

**The Female Adult ADHD Scale-40 (FAAS-40): A screening aid designed to support recognition  
of ADHD presentations in adult women.**

**Professional White Paper**

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## **Abstract**

Adult women with ADHD are frequently under-recognised or misdiagnosed due to gendered masking, compensatory strategies, and presentations that differ from traditional male-centered diagnostic criteria. Existing ADHD screening tools emphasise behaviours more commonly shown by boys and young men, creating a gap in appropriate assessment for adult women. As a result women are far less likely to be recognised as having ADHD or getting the necessary support. This white paper introduces the Female Adult ADHD Scale-40 (FAAS-40).

The Female Adult ADHD Scale-40 (FAAS-40) was developed to help address the under-recognition of ADHD in adult women, particularly where masking, compensatory strategies, and internalised presentations may not align with traditional ADHD screening approaches.

The FAAS-40 is a 40-item screening aid designed to support reflection, discussion, and assessment decision-making with adult women.

The scale was completed by 249 adult women alongside established ADHD and mental health screening measures. Analysis demonstrated findings which suggested strong internal consistency.

The FAAS-40 is intended as a screening aid to support recognition of ADHD presentations in adult women. It is intended to assist clinicians and other professionals in supporting informed signposting, referral considerations, and assessment discussions where appropriate, as well as women themselves as the scale is available freely.

A total of 249 adult women completed the 40-item FAAS alongside the ASRS-6 and PHQ-9 questionnaires in an anonymous online survey. Analyses included internal consistency, exploratory factor analysis, convergent and divergent validity, and group comparisons. Importantly the participants represented a cross section of women who were diagnosed, undiagnosed but suspected ADHD, and diagnosed with ADHD.

The FAAS-40 demonstrated excellent internal consistency ( $\alpha = .96$ ) and a coherent five-factor structure. Women with diagnosed ADHD scored significantly higher than suspected and non-ADHD groups. Strong convergence with the ASRS-6 ( $r = .87$ ,  $p < .001$ ) and moderate correlations with the PHQ-9 ( $r = .60$ ) supported validity.

Conclusion: The FAAS-40 is a promising tool for identifying ADHD-related traits in adult women, particularly features relating to emotional regulation, masking, organisation, and executive function. Further validation using clinical samples is required before clinical application.

Keywords: **ADHD; women; assessment; emotional dysregulation; executive function; masking; psychometrics**

## **Plain-Language Summary**

ADHD often looks different in women compared with men. Many existing questionnaires do not fully capture women's experiences (for example, emotional swings, masking, or feeling overwhelmed by everyday organisation). The FAAS - 40 is a 40-item tool designed specifically for adult women. In a study with 249 women, the FAAS - 40 showed strong reliability and meaningful links with existing ADHD measures, while remaining distinct from mood symptoms. Women with ADHD, both diagnosed and those who suspected they had ADHD, scored substantially higher than those without ADHD. The FAAS - 40 is a screening tool, not a diagnostic test, but it may help identify women whose ADHD would otherwise go unnoticed and support more timely referral and care.

## **Introduction**

Attention-deficit/hyperactivity disorder (ADHD) has been historically underdiagnosed in women, often due to gender biases in symptom presentation. Traditional diagnostic tools are typically normed on male samples and fail to reflect how ADHD manifests in adult women. Symptoms such as emotional dysregulation, chronic disorganisation, internalised hyperactivity (e.g., hyperfocus), and compensatory social masking are frequently overlooked.

## **Background and Rationale**

Drawing on both clinical practice and lived experience, the researcher recognised that women often remain under the radar within systems that overlook gender-specific symptom presentations. As a psychologist working daily with females undergoing ADHD assessment using NICE guidelines and DSM-5 approved screening tools, it was felt that something was missing. These tools often fail to reflect how ADHD affects adult women in everyday life. With that in mind, the researcher compiled a 40-question scale with five sections: Executive Function and Working Memory (EFWM), Emotional Dysregulation (EMO), Disorganisation and Daily Life (ORG), Impulsivity and Hyperfocus (IMP), and Social Masking and Coping Strategies (SOC). The intention was to reflect real-world experiences that affect women with ADHD that are not always addressed in scales historically focused on

hyperactivity and behavioural issues in childhood. There is no widely accepted diagnostic scale specifically for women with ADHD, so there is a critical gap to fill here. Few scales have been developed or validated specifically for adult women, and even fewer consider gender-sensitive traits such as emotional dysregulation, masking, or hormonal influences. Some researchers have acknowledged this gap: Quinn (2008) reviewed underdiagnosis and gender-specific symptom presentation. Bruchmüller et al., (2012) found clinicians are less likely to diagnose ADHD in females, even with matching criteria. CADDRA (2020) includes gender-aware questions but no separate female-specific scale. The Women's ADHD Symptom Inventory (SASI) (2002) is a notable attempt but is not validated for diagnostic use.

### **FAAS-40 Scale Overview**

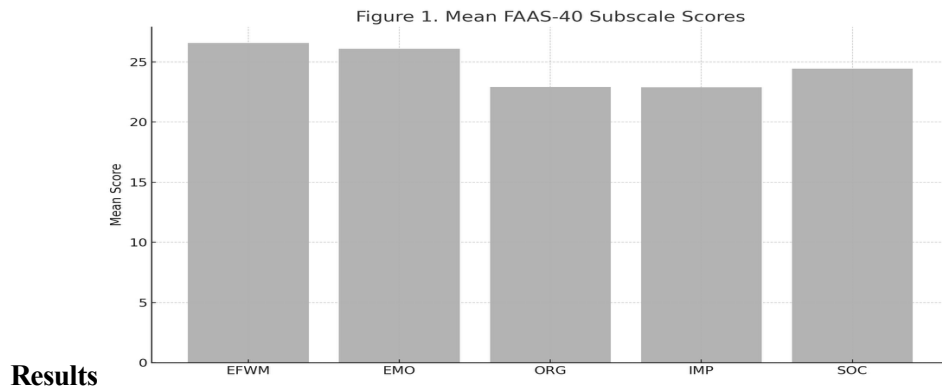
The FAAS-40 (Female Adult ADHD Scale) includes five subscales designed to reflect traits commonly seen in adult women with ADHD: Executive Function and Working Memory (EFWM), Emotional Dysregulation (EMO), Disorganisation and Daily Life (ORG), Impulsivity and Hyperfocus (IMP), Social Masking and Coping Strategies (SOC). Each item was developed using a mix of clinical insights, research literature, and lived experience. Coaching women has enabled the researcher to observe replication of specific traits or difficulties experienced by neurodivergent women which aren't fully realised in existing validated scales.

### **Comparison with Existing ADHD Scales**

Most widely used ADHD scales for adults are not gender-specific. While tools like ASRS-6, BAARS-IV, WURS, and CAARS are reliable, they often overlook traits like emotional dysregulation, social masking, and late diagnosis patterns in women. FAAS-40 aims to address these gaps by focusing on gender-informed traits and real-life functioning.

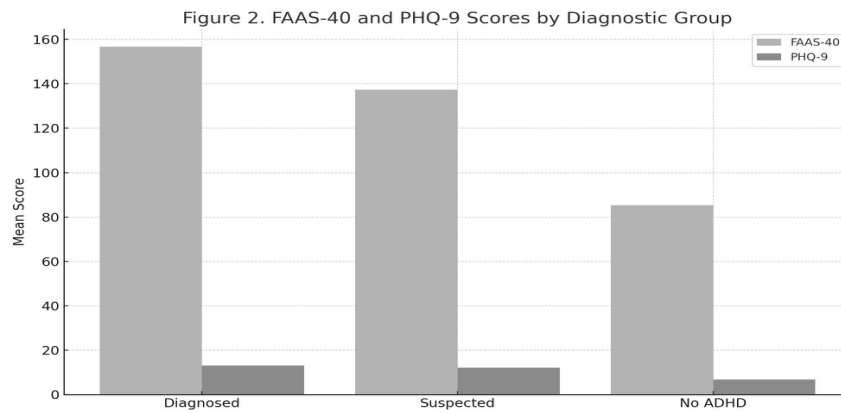
## **Clinical Implications**

The FAAS-40 has the potential to support clinicians in recognising ADHD in women by highlighting traits often overlooked in standard diagnostic pathways. Traits like social masking, hyperfocus, and sensory overload are common but under-recognised. For example losing track of time due to hyperfocus are real traits experienced by many women but rarely linked to ADHD formally. Future research could include phenomena such as ‘Limerence’ and how this affects women entering relationships, and also ‘Rejection Sensitivity Dysphoria.’ This is something regularly but informally reported in women with, or who go on to, formal diagnosis of ADHD. Being able to coach as well as assess means the researcher is privy to real world data. This has revealed identifiable traits that are commonly present in women with ADHD. Further the researcher is interested in how depression, hormones, and traumatic experiences further impact women with ADHD and further magnify these traits. The Female Adult ADHD Scale–40 (FAAS-40) was developed to better capture these experiences. Its five subscales target: Executive Function & Working Memory, Emotional Dysregulation, Disorganisation & Daily Life, Impulsivity & Hyperfocus, and Social Masking & Coping Strategies.



**Figure 1.**

Mean FAAS-40 Subscale Scores



**Figure 2.**

*FAAS-40 and PHQ-9 Scores by Diagnostic group.*

### **Descriptive Statistics**

Descriptive statistics revealed moderate-to-high mean scores across FAAS-40 subscales. All subscales showed strong reliability ( $\alpha > .84$ ) and the total scale reached  $\alpha = .960$ .

The FAAS-40 demonstrates strong psychometric properties and appears well-suited to identifying ADHD-related traits in adult women. Each subscale showed high internal consistency, and score distributions indicated both breadth and clinical relevance.

Notably, participants who had not received a diagnosis but suspected ADHD scored similarly to the diagnosed group, especially on emotional and social masking subscales. This suggests the FAAS-40 may be useful in identifying overlooked presentations and guiding referrals. High PHQ-9 scores across both groups further highlight the mental health burden associated with undiagnosed ADHD. See Figure 2.

The findings from this validation study of the FAAS-40 provide strong support for its use as a gender-sensitive screening tool for ADHD in adult women. Descriptive statistics for FAAS-40 subscales and the PHQ-9 are summarised in Appendix Table A2.

Internal consistency coefficients (Cronbach's  $\alpha$ ) for FAAS-40 subscales and the total scale are reported in Appendix Table A3.

Group means and standard deviations for FAAS-40 and PHQ-9 by diagnostic status are presented in Appendix Table A4. One-way ANOVAs indicated significant group differences for FAAS-40 total scores,  $F(2, 246) = 70.25, p < .001$ ; PHQ-9 scores,  $F(2, 246) = 18.77, p < .001$ ; and ASRS-6 scores,  $F(2, 246) = 54.79, p < .001$ .

Provisional interpretation bands for FAAS-40 scores are outlined in Appendix Table A5.

Exploratory factor analysis supported the proposed five-factor structure of the FAAS-40.

The scree plot, Appendix, Figure 3, shows a clear break after the fifth factor, consistent with the theoretical structure.

The total scale demonstrated excellent internal consistency ( $\alpha = .96$ ), and the five-factor structure aligned with the theoretical domains of executive function and working memory, emotional dysregulation, disorganisation and daily life, impulsivity and hyperfocus, and social masking and coping strategies. This structure is particularly important, as it reflects dimensions of ADHD

presentation that have been underrepresented in existing measures, many of which were developed from predominantly male samples.

The strong correlation between the FAAS-40 and the ASRS-6 ( $r = .87$ ) provides clear evidence of convergent validity, while the moderate correlation with the PHQ-9 ( $r = .60$ ) highlights the overlap between ADHD traits and symptoms of mood disturbance. This is consistent with research showing high rates of comorbidity between ADHD and depression in women. Importantly, women who reported an ADHD diagnosis scored significantly higher across all FAAS-40 subscales, further validating the instrument's sensitivity to ADHD-related traits.

These findings extend existing literature on the challenges of assessing ADHD in women. Prior research has emphasised that emotional dysregulation, masking behaviours, and hyperfocus are often overlooked by traditional scales, yet are highly salient in women's lived experiences of ADHD. By including these domains, the FAAS-40 offers a more comprehensive and ecologically valid representation of female ADHD traits. This may help address the historical underdiagnosis of women, whose symptom profiles often deviate from stereotypical hyperactive-impulsive presentations.

Clinically, the FAAS-40 could be used as a complementary tool as an initial screener before existing instruments, such as the ASRS. Its inclusion of female-relevant traits may assist practitioners in recognising ADHD in women who present with high levels of internalised symptoms or compensatory coping strategies in ways that support ongoing referral for assessment.

Qualitative feedback from participants frequently reflected a strong sense of personal resonance with the measure, with comments such as

“I felt like the scale was written about me.”

The FAAS-40 offers a novel, psychometrically sound instrument that captures the gendered dimensions of ADHD in women. Its strong reliability, clear factor structure, and evidence of convergent validity support its utility as a screening tool which can support signposting towards

assessment for women. Future research could also explore its clinical diagnostic utility, adaptation for different populations, and integration into routine practice. Further, clinical validation, test - retest reliability, and item response analysis could also be conducted to bring this instrument to a diagnostic level. Nonetheless, currently the FAAS-40 is a meaningful contribution towards more gender-inclusive ADHD screening

Its inclusion of female-relevant traits may assist practitioners in recognising ADHD in women who present with high levels of internalised symptoms or compensatory coping strategies. In research contexts, the FAAS-40 may provide a more accurate means of measuring ADHD traits in women.

### **Limitations**

The FAAS-40 is intended as a screening aid and not a diagnostic instrument. The findings presented within this white paper are based on a self-selected sample of adult women and should therefore be interpreted within that context.

While initial findings indicated strong internal consistency and meaningful clinical resonance, further evaluation across broader and more diverse populations may help strengthen ongoing understanding of the scale's applicability.

The FAAS-40 is designed to support reflection, discussion, and assessment consideration rather than provide standalone diagnostic outcomes.

### **Conclusion**

The FAAS-40 was developed to support recognition of ADHD presentations in adult women, particularly where masking, compensation, or internalised difficulties may contribute to delayed or missed identification.

The findings presented within this white paper suggest that the FAAS-40 may offer a meaningful and accessible screening aid to support reflection, clinical discussion, and consideration of formal ADHD assessment where appropriate.

Rather than replacing diagnostic assessment, the FAAS-40 is intended to complement existing clinical understanding by helping to capture experiences that some women report have historically gone unrecognised, misunderstood, or minimised.

It is hoped that the FAAS-40 contributes to broader awareness and more informed support pathways for adult women exploring possible ADHD presentations.

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**Table A1.** *Comparison of ADHD and Related Scales Table*

<b>Scale</b>	<b>Purpose</b>	<b>Gender-Specific?</b>	<b>Reference</b>
ASRS-6	Brief ADHD screener (DSM-based)	No	Kessler et al., 2005
BAARS-IV	Comprehensive adult ADHD rating scale	No	Barkley, 2011
WURS	Retrospective childhood symptoms	No	Ward et al., 1993
CAARS	Multidimensional adult ADHD assessment	No	Conners et al., 1999
PHQ-9	Depression screener (divergent validity)	No	Kroenke et al., 2001
FAAS-40	Female adult ADHD scale (traits, masking, emotion)	Yes	Bains, 2025 (current study)

*Note.* FAAS-40 = Female Adult ADHD Scale.

**Table A2.** *Descriptive Statistics for FAAS-40 Subscales and PHQ-9*

<b>Scale</b>	<b>Mean</b>	<b>SD</b>	<b>Min</b>	<b>Max</b>
EFWM_score	18.94	6.08	3	32
EMO_score	19.51	6.52	2	32
ORG_score	17.49	6.96	1	32
IMP_score	17.05	6.51	0	32
SOC_score	17.95	6.45	1	30
FAAS_total	90.95	28.18	21	155
PHQ9_total	10.41	6.43	0	27

*Note.* EFWM = Executive Function and Working Memory; EMO = Emotional Dysregulation; ORG = Disorganisation and Daily Life; IMP = Impulsivity and Hyperfocus; SOC = Social Masking and Coping Strategies

**Table A3.** Internal Consistency (Cronbach's  $\alpha$ ) for FAAS-40 Subscales and Total Scale

Scale	Cronbach's $\alpha$
EFWM	0.869
EMO	0.896
ORG	0.846
IMP	0.876
SOC	0.869
FAAS-40 Total	0.960

*Note.* All  $\alpha$  values  $\geq .84$  indicate strong internal consistency.  $\alpha$  = Cronbach's alpha. Higher scores indicate greater ADHD traits.

**Table A4.** *FAAS-40 and PHQ-9 Scores by ADHD Group*

<b>Group</b>	<b>FAAS-40 Total (Mean ± SD)</b>	<b>PHQ-9 Total (Mean ± SD)</b>
Diagnosed	156.79 ± 15.06	13.14 ± 4.20
Suspected	137.42 ± 25.86	12.09 ± 5.96
No ADHD	85.34 ± 30.65	6.79 ± 5.35

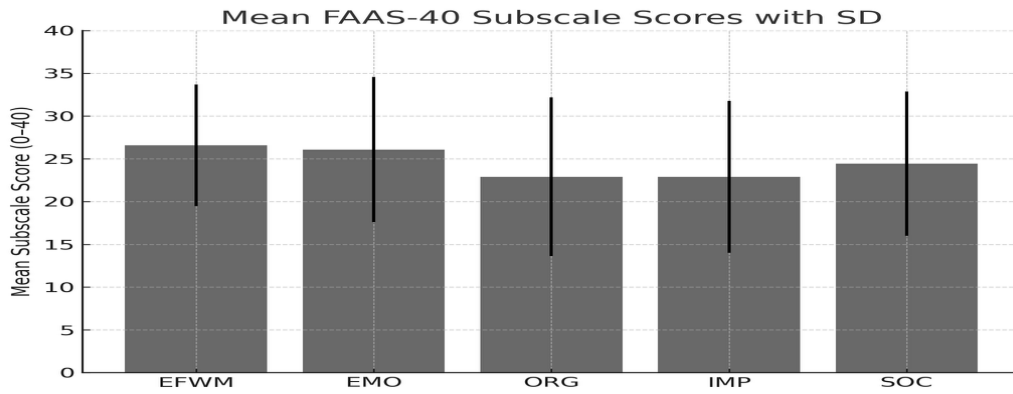
*Note.* Values are means (± SD).

**Table A5.** *Interpretation Bands for FAAS-40 Total Score (Provisional)*

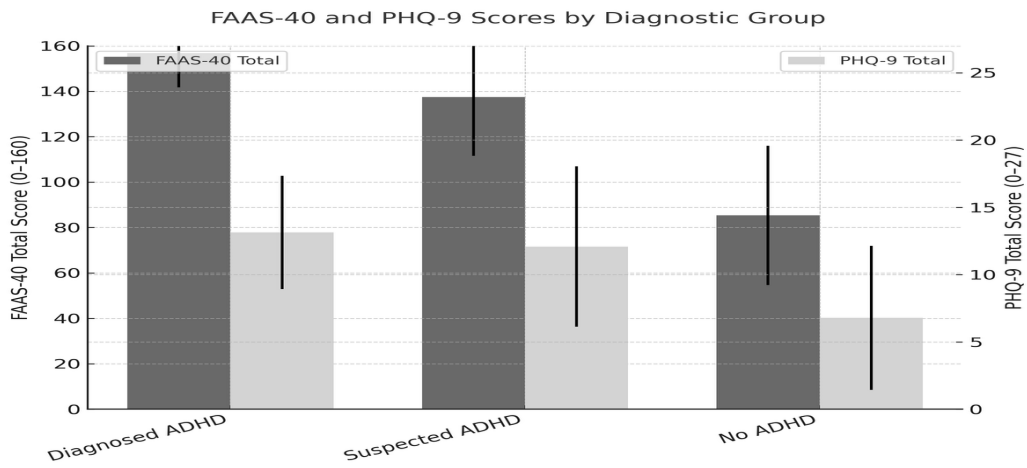
<b>Score Range</b>	<b>Interpretation</b>
0–43	Low level of ADHD-related traits
44–106	Moderate level of ADHD-related traits
107–160	High level of ADHD-related traits

*Note.* Bands are intended as provisional cut-offs; not diagnostic thresholds.

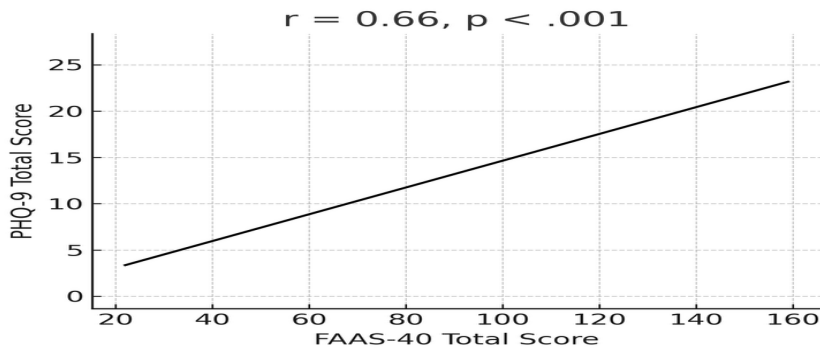
Figures



**Figure 1.** Mean FAAS-40 Subscale Scores (with SD).



**Figure 2.** FAAS-40 and PHQ-9 Scores by Diagnostic Group (separate scaling shown).



**Figure 3.**

Scree Plot (FAAS-40 Items)