DSM 5 Criteria for Persistent Depressive Disorder

Patient Information	
Name: Jane Doe	Date of Birth: January 1, 1980
Patient ID: 123456	Date of Assessment: October 10, 2023
Referring Clinician: Dr. Smith	
DSM-5 Criteria for Persistent Depressive Disorder	

A. Depressed Mood:
For most of the day, more days than not, as indicated either by subjective account or observation by others, for at least 2 years (in children and adolescents, mood can be irritable, and duration must be at least 1 year).

B. Presence, while depressed, of two (or more) of the following:

1. Poor appetite or overeating.
2. Insomnia or hypersomnia.
3. Low energy or fatigue.
4. Low self-esteem.
5. Poor concentration or difficulty making decisions.
6. Feelings of hopelessness.

C. During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.

D. Criteria for a major depressive disorder may be continuously present for 2 years.

E. There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder.

F. The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hypothyroidism).

H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Assessment and Evaluation	
Symptom Checklist	
Poor Appetite or Overeating:	Low Self-esteem:
(●) Yes ( ) No	(●) Yes ( ) No
Insomnia or Hypersomnia:	Poor Concentration/Difficulty Making Decisions:
(●) Yes ( ) No	( ) Yes (●) No
Low Energy or Fatigue:	Feelings of Hopelessness:
( ) Yes (●) No	(●) Yes ( ) No
Duration of Symptoms	
Depressed Mood Duration:	
Over 3 years	
Symptom-free Intervals:	
None longer than 2 months	
Major Depressive Episodes	
Presence of Major Depressive Episodes:	
(●) Yes ( ) No	
Duration: Continuous presence over 2 years	
Exclusion Criteria	
Manic / Hypomanic Episodes:	Schizophrenia Spectrum Disorders:
( ) Yes (●) No	( ) Yes (●) No
Substance / Medical Condition:	
( ) Yes (●) No	

Functional Impairment

Description of Impairment:

Jane has experienced significant difficulty in maintaining employment and has isolated herself from social activities due to her depressive symptoms.

Impact on Daily Life:

Marked impairment in occupational functioning and social isolation.

Diagnostic Confirmation

Meets Criteria for Persistent Depressive Disorder:

(●) Yes ( ) No

Additional Comments:

Jane's long-term symptoms of depression, coupled with her history of poor appetite, insomnia, low self-esteem, and hopelessness, meet the DSM-5 criteria for Persistent Depressive Disorder.

Treatment Recommendations

Psychotherapy Options:

Cognitive Behavioral Therapy (CBT) focused on addressing negative thought patterns and building coping strategies.

Pharmacotherapy Options:

Consideration of an SSRI, such as Sertraline, to help alleviate symptoms.

Lifestyle and Supportive Measures:

Encouragement of regular physical activity and joining a support group for individuals with depression.

Signature of Evaluating Clinician

Dr. Green

Date: October 10, 2023

Patient Acknowledgment

I, Jane Doe , acknowledge the diagnosis and understand the treatment recommendations provided by the clinician.

Patient / Guardian Signature

Jonas Doe

Date: October 11, 2023