**DSM-5 Criteria Questionnaire DMDD**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Severe temper outbursts with…

verbal angry comments or shouting? **No Yes**

physical aggression toward people? **No Yes**

physical aggression toward property? **No Yes**

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. The outbursts are not typical for individuals this age? **No Yes**

C. The temper outbursts occur, on average, three or more times per week? **No Yes**

D. Between outbursts, the individual’s mood is observed to be irritable or angry most of the day, nearly every day. **No Yes**

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E1. Have the outbursts and mood described in A-D been occurring for at least 12 months? **No Yes**

E2. During the past 12 months, has there been a 3 month period, where the temper outbursts or mood improved significantly? **No Yes**

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Indicate the severity of the temper outbursts and mood described in A-D for each of the settings below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Problem | Mild Problem | Moderate Problem | Severe Problem |
| At home |  |  |  |  |
| At school |  |  |  |  |
| With peers |  |  |  |  |

G. Has the individual been diagnosed with DMDD in the past? **No Yes**

If *Yes*, was the diagnosis made between the ages of 6 and 18? **No Yes**

If *No*, is the individual between the ages of 6 and 18 now? **No Yes**

H. Have the temper outbursts and mood described in A-E been present since before age 10? **No Yes**

I. Has the individual ever met full symptom criteria for a manic or hypomanic episode, lasting more than one day? **No Yes**

J1. Has the individual ever met full symptom criteria for a depressive episode, lasting at least two weeks? **No Yes**

J1a. If *No*, skip item J1b, below.

J1b. If *Yes*, has he/she shown the behaviors described in A-D even when they weren’t having a depressive episode? **No Yes**

J2. Has the individual been diagnosed with autism spectrum disorder, PTSD, separation anxiety disorder, or persistent depressive disorder? **No Yes**

J2a. If *No*, skip item J2b, below.

J2b. If *Yes*, could that diagnosis explain the behaviors described in A-D? **No Yes**

J3. Has the individual been diagnosed with oppositional defiant disorder, intermittent explosive disorder, or bipolar disorder? **No Yes**

Note: The diagnosis of DMDD cannot coexist with ODD, intermittent explosive disorder, or bipolar disorder. If the individual meets criteria for ODD and DMDD, only the diagnosis DMDD should be given.

K. Are the symptoms described in A-D attributable to the physiological effects of a substance or to another medical or neurological condition? **No Yes**

**Overall Impression: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**