

BEYOND DIAGNOSIS

26 WORKSHEETS | US LETTER SIZE

Printable companion workbook

Use these worksheets alongside *Beyond Diagnosis: Living Well with ADHD*. They reproduce the existing workbook pages at a larger printable size.

Start small. Choose the chapter and worksheet closest to one situation that matters. Read the explanation and completed example in the book before filling in the blank record.

Print what you need. Each worksheet is on a separate US Letter page (8.5 x 11 inches). Select Actual Size or 100% in your printer settings. Black-and-white printing is suitable for the worksheets.

Adapt the response. Write, draw, or discuss the prompts. Children may need caregiver support. Keep completed worksheets containing personal information private.

These are original teaching exercises, not diagnostic questionnaires or individually validated treatment protocols. Clinical decisions require appropriate assessment and care.

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Dr. Courtney Dookie | Clinical Neuropsychologist

Beyond Diagnosis: Living Well with ADHD

Worksheet 1

Your strengths, needs, and first priority

Chapters 1 18 33

Choose one situation that matters now. Use specific examples rather than rating yourself as good or bad.

Name or initials _____ Date _____

Two strengths and the situations in which they help

The repeated difficulty and its effect on daily life

What already helps and what makes the task harder

One observable priority for the next week

Worksheet 2

A whole person picture

Chapters 5 25

Bring this page to an appointment. It organizes observations and is not a diagnostic questionnaire.

Name or initials _____ Date _____

When the difficulty began and where it occurs

Sleep health mood stress learning or substance factors to discuss

A difficulty that does not fit the usual pattern

Questions and relevant records to bring to the clinician

Worksheet 3

Where the task stops

Chapters 3 19

Trace the actual sequence. Choose a support for the point where progress stops.

Name or initials _____ Date _____

The intended finished result

The last completed action and the first missing action

The barrier and the support to try

The cue location time and review date

Worksheet 4

My brain, my helpers

Chapters 6 12

For children with a caregiver. Draw or write. Let the child choose their own words.

Name or initials _____ Date _____

Something I enjoy and something I do well

A situation that feels difficult to me

A picture or cue that could help

How I want an adult to help and what we will practise

Worksheet 5

Changing one interaction

Chapter 7

Record a manageable everyday situation. For serious aggression or safety concerns seek individual help.

Name or initials _____ Date _____

What happened before the difficult moment

What the child did and what the adult did

A clearer instruction and a calm boundary

What we will change before next time and when we will review

Worksheet 6

A routine in three stages

Chapters 8 9

Choose a daily routine and keep its first version short. Draw the steps if useful.

Name or initials _____ Date _____

Stage one and the cue that starts it

Stage two and the support available

Stage three and what completion looks like

Practice dates adult help needed and the review date

Worksheet 7

My pause, recovery, and repair plan

Chapters 10 16 23

Practise during a calm ordinary moment. This is an emotional skills page not a crisis safety plan.

Name or initials _____ Date _____

An early signal in my body thoughts or actions

My pause action and help phrase

My safe recovery option and the person who can help

How I will return repair and review the situation

Worksheet 8

A school support conversation

Chapters 11 14

Complete with the school team where appropriate. Select a few supports that match identified demands.

Name or initials _____ Date _____

The learning or participation barrier and a concrete example

The proposed support and who will provide it

The outcome we will observe and the child or teen perspective

The review date and what would prompt an earlier meeting

Worksheet 9

Preparing for a transition

Chapters 4 17

Use before a new school course job move or change in care.

Name or initials _____ Date _____

New responsibilities and the ones that need practice

One real task to rehearse before the change

Support contacts healthcare arrangements and relevant documentation

First review date and signs that extra help is needed

Worksheet 10

A specific support request

Chapters 13 21

Decide what information is necessary before sharing personal records.

Name or initials _____ Date _____

The task or demand that is difficult

One example of its effect

The specific support I am requesting

Who needs the request and when I will review the response

Worksheet 11

An assignment or project plan

Chapters 14-19

Include the final submission or delivery action rather than only the deadline.

Name or initials _____ Date _____

Finished result deadline and submission method

Main stages and realistic time estimates

Next action start cue and work period

Interim check submission check and restart time

Worksheet 12

A screen transition agreement

Chapter 15

Agree on the reason for the boundary and how it will be reviewed.

Name or initials _____ Date _____

The sleep study family or activity goal being protected

Last starting time stopping cue and next activity

How reminders will be given and what happens if the plan fails

Review date and the teen or child perspective

Worksheet 13

A starting experiment

Chapter 19

Test one manageable task. This is a practical experiment not a clinical efficacy test.

Name or initials _____ Date _____

The avoided task and the main barrier

Materials to prepare and the first small action

Start cue work period and support person if needed

What happened and what I will change next time

Worksheet 14

Learning how long things take

Chapter 20

Choose ordinary tasks and include preparation transition travel and cleanup.

Name or initials _____ Date _____

Task one estimated time and actual time

Task two estimated time and actual time

What I had omitted from the estimate

How I will adjust the next calendar entry

Worksheet 15

A weekly essentials review

Chapters 20-24

Keep this short enough to repeat. Move the next action into the system you use.

Name or initials _____ Date _____

Upcoming appointments deadlines and renewals

Bills messages or tasks needing attention

What is waiting for someone else and when I will check

Next actions scheduled times and one task to simplify

Worksheet 16

A shared responsibility plan

Chapters 22-24

Discuss the finished outcome and task ownership together.

Name or initials _____ Date _____

The recurring responsibility and what finished means

The person who owns it and any agreed support

Where information will be recorded and when it will be checked

A repair action and the next review date

Worksheet 17

A thought and action record

Chapters 23-27

Use with a manageable difficulty. Seek clinical support for persistent or severe emotional symptoms.

Name or initials _____ Date _____

The event and my first interpretation

The feeling and the action I wanted to take

Evidence uncertainty and a balanced alternative thought

One useful action and what happened afterward

Worksheet 18

My treatment discussion

Chapters 25-27

Complete with the clinician. A good discussion includes alternatives and uncertainty.

Name or initials _____ Date _____

My two most important treatment goals

Options evidence for my age group and questions

Likely burden adverse effects alternatives and costs

Monitoring review date and the agreed next step

Worksheet 19

A medication review page

Chapter 26

Use only as a record. Do not change a prescription using this worksheet.

Name or initials _____ Date _____

Medication as prescribed timing and prescriber

Symptoms and functional goals to monitor

Sleep appetite mood and other adverse effects to discuss

Questions missed dose instructions and next appointment

Worksheet 20

Sleep, movement, and daily health

Chapter 28

Choose one change. Persistent sleep or nutrition problems may need professional assessment.

Name or initials _____ Date _____

The current difficulty and its effect on the day

One realistic change or assessment to arrange

The outcome I will observe and the period of observation

Result barriers and questions for my clinician

Worksheet 21

Questions before neurofeedback

Chapter 29

Separate the trained signal from symptoms and daily functioning.

Name or initials _____ Date _____

Proposed protocol age specific evidence and comparison condition

Two practical outcomes and baseline examples

Session burden total cost tolerability and other concurrent care

Review date and what happens if meaningful benefit is absent

Worksheet 22

Questions before rTMS

Chapter 30

Discuss the exact device target protocol indication and age group with qualified clinicians.

Name or initials _____ Date _____

Condition being treated and whether the ADHD use is investigational or off label

Evidence for this device and protocol in this age group

Screening treatment staff adverse effect procedures and alternatives

Outcomes total burden review date and decision if benefit is absent

Worksheet 23

Checking a product claim

Chapter 31

A useful support and a clinically effective treatment are different claims.

Name or initials _____ Date _____

Exact product proposed outcome and studied population

Study design comparison follow up and functional results

Costs privacy interactions adverse effects and alternatives

What I will measure and when I will decide whether it helps

Worksheet 24

A treatment review

Chapter 32

Compare like with like. Use validated clinical measures only with appropriate guidance.

Name or initials _____ Date _____

Starting point agreed goal and current outcome

Symptom change functional change and whose report is available

Adverse effects burden and other changes during the period

Decision with the clinician and the next review date

Worksheet 25

My next seven days

Chapter 34

Choose one priority. A missed day needs a restart rather than a new identity.

Name or initials _____ Date _____

Goal and starting point

Next action location time and cue

Person or tool providing support

Review date and the first restart action

Worksheet 26

Keeping what works

Chapter 35

Return to this page after a transition disruption or meaningful change in functioning.

Name or initials _____ Date _____

Three helpful supports and where they help

Early signs that the plan needs review

My first restart action and the person to contact

Clinical follow up and the next planned review
