DSM-5 Symptom Checklist

Name: ___________________________  Date: _______________

**Depression**

**Core symptoms:** (need at least 1)
- Depressed/Irritable mood  
  Ever? Y/N  Past 2 weeks? Y/N
- Anhedonia  
  Ever? Y/N  Past 2 weeks? Y/N

**Additional symptoms:** (need at least 5 nearly every day for diagnosis of Major Depressive Disorder [need 4 if both core symptoms are present])
- Weight/appetite change
- Psychomotor agitation/retardation (observable)
- Sleep disturbance
- Fatigue
- Worthlessness/guilt
- Hopelessness
- Concentration/indecision
- Suicidal ideation/thoughts of death

Onset: _____________  # Episodes: ______  Duration: _____________  Impairment: _______________________

**Suicidal thoughts and behaviors history:** (for teen report, can be pulled from information gathered during C-SSRS)
Ever thoughts of suicide, ending life, or harming self? Thoughts about not wanting to be here? __________________________

Last occurrence: ______________________________________

Attempts: Y/N  Age and method: __________________________________________

**Dysthymia** (for differential diagnosis)

**Diagnostic criteria:** (need 1+ yr of depressed/irritable mood plus at least 2)
- Depressed/irritable mood
- High/low appetite
- Sleep disturbance
- Fatigue
- Low self-esteem
- Poor concentration/difficulty making decisions
- Hopelessness

**Additional criterion:**
- Not without symptoms for more than 2 months

**Mania**

**Core symptoms:** (need both plus time)
- Elevated/irritable/expansive mood
- Increase in goal-directed activity or energy
- Occurring most of time for 1 week

**Additional symptoms:** (need 3, or need 4 if mood only irritable)
- Inflated self-esteem/grandiosity
- Decreased need for sleep
More talkative/pressured speech  
Racing thoughts  
Distractibility  
Psychomotor agitation  
Risky behaviors  
Hospitalization/psychosis

Onset: __________________________  Frequency: __________________________  Impairment: __________________________

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**Schizophrenia**

**Core symptoms:** (need 2, at least 1 of which is a starred symptom)
- *Delusions
- *Hallucinations
- *Disorganized speech
- Grossly disorganized/catatonic behavior
- Negative symptoms

**Additional symptoms:** (need all)
- Level of functioning in at least one domain is markedly lower than prior to onset
- Continuous signs of disturbance for 6mo, at least 1mo of which core symptoms are present
- Ruled out schizoaffective disorder and depressive or bipolar disorder w/ psychotic features

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**Schizoaffective Disorder** (for differential diagnosis)

**Diagnostic criteria:**
- Meets core symptoms requirement for schizophrenia plus concurrent major mood episode (major depressive, manic)
- At least 2wks of delusions or hallucinations in the absence of major mood episode (lifetime)
- Ruled out schizoaffective disorder and depressive or bipolar disorder w/ psychotic features

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**Brief Psychotic Disorder** (for differential diagnosis)

**Diagnostic criteria:**
- Meets core symptoms requirement for schizophrenia
- Duration of episode at least 1 day - <1mo with return to premorbid functioning
- Ruled out depressive or bipolar disorder w/ psychotic features and other psychotic disorders

Onset: __________________________  Frequency: __________________________  Impairment: __________________________

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**Separation Anxiety**

**Diagnostic criteria:** (need 3 + duration of at least 4 weeks)
- Persistent and excessive…
- …distress when anticipating/experiencing separation from home or caregiver
- …worry about losing caregiver or harm to them (illness/injury/disaster/death)
- …worry about experiencing untoward event (lost, kidnapped, accident) causing separation
- …fear or reluctance about being alone or without caregiver at home or in other settings
- …reluctance or refusal to go out, away from home, to school, work, or elsewhere b/c of fear of separation
- …reluctance or refusal to sleep away from home or go to sleep w/o being near caregiver
- repeated nightmares involving theme of separation
- repeated complaints of physical sxs (headache, GI) when separation occurs or is anticipated
- symptoms reported lasting at least 4 weeks?

Onset: __________________________  Frequency: __________________________  Impairment: __________________________
Social Anxiety Disorder

Diagnostic criteria: (need all)
___ Marked fear/anxiety in social (peer) situations (conversations, being watched, performance)
___ Fear of showing anxiety sx or doing something that will lead to embarrassment, rejection, or offending someone
___ Situations almost always provoke fear or anxiety and are avoided or endured with intense fear/anxiety
___ Persistent (~6mo)

Fear/anxiety present in:
___ Conversation
___ Meeting new people
___ Eating in front of others
___ Speech/performance
___ Talking in class
___ Speaking with authority figures
___ Using public restrooms
___ Dating

Onset: _____________________ Frequency: _____________________ Impairment: _____________________

Generalized Anxiety Disorder

Core symptoms: (need all)
___ Several different everyday things
___ Duration of 6 mo
___ Excessive
___ More days than not
___ Difficult to control

Other symptoms: (need 1)
___ Easily fatigued
___ Irritability
___ Restless/on edge
___ Concentration difficult/mind going blank
___ Muscle tension
___ Sleep disturbance

Content of anxiety/worries:
___ Work/school/other performance
___ Health/wellbeing (self)
___ Health/wellbeing (others)
___ Bad things happening
___ Money/finances
___ Chores/responsibilities
___ Making mistakes
___ Being late
___ Future events/appts
___ Friends
___ Current events

Onset: _____________________ Frequency: _____________________ Impairment: _____________________
**Panic Disorder**

**Core symptoms:**
___ Abrupt surge of intense fear/discomfort, peak within minutes
   +
___ 1 mo of persistent worry of having another panic attack or of its consequences
   OR
___ Maladaptive behavior change

**Additional symptoms:** (need 4+)
___ Increased heart rate
___ Sweating
___ Chest pain
___ Difficulty breathing
___ Choking
___ Trembling/shaking
___ Nausea
___ Chills/hot flashes
___ Dizzy/lightheaded/faint
___ Numb/tingle
___ Detached from body
___ Things seem unreal
___ Fear that dying
___ Fear losing control/going crazy

**Agoraphobia** (for differential diagnosis)

**Diagnostic criteria:** (need fear + avoidance of 2 + 6 mo duration)
___ Transportation
___ Open spaces
___ Enclosed places
___ In line/crowd
___ Outside home alone
___ At least 6mo in duration

Onset: __________________ Frequency: __________________ Impairment: __________________

**Obsessive-Compulsive Disorder**

**Core symptoms:** (need obsessions or compulsions plus time/distress)
___ Obsessions (both of below)
   ___ Recurrent and persistent thoughts, urges, images that are unwanted/intrusive (dirt/germs, harm, religion)
   +
   ___ Attempts to ignore/suppress/neutralize
___ Compulsions (feel need to repeat behaviors/mental acts to prevent/reduce distress or bad outcome; e.g., wash/check/count/even out)
___ Take >1 hr/day or cause distress/impairment

Onset: __________________ Frequency: __________________ Impairment: __________________
Oppositional Defiant Disorder

Core symptoms: (need 4 that occur “often”)
- Loses temper
- Touchy or easily annoyed
- Angry and resentful
- Argues w/ adults
- Deliberately annoys others
- Actively defies or refuses to comply w/ requests from adults or rules
- Blames others for mistakes or misbehavior
- Has been spiteful or vindictive at least twice w/ in the past 6 months

Duration/frequency: (need both)
- Duration of 6 mo
- Occurring 1+ times per week (age 5 and up [most days if 4 or younger])

Onset: ___________________ Frequency: ___________________ Impairment: ___________________
_________________________________________________________________________________

Intermittent Explosive Disorder

Core symptom: (need in one of the listed forms)
- Recurrent behavioral outbursts manifested by either:
  - Verbal aggression or physical aggression toward property, animals, or other individuals, occurring ~2x/week
    for period of 3mo
  - no damage or destruction of property, no physical injury to animals or other individuals
  OR
  - Three behavioral outbursts involving damage or destruction of property and/or physical assault involving
    physical injury against animals or other individuals, occurring within a 12mo period

Additional symptoms: (need all)
- Aggressiveness during outbursts grossly out of proportion to precipitant
- Outbursts not premeditated or committed to achieve tangible objective (e.g., money)
- Cause distress in individual, impairment, or associated with or legal consequences
- At least 6 years old

Onset: ___________________ Frequency: ___________________ Impairment: ___________________
_________________________________________________________________________________

Conduct Disorder

Core symptoms: (need 3 in past 12mo, with at least 1 in past 6mo + impairment)
- Bullies/threatens/intimidates
- Initiates physical fights
- Used weapon
- Physically cruel to people
- Physically cruel to animals
- Stolen while confronting victim
- Forced other into sexual act
- Fire setting
- Destroyed others’ property
- Broken into house, building, or car
- Lies/”cons”
- Stolen without confronting victim (item of nontrivial value)
- Stays out at night (beginning before age 13)
Run away overnight at least 2x or 1x without returning for long period

Impairment

Onset: ____________________ Frequency: _______________ Impairment: ____________________

Attention Deficit/Hyperactivity Disorder

Core symptoms: (need 6 [need 5 for age 17 and older])

- Fails to give close attention to detail or makes careless mistakes in work
- Difficulty sustaining attention in tasks/activities (lectures/conversations/lengthy readings)
- Doesn’t listen when spoken directly to (mind seems elsewhere, even in absence of obvious distraction)
- Fails to follow through on instructions or complete tasks (school/chores) not due to noncompliance (starts but quickly loses focus, easily sidetracked)
- Difficulty organizing tasks/activities (managing sequential tasks, keeping material/belongings in order, messy, disorganized work, poor time mgmt., fails to meet deadlines)
- Avoids, dislikes, or reluctant to engage in tasks requiring sustained mental effort (HW, reports, completing forms)
- Loses things necessary for tasks/activities (school materials, pencils, books, wallets, keys, paperwork, glasses, phone)
- Distracted by extraneous stimuli or unrelated thoughts
- Fidgets w/ or taps hands/feet, squirms in seat
- Leaves seat when in situations expected to remain seated
- Funs about or climbs when inappropriate (adol: restlessness)
- Unable to play or engage in leisure activities quietly
- On the go or acts like driven by motor (unable to be or uncomfortable sitting still for extended time (restaurants, meetings; others experience as difficult to keep up with)
- Talks excessively
- Blurs out answer before question completed (completes others’ sentences, can’t wait for turn in conversation)
- Difficulty waiting turn (e.g., while waiting in line)
- Interrupts or intrudes on others (butts into conversations, games, activities; using others’ things w/o permission; intrude into/take over what others are doing)

Additional criteria: (need all)

- Symptoms occurring often
- Several symptoms present before age 12
- Occur across 2 or more settings

Onset: ____________________ Frequency: _______________ Impairment: ____________________

Post-Traumatic Stress Disorder

**Note that your client’s and/or parent’s report of trauma-related symptoms from the CATS assessment can be mapped onto the diagnostic criteria below. Clinicians can use the responses from the CATS to aid in diagnosis and follow up on individual symptoms for clarity as needed.**

Criterion A:
- Exposure to trauma

Criterion B: (need 1)

- Intrusive thoughts (CATS #1)
- Nightmares (CATS #2)
- Flashbacks (CATS #3)
- Reminders cause intense/prolonged distress (CATS #4)
- Physiological reactions/arousal (CATS #5)
Criterion C: (need 1)
Avoidance of...
___ ... thoughts, feelings, memories (CATS #6)
___ ... people, places, conversations, activities, objects, situations (CATS #7)

Criterion D: (need 2)
___ Inability to remember important aspects of event (CATS #8)
___ Negative beliefs about self/others/world (CATS #9)
___ Blame self/others (CATS #10)
___ Persistent negative emotional state (CATS #11)
___ Low interest in activities (CATS #12)
___ Feeling detached/estranged (CATS #13)
___ Inability to experience positive emotions (CATS #14)

Criterion E: (need 2)
___ Verbal or physical aggression (CATS #15)
___ Reckless or self-destructive behavior (CATS #16)
___ Hypervigilence (CATS #17)
___ Exaggerated startle response (CATS #18)
___ Concentration problems (CATS #19)
___ Sleep disturbance (CATS #20)

Diagnostic criteria: (need all 7)
___ Criterion A met
___ Criterion B met
___ Criterion C met
___ Criterion D met
___ Criterion E met
___ Duration of Criteria B, C, D, and E all >1mo
___ Impairment/distress

Acute Stress Disorder (for differential diagnosis)

Diagnostic criteria: (need exposure + 9)
___ Exposure to trauma
___ *Intrusive thoughts (CATS #1)
___ *Nightmares (CATS #2)
___ *Flashbacks (CATS #3)
___ *Reminders cause intense/prolonged distress (CATS #4) or physiological reactions/arousal (CATS #5)
___ Inability to experience positive emotions (CATS #14)
___ Altered sense of reality (daze, time slowing, see self from other’s perspective) (note: no CATS item)
___ Inability to remember important aspects of event (CATS #8)
___ Efforts to avoid thoughts, feelings, memories (CATS #6)
___ Efforts to avoid people, places, conversations, activities, objects, situations (CATS #7)
___ Sleep disturbance (CATS #20)
___ Verbal or physical aggression (CATS #15)
___ Hypervigilence (CATS #17)
___ Concentration problems (CATS #19)
___ Exaggerated startle response (CATS #18)

Additional criteria: (need both)
___ Duration of starred symptoms is 3 days - 1mo after trauma exposure
___ Impairment/distress

Traumatic event:

Specifics of avoidance:
### Anorexia Nervosa

**Diagnostic criteria:** (need all)
- [ ] Significantly low body weight from restriction of energy intake relative to physical requirements
- [ ] Intense fear of gaining weight/becoming fat or persistent behavior interfering with gaining weight
- [ ] Disturbance in perception/experience of one’s body weight/shape

**Additional criteria:**

**Onset:** ____________________  **Frequency:** ____________________  **Impairment:** ____________________

### Bulimia Nervosa

**Diagnostic criteria:** (need all)
- [ ] Recurrent binge eating episodes (characterized by both below)
  - [ ] Eating amount of food definitely larger than what others would eat
  - [ ] Lack of control over eating during episode
- [ ] Recurrent compensatory behaviors
- [ ] Binge eating and compensatory behaviors both occur at least 1x/wk for 3mo
- [ ] Not exclusively occurring during periods of anorexia nervosa

**Additional criteria:**

**Onset:** ____________________  **Frequency:** ____________________  **Impairment:** ____________________

### Binge Eating Disorder

**Core symptoms:** (need binge eating episodes + 3 associated symptoms)
- [ ] Recurrent binge eating episodes (characterized by both below)
  - [ ] Eating amount of food definitely larger than what others would eat
  - [ ] Lack of control over eating during episode
Binge-eating episodes associated with...
- [ ] Eating much more rapidly than normal
- [ ] Eating until uncomfortably full
- [ ] Eating large amounts when not physically hungry
- [ ] Eating alone because embarrassed by amount
- [ ] Feeling disgusted with self, depressed, or very guilty

**Additional criteria:** (need all)
- [ ] Marked distress
- [ ] Binge eating occurs at least 1x/wk for 3mo
- [ ] Not associated with compensatory behavior and not exclusively occurring during periods of anorexia nervosa

**Onset:** ____________________  **Frequency:** ____________________  **Impairment:** ____________________

### Alcohol/Substance Use Disorder

**Core symptoms:** (need 2)
- [ ] Substance taken in larger amounts or over longer period than intended
- [ ] Persistent desire or unsuccessful efforts to cut down or control use
- [ ] Great deal of time spent in obtaining, using, or recovering from its effects

**Onset:** ____________________  **Frequency:** ____________________  **Impairment:** ____________________
Craving or strong desire/urge to use
Recurrent use results in failure to fulfill major role obligations at work/school/home
Continued use despite persistent or recurrent social/interpersonal problems
Important social, occupational, or recreational activities given up or reduced
Recurrent use in situations in which it is physically hazardous
Use continued despite persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by substance
Tolerance (either need for increased amount for same effect or diminished effect with use of same amount)
Withdrawal (either presence of withdrawal symptoms or substance used to relieve/avoid withdrawal symptoms)

Additional criteria: (need all)
Symptoms occur within a 12mo period of each other
Impairment/distress

Substance(s): ____________________________________________________________

Onset: __________________________ Impairment: ____________________________