



DSM 5 Opioid Use Disorder Checklist

Patient's Name: _____

Date Administered: _____ **Date of Birth:** _____

Worksheet for DSM-5 criteria for Diagnostic Criteria for Opioid Use Disorder:
(Opioid Use Disorder requires at least 2 criteria be met within a 12 month period)

Meets criteria?	Notes	Supporting information
1. Opioids are often taken in larger amounts or over a longer period of time than intended.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Craving, or a strong desire to use opioids.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

5. Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Important social, occupational or recreational activities are given up or reduced because of opioid use.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Recurrent opioid use in situations in which it is Page 1 of 3	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

<p>10. *Tolerance, as defined by either of the following:</p> <p>(a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect</p> <p>(b) markedly diminished effect with continued use of the same amount of an opioid.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>11. * Withdrawal, as manifested by either of the following:</p> <p>(a) the characteristic opioid withdrawal syndrome</p> <p>(b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

*This criterion is not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

Severity: Mild: 2-3 symptoms, Moderate: 4-5 symptoms. Severe: 6 or more symptoms.

Signed _____ Date _____
Your Organization Clinician