

Additional Depressive Disorders Specifiers

[ONLY COMPLETE SPECIFIER(S) THAT ARE DEEMED RELEVANT. FOR RESPONSE OPTIONS WITH ☒, FURTHER QUERY WITHIN THAT SPECIFIER SHOULD BE STOPPED BUT ASSESSMENT OF OTHER RELEVANT SPECIFIERS MAY BE APPROPRIATE.]

With Anxious Distress

1. On most days during your period of low mood, did you:

- ☐ Feel keyed up or tense?
- ☐ Feel more restless than usual?
- ☐ Have trouble concentrating when you were worried?
- ☐ Fear that something bad or catastrophic was going to happen?
- ☐ Feel like you might lose control of yourself?

[AT LEAST TWO #1 ITEMS ARE CHECKED]

A
☒

P

[SPECIFY:]

WITH ANXIOUS DISTRESS ☐

[SPECIFY:]

2 SYMPTOMS

MILD ☐

3 SYMPTOMS

MODERATE ☐

4-5 SYMPTOMS

MODERATE-SEVERE ☐

4-5 SYMPTOMS AND WITH MOTOR AGITATION (E.G., KEYED UP, RESTLESS)

SEVERE ☐

With Mixed Features

1. On most days during your period of low mood, did you:

- ☐ Also have periods of elevated mood?
- ☐ Feel really important or have very high self-esteem?
- ☐ Talk a lot or feel a pressure to talk a lot?
- ☐ Have racing thoughts?
- ☐ Have an increase in energy or activity level?
- ☐ Engage in riskier behaviours than normal (e.g., shopping sprees, sexual activity, use of alcohol or substances)?
- ☐ Need less sleep but still felt rested?

[AT LEAST THREE #1 ITEMS ARE CHECKED]

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2. [SYMPTOMS ARE DIFFERENT FROM USUAL AND OBSERVABLE BY OTHERS. IF NOT KNOWN, ASK:]

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Were these symptoms different from your usual state? Did other people notice or comment?

- | | | |
|---|---|----------|
| 3. [MANIA OR HYPOMANIA IS NOT CURRENTLY PRESENT] | A
<input checked="" type="checkbox"/> | P |
| 4. [THE SYMPTOMS ARE NOT BETTER ACCOUNTED FOR BY SUBSTANCE USE. IF NOT KNOWN, ASK:] | A
<input checked="" type="checkbox"/> | P |

Were you using any substances just before these symptoms began? Do you think this may have caused your symptoms or made them worse?

[SPECIFY:]

WITH MIXED FEATURES ☐
(I.E., MANIC AND DEPRESSIVE SYMPTOMS)

With Melancholic Features

- | | | |
|--|---|----------|
| 1. On the most severe days of your period low mood, did you: | | |
| <input type="checkbox"/> Have a complete loss of pleasure in most activities that you enjoy?
<input type="checkbox"/> Have no emotional reaction to positive or pleasant experiences? | | |
| [AT LEAST ONE #1 ITEM IS CHECKED] | A
<input checked="" type="checkbox"/> | P |
| 2. During this period of low mood, did you also: | | |
| <input type="checkbox"/> Feel intense sadness, hopelessness, or empty mood?
<input type="checkbox"/> Have consistently worse mood in the morning?
<input type="checkbox"/> Have early-morning awakenings (≥ 2 hours earlier than usual)?
<input type="checkbox"/> Feel physically slowed down or restless?
<input type="checkbox"/> Have a significant loss of appetite or lose weight?
<input type="checkbox"/> Feel excessive guilt even without a good reason? | | |
| [AT LEAST THREE #2 ITEMS ARE CHECKED] | A
<input checked="" type="checkbox"/> | P |

[SPECIFY:]

WITH MELANCHOLIC FEATURES ☐

With Atypical Features

- | | | |
|--|---|----------|
| 1. On most days during your period of low mood, did your mood improve when you experienced or thought about positive events? | A
<input checked="" type="checkbox"/> | P |
| 2. During this period of low mood, did you also: | | |
| <input type="checkbox"/> Have significant weight gain or increased appetite?
<input type="checkbox"/> Sleep for longer than usual (i.e., daytime naps and nighttime sleep > 10 hours or 2 hours longer than normal sleep when not depressed)?
<input type="checkbox"/> Have a heavy feeling in your arms or legs?
<input type="checkbox"/> Feel very sensitive to possible rejection by others that interfered in your functioning either socially or at work even when you're not depressed? | | |

3. **Regardless of your mood:** [I.E., SYMPTOMS SHOULD BE LONGSTANDING AND NOT EXCLUSIVELY PRESENT DURING AN EPISODE OF LOW MOOD]
☐ **Do you often feel very sensitive to possible rejection by others, which interfered in your functioning either socially or at work?**

[AT LEAST TWO ITEMS ACROSS #2 AND/OR #3 ARE CHECKED]

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4. [MELANCHOLIC OR CATATONIC SPECIFIERS ARE NOT PRESENT]

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[SPECIFY:]

WITH ATYPICAL FEATURES ☐

With Psychotic Features

1. [WITHIN THE CONTEXT OF A DEPRESSIVE EPISODE, DELUSIONS AND/OR HALLUCINATIONS ARE PRESENT]

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[SPECIFY:]

DELUSIONS/HALLUCINATIONS ARE CONSISTENT WITH TYPICAL DEPRESSIVE THEMES, SUCH AS INADEQUACY, GUILT, DISEASE, DEATH, NIHILISM, PUNISHMENT

WITH MOOD-CONGRUENT PSYCHOTIC FEATURES ☐

[SPECIFY:]

DELUSIONS/HALLUCINATIONS DO NOT INVOLVE TYPICAL DEPRESSIVE THEMES OR ARE MIXED IN CONTENT

WITH MOOD-INCONGRUENT PSYCHOTIC FEATURES ☐

With Catatonia

1. [FOR MOST OF THE EPISODE, SYMPTOMS OF CATATONIA ARE PRESENT:]
- ☐ [STUPOR – NO PSYCHOMOTOR ACTIVITY, NOT REACTIVE TO STIMULI]
 - ☐ [CATALEPSY – RIGID POSTURE HELD AGAINST GRAVITY]
 - ☐ [WAXY FLEXIBILITY – SLIGHT BUT EVEN RESISTANCE TO POSITIONING BY SOMEONE]
 - ☐ [MUTISM – NO OR LIMITED VERBAL ACTIVITY]
 - ☐ [NEGATIVISM – DOES NOT RESPOND TO OR OPPOSES INSTRUCTION]
 - ☐ [POSTURING – ACTIVELY MAINTAINS POSTURE AGAINST GRAVITY]
 - ☐ [MANNERISM – SHOWS AN ODD CARICATURE OF NORMAL EMOTIONS]
 - ☐ [STEREOTYPY – DISPLAYS MOVEMENTS THAT ARE REPETITIVE, FREQUENT, AND WITHOUT PURPOSE/GOAL]
 - ☐ [AGITATION THAT IS NOT TRIGGERED BY EXTERNAL STIMULI]
 - ☐ [GRIMACING]
 - ☐ [ECHOLALIA – MIMICS SPEECH]
 - ☐ [ECHOPRAXIA – MIMICS MOVEMENTS]

[AT LEAST THREE #1 ITEMS ARE CHECKED]

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[SPECIFY:]

WITH CATATONIA ☐**With Peripartum Onset**

- | | | | |
|----|---|---|----------|
| 1. | [ONSET OF MOOD SYMPTOMS OCCURRED DURING PREGNANCY OR WITHIN 4 WEEKS FOLLOWING DELIVERY] | A
<input checked="" type="checkbox"/> | P |
|----|---|---|----------|

[SPECIFY:]

WITH PERIPARTUM ONSET ☐**With Seasonal Pattern**

[CONSIDER FOR RECURRENT MAJOR DEPRESSIVE DISORDER ONLY:]

- | | | | |
|----|--|---|----------|
| 1. | [PRESENCE OF A CONSISTENT RELATIONSHIP BETWEEN ONSET OF DEPRESSIVE EPISODE AND TIME OF YEAR THAT IS NOT ACCOUNTED FOR BY PSYCHOSOCIAL STRESSORS] | A
<input checked="" type="checkbox"/> | P |
|----|--|---|----------|

[SPECIFY TIME OF YEAR FOR ONSET:] _____

- | | | | |
|----|---|---|----------|
| 2. | [REMISSION (OR CHANGE TO MANIA/HYPOMANIA) OCCURS AT SPECIFIC TIME OF YEAR, E.G., IMPROVED MOOD IN SPRING] | A
<input checked="" type="checkbox"/> | P |
|----|---|---|----------|

[SPECIFY TIME OF YEAR FOR REMISSION:] _____

- | | | | |
|----|--|---|----------|
| 3. | [OVER THE LAST 2 YEARS, PRESENCE OF TWO DEPRESSIVE EPISODES DURING THE CHARACTERISTIC TIME OF YEAR, AS SPECIFIED ABOVE, AND NO DEPRESSIVE EPISODES AT OTHER TIMES OF THE YEAR] | A
<input checked="" type="checkbox"/> | P |
|----|--|---|----------|

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|----|---|---|----------|
| 4. | [ACROSS THE LIFETIME, DEPRESSIVE EPISODES HAVE OCCURRED SIGNIFICANTLY MORE OFTEN DURING A SPECIFIED TIME OF YEAR THAN AT OTHER TIMES] | A
<input checked="" type="checkbox"/> | P |
|----|---|---|----------|

[SPECIFY:]

WITH SEASONAL PATTERN ☐