DSM 5 Criteria for Persistent Depressive Disorder

Patient Information	
Name:	Date of Birth:
Patient ID:	Date of Assessment:
Referring Clinician:	
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:		
Symptom-free Intervals:		
Major Depressive Episodes		
Presence of Major Depressive Episodes:		
☐ Yes No		
Duration:		
Exclusion Criteria		
Manic / Hypomanic Episodes:	Schizophrenia Spectrum Disorders:	
☐ Yes No	☐ Yes No	
Substance / Medical Condition:		
☐ Yes No		

Functional Impairment
Description of Impairment:
Impact on Daily Life:
Diagnostic Confirmation
Meets Criteria for Persistent Depressive Disorder:
☐ Yes No
Additional Comments:
Treatment Recommendations
Psychotherapy Options:

Pharmacotherapy Options:
Lifestyle and Supportive Measures:
Lifestyle and Supportive Measures.
Signature of Evaluating Clinician
Date:
Patient Acknowledgment
I, , acknowledge the diagnosis and understand
the treatment recommendations provided by the clinician.
Patient / Guardian Signature
Date: