

Client _____ Date _____

Depression DSM-5 Diagnostic Criteria

The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

I have provided the diagnostic information to the client and shared their diagnosis with them. They have agreed to work on the above identified behavioral symptoms. They acknowledged understanding that the identified symptoms will be directly implemented into their individualized treatment plan.

_____ Date

Depression SUDS

- Depressed mood most of the day, nearly every day.
1 2 3 4 5 6 7 8 9 10
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
1 2 3 4 5 6 7 8 9 10
- Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
1 2 3 4 5 6 7 8 9 10
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
1 2 3 4 5 6 7 8 9 10
- Fatigue or loss of energy nearly every day.
1 2 3 4 5 6 7 8 9 10
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
1 2 3 4 5 6 7 8 9 10
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
1 2 3 4 5 6 7 8 9 10
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
1 2 3 4 5 6 7 8 9 10

Counselor Signature

Date