alongside everything else in this report. Mentioning it takes nothing away from your other answers. It gives whoever reads this report the full context to read those answers well.

This screening is not where your effort started. Before you ever sat down to it, you had already put your own systems in place, from lists and apps to alarms and routines and done your own reading and research. All of that is worth telling your GP about, because what you have already tried and leaned on is part of the picture they need.

PULLING IT TOGETHER

What this means together

Current symptoms above threshold and a clear childhood history: the two pillars a clinician looks for. Of everything a screening can show, this is the clearest case for booking a formal assessment.

Note that your anxiety result is high enough to affect attention by itself; make sure it's part of the same conversation.

LIVED EXPERIENCE, NOT DIAGNOSIS

What this pattern can feel like, day to day

What follows is not about you specifically, and it is not a diagnosis. It is what many adults whose screening results look like yours describe about daily life, drawn from lived experience and from listening to a lot of people say "I thought it was just me". If parts of it land, bring those parts to your GP. If parts of it don't, that is information too.

Many adults with a strong inattentive pattern describe a life of invisible effort. The bin goes out, the bills get paid, the deadlines mostly get met, but each one costs three times what it seems to cost the people around them. They describe twenty open browser tabs, in the laptop and in the head. Starting is the hardest part, except for finishing, which is also the hardest part. The middle, oddly, can be brilliant: when something catches, hours vanish and the work is superb, which makes the rest of the week even harder to explain.

They describe the shame economy that grows around it: the apologies for late replies, the birthday cards bought and never posted, the reputation for being "so laid back" held up by someone privately treading water. And they describe the strange relief of the pattern finally having a name that isn't a character flaw.

When worry or low mood is in the mix, as your answers suggest it is right now, the pattern gets blamed on character even faster, by others and by yourself. Untangling which is which is precisely a clinician's job, and your report gives them a head start.

None of this is destiny. These are patterns, and patterns can be understood, worked around, and in many cases genuinely helped. The point of naming them is not to hand you a label; it is to replace years of "why can't I just" with a better question: "what would make this easier?"

BACKGROUND

Understanding ADHD, briefly

What ADHD actually is

ADHD is not a shortage of intelligence, effort, or caring. It is best understood as a difference in the brain's management system: the set of processes (often called executive functions) that start tasks, hold plans in mind, resist distraction, track time, and switch the mind's engine on when something is important rather than when it is interesting. Everyone's management system slips sometimes. ADHD is when those slips are frequent, lifelong, and costly enough to interfere with work, relationships, money, or self-worth.

Why adults get missed

Most adults who reach a screening like this were not flagged as children, and there are honest reasons why. The old stereotype was a boy who couldn't stay in his seat, so quiet, daydreaming children sailed past unnoticed, girls especially. Bright children compensated. And many families and schools simply didn't have the language. Adults are also expert maskers: by 30, most have built scaffolding (lists, alarms, deadlines, adrenaline) that hides the cost from everyone except themselves.

The effort nobody sees

The cruellest misreading of this pattern is "lazy", because from the inside it is usually the opposite: enormous effort spent on things that look effortless for others. Researchers sometimes describe ADHD as a problem of performance, not knowledge: knowing what to do has never been the issue; reliably doing it, at the right time, on demand, is. That distinction matters, because it moves the conversation from character to mechanics, and mechanics can be worked with.

The honest full picture

None of this needs dressing up as a superpower; unmanaged, it causes real harm to careers, finances and confidence, and pretending otherwise helps nobody. But the full picture includes genuine strengths many people with this pattern report: deep focus on what truly engages them, speed in a crisis, creativity born

of a mind that refuses to stay in lanes. A good outcome is not becoming someone else. It is getting the mechanics working well enough that the person underneath gets seen.

PRACTICAL GUIDE

Next steps in Ireland

Opening the conversation with your GP

You don't need a speech; you need one honest opening line and this report. Any of these will do the job:

"I've been struggling with focus and organisation for as long as I can remember, and I'd like to look into whether it's ADHD." · "I did a structured screening using the same questionnaires clinics use; here are the results, and I'd like your advice on a referral." · "This has been affecting my work and my relationships, and I want to take it seriously."

GPs respond well to specifics. Two or three concrete recent examples (the missed deadline, the abandoned course, the bills forgotten despite the money being there) say more than any adjective.

What to bring

This report. Your own examples. And if you can get it, collateral: a parent's or older sibling's memories of what you were like as a child, or old school reports ("easily distracted", "not working to potential", "disruptive"; teachers were writing the evidence down all along). Childhood evidence is the thing clinicians probe hardest, and it's the thing most adults show up without.

The public route (HSE)

Your GP can refer you to the HSE adult ADHD service in your area. It's free, and it's the right route if cost is the deciding factor. Be prepared for the honest part: waiting lists are long, commonly measured in years rather than months, and they vary a lot by region. If you go this route, ask your GP to send the referral anyway; you can pursue other options while you wait, and your place in the queue costs nothing.

The private route

A private adult ADHD assessment in Ireland typically costs €800 to €1,500 and involves a detailed clinical interview, often across more than one session. Waits vary from weeks to a few months. Some clinics offer

remote assessments, which can widen your options beyond your county. Your GP can refer you privately, and some private clinics accept self-referral.

Questions worth asking any private clinic

What is the total cost, including the report and any follow-up? · Who does the assessment, and are they a consultant psychiatrist or under one's supervision? · What's the current waiting time? · If medication is recommended, can prescribing be shared with my GP afterwards? · Is the assessment recognised by the HSE and other Irish services?

A note on treatment

Medication and non-medication supports (coaching, therapy, workplace adjustments) are decisions for after a diagnosis, made with a clinician. Nothing in this report should change what you take or do in the meantime. The one exception: if your anxiety or mood results were flagged in this report, those are worth acting on with your GP now, not after the ADHD question is settled.

Context for your GP, reported by the patient

All items below are self-reported and were not scored; they form no part of the screening results.
Text in quotation marks is the patient's exact words, unedited.

· Reports day-to-day impact mainly in work or study, money and life admin and how I feel about myself.

· Reports difficulties present for as long as they can remember.

· ADHD has long been suspected in the family, never assessed.

· Also reports: ongoing sleep problems.

· Has previously used their own systems (lists, apps, alarms, routines) and read and researched independently.

On what prompted this now, in the patient's own words:
“My school reports all said the same thing: bright but doesn't apply himself. I turned forty and I want a real answer.”

On day-to-day impact, in the patient's own words:
“I got passed over for a promotion because I keep missing small deadlines, and my partner is tired of being the one who remembers everything.”

LAST PAGE

A note from Éanna

Whatever these pages said, I want you to hold onto one thing: taking an honest look at your own mind is not a small act. Most people wonder for years and never build the picture. You just did.

I'm not a doctor, and this report was never going to hand you a final answer; that part belongs to a clinician, and I hope it feels less daunting now that you've got something organised to bring through the door. What I can tell you, from my own life and from writing Understanding ADHD, is that finding out how your mind actually works is worth the awkward conversations it takes.

If anything in your report didn't arrive or didn't make sense, reply to the email it came with and I'll sort it personally.

Éanna Healy, ADHD Mind