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Seasonal Affective Depression SAD Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

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4 · Self-Compassion

5 · Mood and Light Exposure Tracking

6 · Developing a Winter Self-Care Routine

7 · Setting Winter Goals

8 · Engaging in Positive Distractions

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11 · Setting Up a Daily Routine for SAD

12 · Daily Gratitude Journal

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

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Self-Assessment

The following are common signs you might be struggling with Seasonal Affective Depression. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. "I feel down or depressed during certain times of the year, especially in the fall or winter."	1-2-3-4-5
2. "I lose interest in activities that I usually enjoy when the seasons change."	1-2-3-4-5
"I feel tired and lack energy most of the day, even after getting plenty of sleep."	1-2-3-4-5
4. "I often feel hopeless, worthless, or excessively guilty during the fall or winter months."	1-2-3-4-5
5. "I feel like I've lost interest in activities I once enjoyed."	1-2-3-4-5
6. "I find myself withdrawing from social activities."	1-2-3-4-5
7. "My symptoms interfere with my work, relationships, or daily life during the same season each year."	1-2-3-4-5
8. "These feelings go away completely when the seasons change, like in spring or summer."	1-2-3-4-5

Score: ____/40

The score reflects the severity and impact of your seasonal depression.

1. What statements resonated with you more than the others?

Identifying Personal SAD Triggers

1. What seasonal changes tend to impact your mood the most? (e.g., shorter days, colder temperatures, holiday stress)

2. How does the onset of fall or winter usually affect your energy levels? (e.g., feeling more tired, difficulty waking up, lower motivation)

3. What weather patterns seem to trigger feelings of sadness or anxiety? (e.g., cloudy or rainy days, snowstorms, extended periods without sunlight)

4. Do you notice changes in your appetite or sleep patterns as the season shifts? (e.g., craving more carbs, sleeping longer but feeling less rested, difficulty falling asleep)

5. How does the lack of sunlight impact your mood or behavior? (e.g., feeling isolated, needing more rest, loss of enthusiasm for daily tasks)

6. What times of day do you feel your mood or energy dip the most? (e.g., early morning, late afternoon, evening)

7. How does your morning routine affect your mood for the rest of the day? (e.g., struggling to get out of bed, feeling sluggish without sunlight, needing extra time to start)

8. What types of environments tend to worsen your SAD symptoms? (e.g., dark or dimly lit rooms, being indoors for extended periods, crowded spaces)

9. How does indoor lighting (or the lack of it) impact your mood or productivity? (e.g., dim light making you sleepy, needing bright light to feel alert, preferring warm light for comfort)

10. What social situations or events seem more challenging during this season? (e.g., holiday gatherings, work parties, family events, socializing in the evening)

11. What activities do you feel less motivated to do as the days get shorter?
(e.g., exercising, going out in the evening, pursuing hobbies)

12. What daily routines do you find harder to maintain as winter approaches? (e.g., regular exercise, meal prep, self-care practices)

13. Do certain foods or eating patterns impact your mood during this season? (e.g., craving more sweets or carbs, feeling sluggish after heavy meals, skipping meals due to lack of appetite)

14. How do you feel on days when you don't get enough physical movement? (e.g., more tired, difficulty concentrating, lower mood)

15. How does social isolation or limited social interaction impact your mood? (e.g., feeling lonely, experiencing heightened anxiety, withdrawing further)

16. What role does stress play in your SAD symptoms? (e.g., stress at work, family expectations during the holidays, managing finances)

17. What aspects of your physical environment contribute to your SAD symptoms? (e.g., limited natural light, spending too much time indoors, lack of plants or nature around)

18. How does your workspace impact your mood during the darker months? (e.g., lack of windows, artificial lighting, limited outdoor breaks)

19. Looking back, when have you noticed SAD symptoms most strongly? (e.g., a particularly hard winter, after a stressful event, during times of isolation)

20. What changes did you try in the past that helped reduce your SAD symptoms? (e.g., light therapy, structured routine, increased outdoor activity)

Managing Negative Thoughts

1. What recurring negative thoughts have you noticed this season? (e.g., “I don’t have enough energy,” “I’m not doing enough,” “This season will never end”)

2. What situations tend to trigger these negative thoughts? (e.g., overcast days, feeling tired, seeing others socializing)

3. What emotions or physical sensations come up when you have these thoughts? (e.g., sadness, frustration, tension, fatigue)

4. How often do you experience these thoughts, and at what times of day? (e.g., in the morning, during late afternoon, when feeling isolated)

5. What specific words or phrases do you often use in self-criticism? (e.g., “I should be more productive,” “I’m too sensitive,” “I’m falling behind”)

6. How do these thoughts impact your mood and behavior? (e.g., making me withdraw, affecting my motivation, leading to irritability)

7. What activities do you avoid because of these negative thoughts? (e.g., social gatherings, exercise, pursuing hobbies)

8. How do these thoughts affect your sense of self-worth? (e.g., feeling inadequate, doubting my abilities, feeling guilty)

9. What relationships or interactions are impacted by these thoughts? (e.g., avoiding friends, being short with family, isolating myself)

10. How does experiencing these thoughts repeatedly affect your view of winter? (e.g., dreading each day, feeling trapped by the season, focusing on limitations)

11. How can you question the truth of these negative thoughts? (e.g., “Is this thought based on facts?” “Am I being too hard on myself?”)

12. What evidence do you have that contradicts these thoughts? (e.g., reminders of past successes, positive feedback from others)

13. How might you view this situation if a friend were experiencing it? (e.g., “I’d encourage them to take it one day at a time,” “I’d remind them of their strengths”)

14. What positive or encouraging statement can replace a negative thought? (e.g., “I’m learning how to manage this season,” “This feeling won’t last forever”)

Self-Compassion

Self-compassion is the practice of treating yourself with kindness, understanding, and acceptance, especially during times of struggle or failure.

1. What words or phrases make you feel comforted and supported? (e.g., “I am enough,” “This too shall pass,” “I am doing my best”)

2. What small actions help you feel more self-compassionate when you’re struggling? (e.g., taking deep breaths, writing in a journal, talking to a friend)

3. What emotions have you been avoiding, and how can you approach them with compassion? (e.g., acknowledging sadness, letting myself cry, taking time to process)

4. What are some ways to comfort yourself when experiencing difficult emotions? (e.g., using a warm blanket, practicing deep breathing, listening to soothing music)

5. What daily practices can help you stay compassionate with yourself? (e.g., setting aside time for reflection, practicing gratitude, ending the day with a positive thought)

6. How can you set realistic expectations for yourself this winter? (e.g., allowing for flexibility, breaking goals into small steps, adjusting plans as needed)

7. How can you let go of self-blame or guilt this season? (e.g., reminding myself that I'm doing my best, practicing acceptance, focusing on learning from experiences)

8. What situations do you need to forgive yourself for to feel lighter? (e.g., feeling unmotivated, skipping an activity, being less social)

9. How can you reframe mistakes or setbacks with compassion? (e.g., seeing them as learning opportunities, reminding myself it's okay to not be perfect)

10. What is one thing you can forgive yourself for today? (e.g., not finishing everything on my list, taking a rest day, feeling less motivated)

11. What phrases or reminders help you practice self-forgiveness? (e.g., "I am human," "Mistakes are part of growth," "I am learning every day")

12. What aspects of yourself do you want to accept more fully this winter? (e.g., my energy levels, my emotions, my unique way of handling stress)

Mood and Light Exposure Tracking

1. How would you describe your mood today? (e.g., low, neutral, positive, anxious, fatigued)

2. What patterns have you noticed in your mood lately? (e.g., feeling lower energy in the mornings, more tired in the evenings, consistent fatigue)

3. How has your energy level been affected by the season? (e.g., struggling to get out of bed, experiencing an afternoon slump, difficulty focusing)

4. When do you notice a change in your mood and energy levels most significantly? (e.g., on overcast days, in the early evening, during weekends)

5. How often do you spend time outdoors each day? (e.g., rarely, briefly for walks, only on weekends, multiple times daily)

6. How much sunlight or natural light do you feel you get on an average day? (e.g., less than 15 minutes, 15-30 minutes, 1 hour, 2+ hours)

7. Do you notice any changes in your mood or energy levels after spending time in natural light? (e.g., a temporary lift, feeling calmer, little difference, more energized)

8. What indoor lighting do you rely on during darker days? (e.g., regular lamps, daylight-simulating bulbs, no additional lighting)

9. What impact does morning light (or lack thereof) have on your mood? (e.g., struggling to feel awake, needing caffeine, feeling sluggish all day)

10. In what ways do you feel affected by limited daylight hours? (e.g., feeling trapped indoors, lack of motivation, increased need for rest)

11. What are the main differences in your mood on sunny days versus cloudy or rainy days? (e.g., more positive on sunny days, no difference, worse on cloudy days)

12. How can you integrate more light exposure into your daily routine? (e.g., morning outdoor time, light therapy, rearranging your workspace near windows)

13. What small adjustments could improve your mood on darker days? (e.g., using brighter indoor lighting, engaging in hobbies, taking midday walks)

14. What changes can you make to your environment to increase light exposure? (e.g., opening curtains early, sitting closer to windows, using a sunlight lamp)

15. What routines can you build to maximize natural light exposure during peak daylight hours? (e.g., scheduling a break around noon, planning an outdoor activity, lunch by a window)

Developing a Winter Self-Care Routine

1. What are small, positive actions you can start your morning with? (e.g., stretching, drinking a glass of water, practicing deep breathing)

2. How can you incorporate light exposure into your morning routine? (e.g., using a light therapy box, sitting by a window, stepping outside briefly)

3. What affirmations or positive reminders could set a hopeful tone for your day? (e.g., “I am doing my best,” “I am capable and resilient,” “Today is a fresh start”)

4. What quick activities can help boost your energy and mood in the morning? (e.g., taking a brisk walk, practicing yoga, listening to uplifting music)

5. How can you reduce stress in your morning routine? (e.g., preparing clothes the night before, setting a gentle alarm, limiting screen time)

6. What types of movement or exercise make you feel good during the winter? (e.g., gentle stretching, indoor workouts, brisk outdoor walks)

7. What small goals can help you stay consistent with physical activity? (e.g., aiming for 10-minute stretches, going for a walk each afternoon, trying new routines weekly)

8. What winter foods provide comfort and nourishment for you? (e.g., soups, warm beverages, roasted vegetables)

9. How can you add more fruits and vegetables to your winter meals? (e.g., making smoothies, adding veggies to soups, incorporating seasonal produce)

10. What are some healthy snacks that boost energy and mood? (e.g., nuts, yogurt, fresh fruit, dark chocolate)

11. What hydration habits can you maintain during the colder months? (e.g., drinking herbal teas, carrying a water bottle, setting reminders to hydrate)

12. What daily self-care practices support your mental well-being? (e.g., journaling, practicing gratitude)

13. How can you create a cozy space at home that feels relaxing? (e.g., adding blankets and candles, setting up a reading nook, using essential oils)

14. What comforting rituals can you look forward to each day? (e.g., having tea in the evening, reading before bed, listening to relaxing music)

15. What simple pleasures can you savor during winter? (e.g., warm baths, hot chocolate, watching a favorite show)

16. Who in your support network can you reach out to regularly? (e.g., family, friends, support groups, therapist)

17. What helps you unwind in the evening before bed? (e.g., reading, stretching, practicing deep breathing)

Setting Winter Goals

1. What are the most important things you want to focus on this winter? (e.g., improving mood, staying active, building a consistent routine)

2. How would you like to feel at the end of the winter season? (e.g., more energized, less isolated, proud of accomplishments)

3. What has been challenging for you in past winters, and how can you address those challenges this season? (e.g., low energy, limited motivation, feeling disconnected)

4. What positive changes do you hope to see in yourself by spring? (e.g., improved resilience, better sleep, a greater sense of balance)

5. What is a small daily goal that could support your mental and emotional well-being? (e.g., journaling each morning, taking breaks, practicing gratitude)

6. What is a weekly goal that could help you stay active and engaged? (e.g., going for a walk, cooking a new recipe, attending an online class)

7. What monthly goal could encourage you to try something new or challenging? (e.g., starting a new hobby, increasing light therapy time, connecting with a support group)

8. What challenges might make it difficult to achieve your winter goals? (e.g., low energy, feeling isolated, lack of sunlight)

9. How can you prepare to overcome these challenges? (e.g., breaking goals into smaller steps, using a support network, creating flexible plans)

Engaging in Positive Distractions

1. What are some simple activities that bring you joy or comfort? (e.g., reading a book, listening to music, baking)

2. What types of activities help you feel more focused and engaged? (e.g., puzzles, crafting, cooking a new recipe)

3. What are a few hobbies or interests that make time pass enjoyably? (e.g., painting, writing, watching nature documentaries)

4. What activities allow you to feel connected to others? (e.g., playing games with family, chatting with friends, joining a virtual class)

5. What do you find both relaxing and uplifting during winter? (e.g., making warm drinks, doing a creative project, watching favorite shows)

6. What physical activities can you do indoors that lift your mood? (e.g., stretching, dancing)

7. What outdoor activities could serve as a positive distraction? (e.g., walking in nature, visiting a local park, taking a short outdoor break)

8. What are some creative projects you enjoy or would like to try? (e.g., painting, knitting, journaling)

9. What lighthearted movies, shows, or books help you unwind? (e.g., a favorite comedy series, a feel-good movie, a captivating novel)

10. What comforting activities can you do in a short amount of time? (e.g., making tea, reading a chapter of a book, doing a five-minute meditation)

11. What items or tools would you include in a “positive distraction kit”?
(e.g., a favorite book, a puzzle, coloring materials)

12. How can you create a cozy space for engaging in positive distractions?
(e.g., setting up a blanket, organizing a comfortable chair, adding warm lighting)

13. What calming sensory items can you keep nearby for quick distraction?
(e.g., scented candles, cozy blanket, a small indoor plant)

Planning Social Activities

1. What types of social activities do you enjoy the most? (e.g., small gatherings, one-on-one conversations, group activities, virtual meetups)

2. How often would you like to connect with others each week? (e.g., once a week, daily check-ins, twice a week)

3. What social interactions make you feel the most supported? (e.g., talking with close friends, attending group activities, engaging with a community group)

4. What time of day do you feel most comfortable or energized for social activities? (e.g., mornings, afternoons, evenings)

5. What days are best for scheduling social activities? (e.g., weekends, mid-week evenings, mornings on weekdays)

6. What types of low-key activities can you plan for quieter days? (e.g., coffee chat, watching a movie together, phone call)

7. What indoor activities could you do with friends or family during winter? (e.g., board games, cooking together, crafting)

8. What outdoor activities could you enjoy with others despite the cold? (e.g., nature walk, ice skating, visiting a winter market)

9. How can you connect with friends or family who are far away? (e.g., virtual game nights, video calls, sharing photos and updates)

10. What community events or clubs would you like to explore? (e.g., book clubs, art classes, exercise groups)

11. How can you set boundaries to make social time feel supportive? (e.g., limiting the duration of activities, choosing low-stress settings, saying no when needed)

12. What self-care practices help you recharge after social interactions? (e.g., taking a nap, reading, enjoying quiet time at home)

13. How can you remind yourself of the benefits of social activities on difficult days? (e.g., “I’ll feel better after,” “Connection helps me stay positive”)

Creating a “Comfort Kit”

1. What do you hope to achieve by having a comfort kit? (e.g., feeling prepared for tough days, having a source of comfort, reducing stress)

2. How would you like to feel after using items from your comfort kit? (e.g., more relaxed, calmer, uplifted, cozy)

3. When do you think you’ll use your comfort kit most often? (e.g., on cloudy days, when feeling overwhelmed, during quiet evenings)

4. What types of items make you feel safe and cared for? (e.g., soft blankets, warm drinks, familiar scents)

5. What reminders can you include in your kit to encourage self-compassion? (e.g., affirmations, supportive notes, comforting quotes)

6. What comforting textures help you feel more relaxed? (e.g., soft blankets, cozy socks, plush pillows)

7. What scents make you feel calm and grounded? (e.g., lavender, vanilla, peppermint)

8. What favorite sounds can help shift your mood? (e.g., calming music, nature sounds, a favorite playlist)

9. What flavors or snacks bring you a sense of comfort? (e.g., herbal tea, dark chocolate, a favorite soup)

10. What visual items soothe you or bring a sense of warmth? (e.g., warm lighting, photos of loved ones, uplifting artwork)

11. What self-care items can help you relax and recharge? (e.g., bath salts, hand lotion, eye mask)

12. What tools for grounding or mindfulness would you like to include?
(e.g., small journal, breathing exercises)

13. What books, magazines, or other reading materials bring you comfort?
(e.g., a favorite novel, poetry, inspirational articles)

14. How can you include a physical activity item to help release tension?
(e.g., a stress ball, small resistance band, gentle stretch guide)

15. What soothing hobbies or activities can you prepare for in your kit?
(e.g., coloring book, knitting supplies, simple puzzles)

16. What personal affirmations can remind you of your strength? (e.g., “I
am resilient,” “This feeling will pass,” “I am doing my best”)

17. What comforting quotes or notes would lift your spirits? (e.g., notes
from friends, inspirational quotes, letters to yourself)

18. How can you include memories or reminders of joyful moments? (e.g., photos, travel souvenirs, mementos from happy times)

19. What items can provide physical warmth during colder months? (e.g., heated blanket, hand warmers, cozy scarf)

20. How can you bring a sense of coziness to your space with your kit? (e.g., candles, soft lighting, cozy slippers)

21. What items can distract you in a positive way when you need a mental break? (e.g., crossword puzzle book, deck of cards, favorite podcast playlist)

22. What reminders can you set to use your comfort kit regularly? (e.g., keeping it in a visible spot, setting reminders, adding it to your self-care routine)

23. How often would you like to spend time with your comfort kit? (e.g., once a day, on weekends, whenever needed)

Setting Up a Daily Routine for SAD

1. What time do you feel comfortable waking up each day to maintain consistency? (e.g., 7 a.m., 8 a.m., same time on weekends)

2. How can you incorporate light exposure into your morning routine? (e.g., using a light therapy lamp, sitting by a window, taking a walk outside)

3. What grounding morning practices can help you start the day positively? (e.g., deep breathing, meditation, setting intentions)

4. What energizing activities can help you feel awake and ready for the day? (e.g., light stretching, drinking water, a short exercise routine)

5. What simple breakfast can provide energy and nutrition to start your day? (e.g., oatmeal with fruit, smoothie, eggs with whole grain toast)

6. What activities can you schedule during daylight hours to boost your mood? (e.g., outdoor walks, errands in natural light, spending time near windows)

7. How can you prioritize tasks that require focus and energy during the brighter parts of the day? (e.g., work tasks, exercising, creative hobbies)

8. What brief movement breaks can you take to avoid sitting for long periods? (e.g., 5-minute stretches, short walks, simple exercises)

9. How can you set aside time for enjoyable, low-stress activities in the afternoon? (e.g., reading, listening to music, catching up with a friend)

10. What strategies can help you stay motivated to complete tasks during low-energy times? (e.g., breaking tasks into smaller steps, setting reminders, rewarding yourself)

11. What time would you like to start winding down for bed? (e.g., 9 p.m., an hour before bed, after dinner)

12. What relaxing activities help you let go of the day's stress? (e.g., warm bath, light reading, listening to calming music)

13. What evening snacks or beverages can help promote restfulness? (e.g., herbal tea, warm milk, a light snack with protein)

Daily Gratitude Journal

1. What is one thing you're looking forward to today? (e.g., a warm cup of tea, a walk outside, a cozy evening at home)

2. How can you bring a moment of peace or joy into your morning? (e.g., spending five minutes stretching, listening to music, practicing deep breathing)

3. What simple pleasure are you grateful to have this morning? (e.g., the comfort of a favorite blanket, fresh air, a hot shower)

4. What has gone well so far today? (e.g., completing a task, enjoying a moment of quiet, having a pleasant conversation)

5. What aspect of the season can you appreciate in this moment? (e.g., the beauty of fall leaves, crisp air, cozy indoor time)

6. What is one thing you're grateful your body can do today? (e.g., carry you through the day, provide you with a sense of touch, allow you to experience warmth)

7. Who in your life are you especially grateful for right now, and why? (e.g., a friend for their understanding, a family member for their support, a coworker for their positivity)

8. What seasonal activities do you look forward to, and how can you enjoy them fully? (e.g., lighting candles, listening to holiday music, watching winter movies)

9. What positive qualities in yourself are you grateful for today? (e.g., resilience, kindness, patience)

10. What challenges did you face today, and how did you handle them? (e.g., managing low energy, dealing with stress, staying calm)

11. What are you looking forward to doing tomorrow, even if it's something small? (e.g., having a peaceful breakfast, walking outside, reading a good book)

12. What has been the most meaningful moment of gratitude this week? (e.g., spending time with a loved one, experiencing a beautiful sunset, feeling appreciated)

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Major depressive disorder or bipolar disorder, with seasonal pattern · seasonal pattern is a course specifier, not a stand-alone diagnosis
- ICD-11 CDDR: episode/disorder code plus seasonal-pattern course qualifier as applicable Depressive episode/recurrent depressive disorder or bipolar disorder with seasonal pattern · seasonality is not a stand-alone disorder
- A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 7, 8, 10, 12, 14, 15, 17, 18, 19, 21, 22, 23, 28, 32, 34, 37. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- Verify a recurrent temporal relationship with season and remission pattern over time; assess clinically significant impairment, bipolar history, substances/medications, sleep/circadian conditions, endocrine or other medical causes, and nonseasonal depression.

Document-specific corrections

- Replace stand-alone ·SAD· diagnostic wording with depression or bipolar disorder ·with seasonal pattern·; preserve SAD only as a familiar educational label.
- Add bipolar-spectrum screening before encouraging antidepressant-focused assumptions because seasonal recurrence can occur in bipolar disorders.
- Qualify light exposure guidance with timing, ocular/medical, sleep-phase, and mania/hypomania cautions; recommend clinician review when relevant.
- Separate ordinary winter changes from recurrent mood episodes with distress or impairment and a consistent seasonal-remission pattern.

Measures, scoring, and permissions

- Pages [1, 3, 4, 15]: identify each measure and rights holder; verify intended population, reliability/validity, scoring and cutoffs, reproduction permission, and current license. If these are author-created items, label them informal, remove diagnostic cutoffs, and do not claim validation.

Intervention scope and contraindications

- Pages [1, 2, 3, 15, 17, 18, 34]: require topic-qualified clinical review for consent, readiness, contraindications, escalation thresholds, and whether clinician-guided use is necessary.

Crisis and current resources

- NIMH seasonal affective disorder overview; emergency support via 988 in the United States.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.nimh.nih.gov/health/publications/seasonal-affective-disorder>
- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://988lifeline.org/>