

DSM 5 Major Depressive Disorder

Name:

Date:

Completed by:

DEPRESSIVE SYMPTOMS

Note:

- Must have more than five (5) symptoms that are present and sustained.
- At least the depressed mood or loss of interest/pleasure symptom must be present.
- Exclude symptoms clearly attributable to another medical condition.

	Present	Sustained (Present for >2 weeks daily)
Depressed Mood most of the day or nearly every day. It can be subjective (e.g., feels sad, empty, hopeless) or observed by others (e.g., appears tearful). Note: in children and adolescents, this may manifest in an irritable mood.	<input type="checkbox"/>	<input type="checkbox"/>
Diminished or loss of interest/pleasure in all or almost all activities most of the day, nearly every day. It can be subjective or observed by others.	<input type="checkbox"/>	<input type="checkbox"/>
Significant weight loss without dieting or weight gain of >5% body weight in a month. Decreased/increased appetite nearly every day. Note: This may be a failure to gain weight as expected in children.	<input type="checkbox"/>	<input type="checkbox"/>

Insomnia or hypersomnia nearly every day.	<input type="checkbox"/>	<input type="checkbox"/>
Psychomotor agitation or retardation nearly every day. Only observable by others and not subjective feelings of restlessness.	<input type="checkbox"/>	<input type="checkbox"/>
Loss of energy or fatigue nearly every day.	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate/excessive guilt (which may be delusional) or feelings of worthlessness nearly every day. Not merely guilt about being sick or self-reproach.	<input type="checkbox"/>	<input type="checkbox"/>
Decreased concentration, indecisiveness, or diminished ability to think/concentrate nearly every day. It may be subjective or observed by others.	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, suicide attempt, or a specific plan for committing suicide.	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL REQUIRED CRITERIA

Note:

- Must meet all four (4) criteria and at least five (5) depressive symptoms above.

The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.	<input type="checkbox"/>

<p>The episode is not attributable to the physiological effects of a substance or another medical condition.</p>	<input type="checkbox"/>
<p>The episode cannot be better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other unspecified schizophrenia spectrum and other psychotic disorders.</p>	<input type="checkbox"/>
<p>No history of manic or hypomanic episodes. Note that this exclusion doesn't apply if all manic-like or hypomanic-like episodes are substance-induced or attributable to another medical condition's physiological effects.</p>	<input type="checkbox"/>