

DSM – 5 Criteria for Diagnosis of Opioid Use Disorder

*Diagnostic Criteria**

These Criteria not considered to be met for those individuals taking opioids solely under appropriate medical supervision.

Answer the following questions based on your own experience over the past 12 months.

Do you often take opioids in larger amounts or over a longer period of time than intended?

Yes **No**

Do you experience a persistent desire or engage in unsuccessful efforts to cut down or control your use?

Yes **No**

Do you spend a great deal of time in activities necessary to obtain opioids, use opioids, or recovery from the effects of opioids?

Yes **No**

Do you experience cravings or a strong desire to use opioids?

Yes **No**

Does your opioid use result in failure to fulfill major role obligations at work, school or home?

Yes **No**

Have you given up or reduced important social, occupational or recreational activities because of opioid use? **Yes** **No**

Have you recurrently used opioids in situations in which it is physically hazardous or dangerous?

Yes **No**

Have you continued to use opioids despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids?

Yes **No**

Have you acquired a tolerance from using opioids?

Yes **No**

Have you experienced withdrawals from using opioids?

Yes **No**

Total Number 'Yes' _____

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