

Major Depressive Disorder

Diagnostic & Differential Diagnosis Worksheet

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This worksheet is designed to help clinicians organize information when Major Depressive Disorder (MDD) is being considered. It supports clinical assessment, diagnostic formulation, and differential diagnosis but is not a stand-alone diagnostic instrument. Diagnosis should be based on a comprehensive clinical evaluation, developmental and psychosocial history, functional impairment, medical and medication factors, and clinical judgment.

Part 1: Presenting Concerns

Primary concerns:

When did the current symptoms begin?

Have similar episodes occurred previously?

- ☐ Yes
- ☐ No
- ☐ Unclear

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If yes, describe:

Current level of impairment:

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Variable

Areas affected:

- ☐ Work/school
- ☐ Relationships
- ☐ Family functioning
- ☐ Social functioning
- ☐ Self-care
- ☐ Sleep
- ☐ Physical health
- ☐ Other: _____

Part 2: Current Depressive Episode

Assess symptoms occurring during the same two-week period. Determine whether symptoms represent a change from previous functioning.

1. Depressed Mood

Has there been a persistent depressed, sad, empty, or hopeless mood?

- ☐ Yes
- ☐ No
- ☐ Unclear

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Frequency:

- ☐ Nearly every day
- ☐ Several days per week
- ☐ Occasionally
- ☐ Unclear

Description:

2. Diminished Interest or Pleasure

Has there been markedly reduced interest or pleasure in most or all activities?

- ☐ Yes
- ☐ No
- ☐ Unclear

Examples:

3. Changes in Appetite or Weight

- ☐ Decreased appetite
- ☐ Increased appetite
- ☐ Significant unintended weight loss
- ☐ Significant unintended weight gain
- ☐ No significant change
- ☐ Unclear

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4. Sleep Disturbance

- ☐ Insomnia
- ☐ Hypersomnia
- ☐ No significant change
- ☐ Unclear

Typical sleep pattern:

5. Psychomotor Changes

Is there observable or subjective psychomotor agitation or retardation?

- ☐ Agitation
- ☐ Retardation
- ☐ Neither
- ☐ Unclear

Examples:

6. Fatigue or Loss of Energy

- ☐ Present
- ☐ Absent
- ☐ Unclear

Impact on functioning (frequency, intensity, duration, and impact on ADLs):

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7. Feelings of Worthlessness or Excessive Guilt

- ☐ Present
- ☐ Absent
- ☐ Unclear

Are these feelings excessive or disproportionate to the circumstances?

- ☐ Yes
- ☐ No
- ☐ Unclear

Examples:

8. Diminished Concentration or Indecisiveness

- ☐ Difficulty concentrating
- ☐ Difficulty making decisions
- ☐ Both
- ☐ Neither
- ☐ Unclear

Functional impact (frequency, intensity, duration, and impact on ADLs):

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9. Thoughts of Death or Suicide

Assess directly for:

- ☐ No thoughts of death or suicide
- ☐ Passive thoughts of death
- ☐ Passive suicidal ideation
- ☐ Active suicidal ideation
- ☐ Suicidal plan
- ☐ Suicidal intent
- ☐ Previous suicide attempt
- ☐ Recent self-harm
- ☐ Other: _____

Current safety concerns:

If suicidal ideation, intent, plan, or significant self-harm is present, complete a comprehensive suicide risk assessment and safety plan as clinically indicated.

Part 3: Symptom and Duration Summary

Number of depressive symptoms currently supported: _____ / 9

Has there been a distinct period of at least two weeks during which symptoms have been present most of the day, nearly every day, or otherwise meet the applicable diagnostic threshold?

- ☐ Yes
- ☐ No
- ☐ Unclear

Duration of current episode:

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Is there clinically significant distress or impairment?

- ☐ Yes
- ☐ No
- ☐ Unclear

Part 4: Bipolar Spectrum Screening

Before diagnosing MDD, assess for a history of mania or hypomania.

Has there ever been a distinct period of unusually elevated, expansive, or persistently irritable mood accompanied by increased energy or activity?

- ☐ Yes
- ☐ No
- ☐ Unclear

During such periods, was there a noticeable change involving:

- ☐ Decreased need for sleep
- ☐ Increased talkativeness
- ☐ Racing thoughts
- ☐ Increased goal-directed activity
- ☐ Increased self-confidence or grandiosity
- ☐ Increased distractibility
- ☐ Increased risk-taking or impulsivity
- ☐ Other: _____

Were these symptoms clearly different from the person's usual functioning?

- ☐ Yes
- ☐ No
- ☐ Unclear

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If a history suggestive of mania or hypomania is present, further assessment for Bipolar I or Bipolar II Disorder should occur before concluding that the presentation is unipolar depression.

Part 5: Differential Diagnosis

Persistent Depressive Disorder

Have depressive symptoms been chronic or persistent over an extended period rather than occurring only in discrete episodes?

- ☐ Yes
- ☐ No
- ☐ Unclear

Is there a long-standing pattern of depressed mood with associated symptoms?

- ☐ Yes
- ☐ No
- ☐ Unclear

Clinical distinction:

Bipolar I or Bipolar II Disorder

Evidence of past mania or hypomania:

- ☐ Present
- ☐ Absent
- ☐ Unclear

Are current depressive symptoms occurring as part of a bipolar course?

- ☐ Yes
- ☐ No
- ☐ Unclear

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Clinical distinction:

Adjustment Disorder With Depressed Mood

Did symptoms develop in response to an identifiable psychosocial stressor?

- ☐ Yes
- ☐ No
- ☐ Unclear

Does the response appear disproportionate to the stressor and cause significant impairment?

- ☐ Yes
- ☐ No
- ☐ Unclear

Does the presentation meet full criteria for another depressive disorder?

- ☐ Yes
- ☐ No
- ☐ Unclear

Clinical distinction:

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Bereavement / Grief

Is there a recent significant loss?

- ☐ Yes
- ☐ No
- ☐ Unclear

Are emotional responses primarily connected to the loss and characterized by grief-related fluctuations?

- ☐ Yes
- ☐ No
- ☐ Unclear

Are there persistent depressive symptoms that extend beyond expected grief responses and meet criteria for a depressive disorder?

- ☐ Yes
- ☐ No
- ☐ Unclear

Clinical distinction:

Posttraumatic Stress Disorder

Is there exposure to a qualifying traumatic event?

- ☐ Yes
- ☐ No
- ☐ Unclear

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Are trauma-related symptoms prominent?

- ☐ Intrusive memories/nightmares
- ☐ Avoidance
- ☐ Negative alterations in cognition or mood
- ☐ Hyperarousal/reactivity
- ☐ Other: _____

Does the depressive presentation appear primarily trauma-related?

- ☐ Yes
- ☐ No
- ☐ Unclear

Anxiety Disorders

Is anxiety the primary clinical concern?

- ☐ Yes
- ☐ No
- ☐ Unclear

Are depressive symptoms secondary to persistent anxiety?

- ☐ Yes
- ☐ No
- ☐ Unclear

Potential anxiety disorders:

- ☐ Generalized Anxiety Disorder
- ☐ Panic Disorder
- ☐ Social Anxiety Disorder
- ☐ Specific Phobia
- ☐ Agoraphobia
- ☐ Other: _____

Clinical distinction:

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Substance/Medication-Induced Depressive Disorder

Could symptoms be related to:

- ☐ Alcohol
- ☐ Cannabis
- ☐ Stimulants
- ☐ Sedatives
- ☐ Opioids
- ☐ Other substances
- ☐ Prescription medication
- ☐ Medication withdrawal
- ☐ Unclear

Temporal relationship between substance/medication exposure and symptoms:

Depressive Disorder Due to Another Medical Condition

Consider relevant medical contributors, including but not limited to:

- ☐ Thyroid dysfunction
- ☐ Neurological condition
- ☐ Chronic pain
- ☐ Sleep disorder
- ☐ Hormonal/endocrine condition
- ☐ Nutritional deficiency
- ☐ Other medical condition
- ☐ None identified
- ☐ Medical evaluation needed

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Relevant medical history:

Psychotic Disorders

Are hallucinations, delusions, or significant disorganization present?

- ☐ Yes
- ☐ No
- ☐ Unclear

If psychotic symptoms are present, determine their relationship to mood episodes and assess for:

- ☐ MDD with psychotic features
- ☐ Schizoaffective Disorder
- ☐ Schizophrenia spectrum disorder
- ☐ Other psychotic disorder
- ☐ Further assessment needed

Clinical notes:

Personality Disorders

Are there longstanding patterns of interpersonal, emotional, cognitive, or behavioral functioning that may contribute to depressive symptoms?

- ☐ Yes
- ☐ No
- ☐ Unclear

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Do depressive symptoms appear primarily episodic, or are they embedded within a longstanding personality pattern?

Potential personality-related considerations:

Part 6: Clinical Course

Pattern of depressive symptoms:

- ☐ Single episode
- ☐ Recurrent episodes
- ☐ Chronic/persistent
- ☐ Seasonal pattern suspected
- ☐ Postpartum/peripartum onset suspected
- ☐ Other: _____

Previous treatment:

- ☐ Psychotherapy
- ☐ Medication
- ☐ Both
- ☐ Hospitalization
- ☐ Intensive outpatient treatment
- ☐ No previous treatment
- ☐ Other: _____

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Response to previous treatment:

Part 7: Psychosocial and Environmental Factors

Current stressors:

Relevant relationship factors:

Occupational/financial factors:

Housing/environmental factors:

Cultural or contextual considerations:

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Protective factors:

- ☐ Supportive relationships
- ☐ Treatment motivation
- ☐ Employment/education
- ☐ Stable housing
- ☐ Coping skills
- ☐ Meaning/purpose
- ☐ Nature connection
- ☐ Spiritual/existential resources
- ☐ Other: _____

Part 8: Clinical Formulation

Primary depressive symptoms:

Precipitating factors:

Maintaining factors:

Protective factors:

Functional impact:

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Differential Diagnosis Summary

Condition	Supporting Evidence	Evidence Against / Unclear
Major Depressive Disorder		
Persistent Depressive Disorder		
Bipolar I Disorder		
Bipolar II Disorder		
Adjustment Disorder		
Bereavement/Grief		
PTSD		
Anxiety Disorder		
Substance/Medication-Induced Depression		
Medical Condition		
MDD With Psychotic Features		
Schizoaffective/Schizophrenia Spectrum		
Personality Disorder		

Clinical Impression

Current formulation:

- ☐ MDD appears likely
- ☐ MDD, recurrent, appears likely
- ☐ Another depressive disorder appears more likely
- ☐ Bipolar spectrum disorder requires further assessment
- ☐ Another psychiatric condition appears more likely
- ☐ Multiple conditions may be co-occurring
- ☐ Substance/medication effects require further assessment
- ☐ Medical causes require further evaluation
- ☐ Insufficient information for a clinical impression

Provisional diagnosis:

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Additional diagnostic considerations:

Additional assessment needed:

Clinical Note

A diagnosis of Major Depressive Disorder should reflect a clinically significant depressive syndrome that cannot be better explained by another psychiatric disorder, a substance or medication, or a medical condition. Particular care should be taken to screen for past mania or hypomania before diagnosing unipolar depression. Grief, trauma, anxiety, substance use, chronic medical conditions, and longstanding personality patterns may coexist with depression or contribute to depressive symptoms and should be assessed rather than automatically treated as mutually exclusive explanations.

This worksheet is an organizational aid and should not be used as a stand-alone diagnostic instrument.