

Executive Summary

This report presents findings from a community questionnaire exploring the lived experiences of women with Attention Deficit Hyperactivity Disorder (ADHD). A total of 302 responses were collected from women who either hold a formal ADHD diagnosis or identify as awaiting assessment or self-identifying with ADHD traits.

The research was conducted through That ADHD Woman CIC, a grassroots initiative supporting adult women navigating ADHD. The findings suggest several recurring themes within participants' experiences.

Key insights include:

- 217 respondents (72%) reported a formal ADHD diagnosis
- 80 respondents (26%) identified as awaiting assessment or self-identifying
 - 172 respondents described life as often or completely overwhelming
 - Only 17 respondents felt existing ADHD support reflects women's experiences

Responses also suggest that ADHD symptoms often become particularly disruptive later in life, with many participants reporting increased difficulty during adulthood.

The findings highlight a perceived gap between existing ADHD support frameworks and the lived realities of many women navigating the condition.

This report forms part of an ongoing programme of community-led research. A follow-up questionnaire exploring the relationship between ADHD symptoms and hormonal changes across menstrual cycles, perimenopause and menopause is currently underway.

Important Note: This research does not seek to establish clinical causation but rather to illuminate the lived realities of women navigating ADHD within contemporary social contexts.

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) has historically been conceptualised through diagnostic frameworks largely derived from male presentations of the condition. As a result, many women report experiencing significant delays in recognition, diagnosis and access to appropriate support.

Increasingly, lived experience accounts suggest that ADHD in women frequently manifests through internalised symptoms including chronic overwhelm, emotional dysregulation and burnout rather than the externalised hyperactivity traditionally associated with the condition.

This report presents findings from a community questionnaire exploring the experiences of adult women with ADHD. A total of 302 responses were collected from women who either hold a formal ADHD diagnosis or identify as awaiting assessment or self-identifying with ADHD traits.

The research employs a mixed-methods approach, combining quantitative analysis of structured survey responses with qualitative analysis of optional free-text contributions. This methodological approach allows patterns within the data to be coded and examined statistically while also capturing participants' lived experiences in their own words.

The findings highlight recurring themes including late diagnosis, persistent feelings of overwhelm and a perceived gap between existing ADHD support structures and the lived realities of women navigating the condition.

The study is grounded within an interpretivist epistemological framework, recognising that understanding social phenomena such as ADHD requires engagement with the subjective experiences of those living with the condition.

This research does not seek to establish clinical causation but rather to illuminate the lived realities of women navigating ADHD within contemporary social contexts.

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1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) has historically been understood through diagnostic frameworks that prioritise behavioural presentations commonly observed in boys. Consequently, many women report that their experiences of ADHD have been misunderstood, overlooked or misattributed to other conditions such as anxiety or depression.

In recent years there has been growing recognition that ADHD may present differently in women. However, research, diagnostic frameworks and support structures have struggled to keep pace with these emerging understandings. Many women describe reaching adulthood before ADHD is recognised, often after years of navigating challenges in education, employment and personal wellbeing.

This report explores these experiences through a community-led research approach, drawing on responses from 302 women who participated in an online questionnaire exploring their experiences of ADHD. The research adopts an interpretivist epistemological position, recognising that social phenomena such as ADHD cannot be fully understood through statistical analysis alone. Instead, it is necessary to examine how individuals experience and interpret their social world.

Within social policy research, quantitative data can identify patterns within populations, while qualitative accounts illuminate the contextual realities behind those patterns. Combining these approaches allows a richer understanding of complex social experiences.

2. Methodology

2.1 Research design

This research employed a mixed-methods questionnaire design, combining structured quantitative questions with optional qualitative free-text responses.

The quantitative elements explored:

- ADHD diagnosis status
- life stages at which ADHD symptoms became disruptive
- perceived manageability of everyday life
- experiences of accessing ADHD support

These responses enabled descriptive statistical analysis across the dataset.

Alongside this, participants were able to provide additional detail through optional free-text responses, allowing individuals to describe their experiences in their own words.

2.2 Ontological and epistemological approach

The research adopts an interpretivist epistemological framework, recognising that understanding social phenomena requires engagement with the meanings individuals attach to their experiences.

From an ontological perspective, the study acknowledges that the reality of living with ADHD is not uniform but shaped by individual, social and cultural contexts.

The research therefore seeks to understand how women experience ADHD within their everyday lives rather than treating the condition solely as a biomedical category.

2.3 Recruitment

Participants were recruited through online communities and social media networks connected to That ADHD Woman CIC.

Participation was open to adult women who:

- have received a formal ADHD diagnosis
- are awaiting diagnostic assessment
- or self-identify as experiencing ADHD traits.

Participation was voluntary.

2.4 Anonymity and ethical considerations

The questionnaire was designed to be fully anonymous, with no identifying information collected.

This approach aimed to encourage honest participation and allow respondents to discuss their experiences without concerns regarding disclosure.

2.5 Researcher positionality

The research was conducted by the founder of That ADHD Woman CIC, who is herself a woman diagnosed with ADHD in adulthood.

Personal experiences of late diagnosis and the impact of ADHD during life transitions informed the motivation for exploring this topic within a wider community context.

Recognising this proximity to the research subject, the research design aimed to ensure participants could articulate their own experiences rather than being directed toward predetermined conclusions.

2.6 Data analysis

Quantitative responses were analysed using descriptive statistics.

Qualitative responses were reviewed using thematic coding, identifying recurring patterns within participants' accounts.

Combining both methods enables a deeper understanding of lived experience while maintaining systematic analysis.

3. Participant Overview

A total of 302 participants completed the questionnaire.

3.1 ADHD diagnosis status

217 respondents reported receiving a formal ADHD diagnosis.

80 respondents described themselves as awaiting assessment or self-identifying with ADHD traits.

A small number reported being unsure of their diagnostic status.

3.2 Life stage of symptom impact

Participants were asked when ADHD began to significantly affect their lives.

Responses suggest that for many women ADHD symptoms became most disruptive during later adulthood, rather than during childhood.

This pattern reflects growing recognition that ADHD in women is often diagnosed later in life.

4. Everyday Experiences of ADHD

Participants were asked how manageable life feels during a typical week. Responses suggest that many women experience significant challenges in managing daily life.

- 137 respondents reported life as often overwhelming
- 35 respondents described life as completely overwhelming
- 113 respondents described life as mixed
- Only 17 respondents reported life as mostly manageable

These findings suggest that many participants experience persistent functional strain in everyday life.

5. Experiences of ADHD Support

Participants were asked whether existing ADHD support reflects their lived experiences as women.

Responses indicate a significant perceived gap between available support and lived experience.

- 120 respondents reported that existing ADHD support does not reflect their experiences
- 112 respondents reported not accessing ADHD support
- 53 respondents reported that support partly reflects their experiences
- Only 17 respondents reported that support reflects their experiences

6. Emerging Themes from Lived Experience

Analysis of qualitative responses suggests several recurring themes.

6.1 Late recognition and diagnosis

Many respondents described receiving diagnoses later in life after years of experiencing challenges without explanation.

Some reported being treated for anxiety or depression before ADHD was considered.

6.2 Emotional dysregulation and chronic overwhelm

Respondents frequently referenced feelings including:

- overwhelm
- frustration
- anxiety
- exhaustion
- shame

These responses highlight the emotional toll associated with navigating ADHD in environments that may not recognise these experiences.

6.3 Barriers to support

Participants described several barriers including:

- long diagnostic waiting times
- limited understanding of ADHD in women
- lack of workplace adjustments
- difficulty accessing appropriate support services

7. Discussion

The findings highlight the complexity of ADHD experiences among women.

While ADHD is increasingly recognised within adult populations, many respondents report long periods of struggle before diagnosis or support. The findings also suggest that current ADHD support frameworks may not adequately reflect the lived experiences of many women navigating the condition.

These insights reinforce the importance of incorporating lived experience perspectives within research, policy and support design

8. Next Stage of Community Research

During analysis of responses, many participants referenced the impact of hormonal changes on ADHD symptoms.

This includes experiences related to:

- menstrual cycles
- pregnancy
- perimenopause
- menopause

In response, That ADHD Woman CIC is currently conducting a follow-up questionnaire exploring the relationship between ADHD symptoms and hormonal changes in greater depth.

9. Conclusion

This report provides insight into the lived experiences of women navigating ADHD.

The findings highlight recurring themes including late diagnosis, emotional overwhelm and a perceived gap between existing ADHD support frameworks and women's lived realities.

While the research does not seek to establish clinical conclusions, it contributes to a growing body of lived experience evidence highlighting the need for greater awareness of ADHD in women.

Community-led research such as this provides an important opportunity to centre the voices of women within conversations about ADHD awareness, support and policy development.



Women's Experiences of ADHD – Anonymous Research

Thank you for taking part in this anonymous research exploring how ADHD affects women's lives. Many women — particularly those diagnosed later in life — experience ADHD very differently from how it is typically described in clinical or workplace settings. This questionnaire is designed to capture real, lived experiences: how ADHD *feels*, how it shows up day to day, and where support is missing. Your responses will help inform future community support and the development of practical, lived-experience-led tools for women with ADHD.

Important information:

- This questionnaire is **completely anonymous**
- No names, emails, or identifying details are required
- All responses will be analysed **in aggregate only**
- Participation is voluntary, and you may stop at any time
-

If reflecting on these topics feels difficult today, please prioritise your wellbeing and feel free to exit. By continuing, you confirm that you are happy to take part in this anonymous research.

* Required

Section A About you

About you

1. How do you currently identify in relation to ADHD? *

- Diagnosed
- Self-identified / awaiting assessment
- Unsure
- Prefer not to say

2. At what stage in life did ADHD begin to significantly affect you? *

- Childhood
- Teens
- Young adult
- Later adult
- I'm not sure

Section B:

Daily impact

3. Which areas of life does ADHD most affect for you? *

- Work or education
- Emotional regulation
- Energy / burnout
- Organisation & daily tasks
- Relationships
- Money / impulsive spending
- Sensory overload
- Sleep
- Self-esteem or shame

4. On a typical week, how manageable does life feel? *

- Very manageable
- Mostly manageable
- Mixed
- Often overwhelming
- Completely overwhelming

Section D

Support gaps

7. What feels hardest to get support for right now?

- Understanding my own needs
- Explaining ADHD to others
- Managing emotions or shutdown
- Staying organised without burnout
- Workplace understanding or adjustments
- Accessing diagnosis or post-diagnosis support
- Feeling believed or taken seriously

8. What kind of support would make the biggest difference to your daily life? *

- Practical tools
- Emotional support
- Peer connection
- Workplace guidance
- Validation / reassurance
- Flexible, self-led support
- I'm not sure yet

Section C

Emotional experience

5. Which feelings do you most associate with your ADHD experience? *

Please select at most 5 options.

- Overwhelm
- Shame
- Frustration
- Anxiety
- Exhaustion
- Guilt
- Anger
- Creativity
- Hyperfocus
- Empathy
- Resilience

6. Do you feel that existing ADHD support reflects your lived experience as a woman? *

- Yes
- No
- Partly
- I haven't accessed support

Section E

Optional reflection

9. If you'd like to share anything else about your ADHD experience as a woman, you can do so here (optional):

Ethics + contact statement

Ethics & contact statement:

This research is being conducted independently and is grounded in lived experience. All responses are anonymous and will only be used in aggregated form to identify common themes and unmet needs affecting women with ADHD. No personal data is collected through this questionnaire.

If you would like to ask questions, share thoughts outside of the survey, or request information about how insights are being used, you may contact: **Kath Irvine**

 kath@thatadhdwoman.co.uk

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