

NAME

DATE

MEDICATION (IF APPLICABLE):

MY ADHD COACH/THERAPIST

MY ADHD TRACKER



Use this tracker to **monitor your own progress**, as you learn more about how symptoms of ADHD affect you specifically, reflecting on how you have naturally adapted, on how you are spending your cognitive energy and on how you can manage your energy moving forward.

THIS WEEK'S PRIORTIES

1.

2.

3.

STRUCTURE CHECK:

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Have I built in time to **plan my meals**?

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Have I built in time to **connect with someone** I care about *every day*?

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How will I **move my body** and provide exercise for my brain health this week?

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Do I have a plan to **protect my sleep**?

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Do I have some **down time** built in throughout the week?

PLANNING AHEAD!

How will I manage my **hyperfocus** this week?

WHAT DO I NEED SOME STRATEGIES ON?

ANY MEDICATION CHANGES?

What time do you take it? When was the last time you had a dose adjustment? Generic or brand?

SYMPTOM CHECK:



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FOCUS/CONCENTRATION?

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IMPATIENCE?

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IMPULSIVITY?

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RESTLESSNESS?

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ABILITY TO COMPLETE BORING TASKS?

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EMOTIONAL UPS AND DOWNS?

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SLEEP?

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EATING?

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HOW DOES
YOUR BRAIN
SELF-
MEDICATE?

- | | | |
|-----------------------------------|---|--|
| ☐ Caffeine | ☐ Excessive Exercise | ☐ Body focused repetitive behaviours
(nail biting, skin picking, etc.) |
| ☐ Cannabis | ☐ Conflict-Seeking | ☐ Over-Spending |
| ☐ Alcohol | ☐ Too much time online | ☐ Binge-eating Sugar |
| ☐ Other: | ☐ None of these | ☐ Other: <input type="text"/> |

ROUTINE CHANGES?

Any new stressors in your life? Any old stressors resolved? Routine changes?