PATHWAY CLINICAL GROUP · SAN DIEGO, CALIFORNIA

ASSESSMENT PREPARATION

Preparing for Your Assessment

An organized starting point for an ADHD or autism evaluation conversation

A Clear Place to Begin

You may have spent time wondering whether your concerns are “enough” to bring up. An evaluation is not a pass-or-fail test. It usually includes a clinical interview and may also include questionnaires, review of records, information from someone who knows you well, and—in an autism assessment—direct observation. The exact process depends on the question being assessed and your needs. [4, 5, 6, 8]

Use this guide to collect a few observations and questions. Your experience matters. A clinician will consider it alongside your developmental, medical, mental health, educational, work, and social history. You do not need to predict the outcome before the appointment. [3, 4, 5, 7]

HOW TO USE THIS GUIDE

Read with curiosity, not pressure. Pause where a section feels relevant and jot down one example. Skip anything that does not fit.

SAFETY FIRST

If you are in the United States and struggling or in crisis, call or text 988 or use the online chat at 988lifeline.org. If you or someone else is in immediate danger or has a medical emergency, call 911 or go to the nearest emergency department. [11]

FOR CONTEXT

One national survey estimated current ADHD in 4.4% of U.S. adults ages 18–44; those data were collected in 2001–2003. A CDC model estimated that 2.21%—about 5.4 million—of U.S. adults had autism in 2017. The autism number was a modeled estimate, not a count of adults who had received a diagnosis. [1, 2]

What This Conversation Can and Can’t Do

A full evaluation considers whether your history and current functioning meet criteria for ADHD, autism, both, another condition, or no diagnosis. It should also describe strengths, needs, and reasonable next steps. It cannot explain every past difficulty or guarantee that a particular recommendation will help. [3, 4, 7, 8]

What a comprehensive evaluation may include

- A clinical interview about current concerns, daily functioning, health, mental health, and development. [3, 4, 5, 6, 7]
- Questionnaires or rating scales. These support the assessment but should not be used alone to diagnose ADHD or autism. [3, 4, 7]
- Information from a partner, family member, friend, or other person—with your agreement—plus school or prior clinical records when available. [4, 5, 7, 9]
- For autism, direct observation of core features, especially in social situations; formal autism tools may be considered when the diagnosis is complex. [4]
- Feedback about the findings and next steps. Ask whether you will receive a written report. [4, 7, 8]

Assessment length varies by the referral question, complexity, methods, records, and service. The original guide's "four to eight hours" statement could not be substantiated for combined adult ADHD/autism evaluations. Ask what is included, how many visits are expected, and whether feedback time is separate. [4, 7, 9]

A simple way to work through this

NOTICE
Name the pattern, question, or moment that needs attention.

UNDERSTAND
Connect it to context, strengths, needs, and what has helped.

CHOOSE
Take one realistic next step connected to support.

THIS IS NOT ABOUT BLAME

A developmental history helps the clinician understand timing and context. It is not meant to assign fault. If family involvement is unsafe, unavailable, or unwanted, tell the clinician so you can discuss other sources of information. [4, 8]

STEP 1 OF 4

Start with Daily Life

Specific examples help a clinician understand what happens, where it happens, how often it happens, how it affects you, and what helps. The examples below are prompts—not proof of ADHD or autism. Similar experiences can have many causes. [5, 6, 8]

WHAT THIS CAN LOOK LIKE

- Rereading the same email several times when tired, especially after meetings.
- Needing substantial recovery time after a social event.
- Relying on a detailed calendar system and still missing some items.
- Feeling overwhelmed by an unexpected schedule change.

> **TRY IT**
>
> Write one specific, recent example. Include where it happened, what the effect was, and what helped, if anything.

Look for patterns across work or school, home, relationships, and rest—not only your hardest day. Recent examples show current functioning; older examples help establish the timeline. [3, 4, 5, 7]

STEP 2 OF 4

Gather What's Useful

Bring prior evaluations, treatment summaries, school records, IEPs, 504 plans, report cards, or other relevant records if you have them. With your agreement, information from someone who knows you well may also help. Guidelines recommend developmental and collateral information where possible. [4, 5, 7, 9]

Missing records should not automatically end the process, but they may limit certainty. Tell the clinician what is unavailable and why, and ask how that affects the assessment. [4, 9]

WHAT TO BRING OR ASK ABOUT

- Prior reports or school records, if available.
- A short list of questions about process, timing, feedback, privacy, and cost.
- A few concerns you do not want to forget.
- Notes from a partner, friend, or family member, if you want to include them.

TRY IT

List what you have on hand and one thing you wish you knew. Ask the clinician whether the missing information matters.

STEP 3 OF 4

Make Room for the Timeline

For adult ADHD, the clinician looks for evidence that several symptoms were present before age 12 and that current symptoms are persistent, impairing, and occur in more than one setting. For adult autism, the clinician looks for core features that were present in childhood and continue into adulthood. [3, 4, 5, 7]

Your timeline does not have to be perfect. Think about early school and social experiences, transitions, sensory experiences, routines, work, relationships, and strategies you have used. Childhood experiences may provide useful evidence, but they are considered alongside adult functioning and other available information. [4, 5, 6, 7, 9]

QUESTIONS TO CONSIDER

- What felt easy or hard in school, early jobs, or living independently?
- Which routines or environments have been draining or stabilizing?
- What strategies helped? Did they require a lot of effort?
- Did the pattern begin before or after a period of stress, loss, illness, medication change, or sleep difficulty?

TRY IT

Sketch a rough timeline in a sentence or two: when you first remember the pattern, what stayed the same, and what changed.

STEP 4 OF 4

Prepare Questions About Fit

The first consultation is a chance to understand how the clinician works. Ask about the assessment question, methods, clinician qualifications, information they need, how results are explained, and whether you will receive a written report. [4, 7, 8]

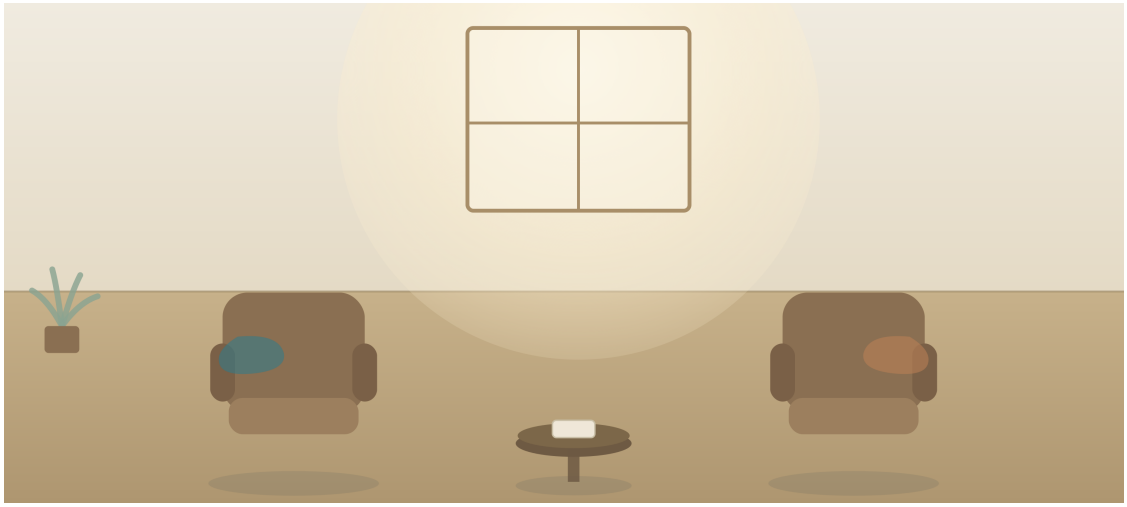
You can also ask how your consent, privacy, accessibility needs, language, culture, and communication preferences will be handled. You may take time to decide whether to move forward unless an urgent safety concern requires immediate care. [8, 11]

QUESTIONS YOU MIGHT ASK

- What question will this evaluation answer?
- What does the evaluation include, and how many visits are expected?
- How will you use questionnaires, observation, records, or information from another person?
- How and when will results be explained? Will I receive a written report?
- What happens if the findings do not support ADHD or autism?
- What support is available if the process brings up difficult feelings?

TRY IT

Write the one or two questions you most want answered in the first consultation.



What a Full Evaluation Adds

A pattern you notice, an online screener, and a developmental history are useful starting points. None can diagnose ADHD or autism by itself. A screener may help identify whether a comprehensive assessment is worth considering. Neuropsychological testing is not routinely required to diagnose ADHD; the clinician selects methods based on the question. [3, 4, 7, 9]

PREPARATION CAN HELP—BUT IT CANNOT DIAGNOSE

Specific examples give the clinician a place to start. Screeners can flag a need for further assessment. A timeline helps show whether a pattern is longstanding or recent. A diagnosis requires a qualified clinician to integrate the full information. [3, 4, 5, 6, 7]

When the Picture May Include Something Else

A thorough assessment considers conditions that may overlap with ADHD or autism, occur alongside them, or affect treatment. The aim is not to dismiss your concerns; it is to understand the full picture. [3, 4, 7, 9]

- Sleep problems, including obstructive sleep apnea, can contribute to fatigue or attention problems. Treating a sleep disorder may improve symptoms, but improvement is not guaranteed and does not by itself confirm or rule out ADHD. [7]
- Thyroid disease, anemia, hearing or vision problems, and other medical conditions can sometimes contribute to concentration changes. Medical tests should be based on your history, symptoms, and examination—not ordered routinely for everyone. [7]

- Anxiety, depression, trauma-related conditions, and substance-use disorders can cause overlapping symptoms and can also occur with ADHD or autism. Treatment depends on the full assessment, safety, impairment, and your preferences. [3, 4, 7, 9]
- Caffeine, cannabis, other substances, and some medicines can affect sleep, attention, activity, or mood. A clinician may ask about them to understand symptoms and plan safe care. [3, 7, 9]
- Social anxiety and autism can overlap or occur together. A clinician considers developmental history, patterns across settings, thoughts and fears, communication, sensory experiences, and restricted or repetitive patterns rather than using a simple rule. [4, 6]

Talk to your clinician before changing any medication, supplement, caffeine use, or substance use in preparation for an assessment.

Making an Evaluation Realistic

The original guide's private-pay price range could not be substantiated with a high-quality national source and has been removed. Before booking, ask the practice and your insurer—if you plan to use insurance—what is included, which clinicians and billing codes are involved, and what you may owe.

If you are uninsured or plan to pay without using insurance, U.S. providers usually must give you a written good faith estimate for scheduled care when you ask or when the timing requirements apply. The estimate is not a final bill. See the CMS resource in the references for details and exceptions. [13]

COST QUESTIONS TO ASK

- Is there a charge for the first consultation, testing, scoring, feedback, or the written report?
- Will more than one clinician bill me?
- What billing codes do you expect to use, and is prior authorization needed?
- Do you offer payment plans or reduced-fee options?
- Would a staged assessment be clinically appropriate, and how would it change the total cost and timeline?

A Note on ADHD Medication

For adults who are diagnosed with ADHD, medication may reduce core symptoms and improve functioning, but benefit and side effects vary. A prescribing medical doctor can answer questions and provide clarity on medication and non-medication options, expected benefits, side effects, and monitoring. [3, 5, 7, 10]. Remember also talk to the prescriber before starting, changing, or stopping medication.

References

The numbered references below support factual statements in this guide.

- [1] National Institute of Mental Health (NIMH), Attention-Deficit/Hyperactivity Disorder (ADHD) statistics. https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd
- [2] Centers for Disease Control and Prevention (CDC), Estimated Number of Adults Living with Autism Spectrum Disorder in the United States, 2017. https://archive.cdc.gov/www_cdc_gov/autism/publications/adults-living-with-autism-spectrum-disorder.html
- [3] NICE, Attention deficit hyperactivity disorder: diagnosis and management (NG87), recommendations. https://www.nice.org.uk/guidance/ng87/chapter/recommendations
- [4] NICE, Autism spectrum disorder in adults: diagnosis and management (CG142), recommendations. https://www.nice.org.uk/guidance/cg142/chapter/recommendations
- [5] NIMH, Attention-Deficit/Hyperactivity Disorder: What You Need to Know. https://www.nimh.nih.gov/health/publications/adhd-what-you-need-to-know
- [6] NIMH, Autism Spectrum Disorder. https://www.nimh.nih.gov/health/publications/autism-spectrum-disorder
- [7] Australian ADHD Professionals Association, Australian Evidence-Based Clinical Practice Guideline for ADHD (2024). https://adhdguideline.aadpa.com.au/wp-content/uploads/2024/06/Australian-Clinical-Practice-Guideline-For-ADHD-June-2024.pdf
- [8] American Psychological Association, Guidelines for Psychological Assessment and Evaluation. https://www.apa.org/about/policy/guidelines-psychological-assessment-evaluation.pdf
- [9] Asherson et al., The adult ADHD assessment quality assurance standard (Frontiers in Psychiatry, 2024). https://pmc.ncbi.nlm.nih.gov/articles/PMC11327143/
- [10] U.S. Food and Drug Administration, Updated warnings for prescription stimulants. https://www.fda.gov/drugs/drug-safety-communications/fda-updating-warnings-improve-safe-use-prescription-stimulants-used-treat-adhd-and-other-conditions
- [11] Substance Abuse and Mental Health Services Administration, Crisis help. https://www.samhsa.gov/find-support/in-crisis
- [12] United Way 211, local community resources. http://www.211.org/
- [13] Centers for Medicare & Medicaid Services, medical bill rights when not using insurance. https://www.cms.gov/initiatives/your-patient-rights/medical-bill-rights/know-your-medical-bill-rights/know-your-medical-bill-rights-when-not-using-insurance

EDUCATIONAL USE ONLY

This guide provides general education. It is not a substitute for professional medical advice, diagnosis, or treatment, and it does not create a clinician–patient relationship. Talk with a qualified clinician about your own situation. Seek urgent care for immediate danger, a medical emergency, or a mental-health crisis.