WORKSHEET 1

My ADHD Strengths and Struggles Map

ADHD brains come with real strengths. Start there. Fill in each box with words, examples or doodles.

What I'm great at

Talents, interests, what people come to me for

What's hard for me

Tasks, times of day or places that trip me up

What helps on my good days

Who, what, where, when

What I want to work on first

Pick just one or two things

WORKSHEET 2

Whole-Person Check-In Wheel

Rate each area from 1 (struggling) to 5 (going well). Circle the number. Repeat every month to see change over time.

Area	1	2	3	4	5	Notes
Sleep	○	○	○	○	○	
Food and water	○	○	○	○	○	
Movement	○	○	○	○	○	
Stress and emotions	○	○	○	○	○	
Time and planning	○	○	○	○	○	
Home and money	○	○	○	○	○	
Work or school	○	○	○	○	○	
Relationships	○	○	○	○	○	
Faith, meaning and fun	○	○	○	○	○	
Health checkups	○	○	○	○	○	

Date: _____ The one area I will focus on this month: _____

WORKSHEET 3

One-Page Weekly Plan

Fill this in once a week, at the same time and place. Keep it where you will see it every day.

Week of: _____

My 3 most important tasks this week

☐ 1. _____

☐ 2. _____

☐ 3. _____

Day	Appointments and deadlines	Today's ONE must-do	Done?
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			
Sun			

One thing just for me this week

_____

_____

WORKSHEET 4

Time Estimate vs. Real Time Log

Guess how long a task will take, then time it. After a week, look at the pattern. Most people with ADHD guess low, so add extra time to your guesses.

Task	My guess	Real time	Difference

My pattern: I usually guess _____ too short / too long. From now on I will add _____ to my guesses.

WORKSHEET 5

Task Breakdown Sheet

Turn one big task into tiny steps. Ask: "What is the very next physical thing I would do?" Then set a timer for 5 minutes and start.

The big task

_____

What does "done" look like?

_____

☐ Step 1: _____ ⏱ ____ min

☐ Step 2: _____ ⏱ ____ min

☐ Step 3: _____ ⏱ ____ min

☐ Step 4: _____ ⏱ ____ min

☐ Step 5: _____ ⏱ ____ min

☐ Step 6: _____ ⏱ ____ min

☐ Step 7: _____ ⏱ ____ min

☐ Step 8: _____ ⏱ ____ min

☐ Step 9: _____ ⏱ ____ min

☐ Step 10: _____ ⏱ ____ min

My reward when it's done: _____

WORKSHEET 6

Home and Money Systems Checklist

Check what you already have. Circle one new system to set up this week.

Home

- ☐ Launch pad by the door (keys, wallet, glasses)
- ☐ One spot for daily medicine or supplements
- ☐ Weekly pill box
- ☐ One inbox for mail and papers
- ☐ Clear, labeled bins
- ☐ 15-minute daily reset
- ☐ Laundry day on the calendar

Money

- ☐ Autopay set up for regular bills
- ☐ Payment reminders in my calendar
- ☐ 24-hour rule for purchases over $____
- ☐ Saved cards removed from shopping sites
- ☐ Weekly balance check (day: _____)
- ☐ Small "fun money" budget
- ☐ Someone I trust to help when needed

The one system I will set up this week

WORKSHEET 7

Two-Week Sleep Log

Fill this in each morning for 2 weeks. Bring it to your next appointment.

Day	Last caffeine	Screens off	In bed	Fell asleep (about)	Woke up	Energy next day (1-5)
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Day 8						
Day 9						
Day 10						
Day 11						
Day 12						
Day 13						
Day 14						

WORKSHEET 8

Energy and Meals Tracker

Notice how food, water and movement affect your focus and energy. This is about patterns, not perfection.

This week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast with protein							
Lunch							
Snacks							
Dinner							
Water (cups)							
Movement (minutes)							
Outside time							
Focus (1 to 5)							
Energy (1 to 5)							

WORKSHEET 9

My Reset Plan

Make this plan on a calm day, so it's ready on a hard day. Keep a copy on your phone or fridge.

My early warning signs

Tight jaw, racing thoughts, short temper, scrolling...

What calms my body

Slow breathing (in 4, out 6), a walk, cold water, music

What I'll tell myself

"This feeling is real, but it may not match the facts."

Who I can reach out to

Friends, family, faith community, my provider

If I ever feel unsafe: call or text 988 (Suicide & Crisis Lifeline) or call 911.

WORKSHEET 10

What Helps Me at Work and Home

Notice what helps you do your best. Use this page to talk with a partner, family or employer.

My best focus hours

When my brain works best

Distractions to reduce

Noise, notifications, clutter, interruptions

Supports that help me

Written instructions, check-ins, body double, quiet space

What I'd like to ask for

At work, at home or from my partner

WORKSHEET 11

My Values and Anchors

This page is optional. Any faith, or none, is welcome. Name what keeps you steady, so you can reach for it on hard days.

What matters most to me

People, beliefs, causes, dreams

My anchors

Prayer, scripture, meditation, nature, music, community

Three good things today

Small counts

What I'd say to a friend in my shoes

Now say it to yourself

WORKSHEET 12

Symptom and Side-Effect Log

Notice patterns between visits and share them with your provider. Rate 0 (none) to 3 (a lot).

Week of _____	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Focus							
Getting started							
Restless							
Acting before thinking							
Mood							
Anxiety or worry							
Appetite							
Sleep							
Headache or stomach upset							
Other: _____							

WORKSHEET 13

Questions for My Appointment

Write things down as you think of them. Bring this page (and your logs) to your visit.

What is going better

What is still hard

My questions

My plan after this visit