How is a child diagnosed with ADHD?
To be diagnosed with ADHD, children must meet very specific behavioral and developmental criteria. The diagnostic criteria for ADHD are outlined in the Diagnostic and Statistical Manual–Fifth Edition (DSM-V), a publication by the American Psychiatric Association that describes and classifies all mental and behavioral health disorders. The DSM-V criteria for ADHD describe patterns of behavior that are unique to children with attention deficit/hyperactivity disorder.

DSM-V Criteria for ADHD
These are slightly simplified criteria, available on the Center for Disease Control and Prevention (CDC) website. The CDC website is free national resource for credible health information.

I. Either A or B:
A. **Six or more** of the following symptoms of inattention have been present for **at least 6 months**, to a point that is inappropriate for developmental level:

   **Inattention:**
   - Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
   - Often has trouble keeping attention on tasks or play activities.
   - Often does not seem to listen when spoken to directly.
   - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
   - Often has trouble organizing activities.
   - Often avoids, dislikes, or doesn’t want to do things that take a lot of mental effort for a long period of time (such as schoolwork or homework).
   - Often loses things needed for tasks and activities (e.g. toys, school assignments, pencils, books, or tools).
   - Is often easily distracted or is forgetful in daily activities.

B. **Six or more** of the following symptoms of hyperactivity-impulsivity have been present for **at least 6 months** to an extent that is disruptive and inappropriate for developmental level:

   **Hyperactivity**
   - Often fidgets with hands or feet or squirms in seat when sitting still is expected.
   - Often gets up from seat when remaining in seat is expected.
   - Often excessively runs about or climbs when and where it is not appropriate (adolescents or adults may feel very restless).
   - Often has trouble playing or doing leisure activities quietly.
   - Is often “on the go” or often acts as if “driven by a motor”.
   - Often talks excessively.

   **Impulsivity**
   - Often blurts out answers before questions have been finished.
   - Often has trouble waiting one’s turn.
   - Often interrupts or intrudes on others (e.g., butts into conversations or games).

II. Some symptoms that cause impairment were present before age 12 years.

III. Several symptoms must be present in two or more settings (e.g. at school and at home).
IV. There must be clear evidence of clinically significant impairment in social, school, or work functioning.

V. The symptoms do not happen only during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder. The symptoms are not better accounted for by another mental disorder (e.g. Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder). A diagnosis of ADHD is permitted to coincide with a diagnosis of Autistic Spectrum Disorder

Based on these criteria, three types of ADHD are identified:

IA. ADHD, Combined Type: if both criteria IA and IB are met for the past 6 months

IB. ADHD, Predominantly Inattentive Type: if criterion IA is met but criterion IB is not met for the past six months

IC. ADHD, Predominantly Hyperactive-Impulsive Type: if Criterion IB is met but Criterion IA is not met for the past six months

References and Resources

Center for Disease Control and Prevention’s ADHD info page: http://www.cdc.gov/ncbddd/adhd/diagnosis.html


KidsHealth: http://kidshealth.org/parent/medical/learning/adhd.html