DSM-5 CHECKLIST OF DIAGNOSTIC CRITERIA: OPIOID USE DISORDER

Patient Name: _____ **Provider Name:** _____

Date: _____ **Provider Signature:** _____

Opioid Use Disorder is defined as a problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12-month period:

Diagnostic Criteria	Meets Criterion?	Additional/Supporting Information
1. Opioids are often taken in larger amounts or over a longer period than was intended.		
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.		
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.		
4. Craving, or a strong desire or urge to use opioids.		
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.		
6. Continued opioid use, despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.		
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.		
8. Recurrent opioid use in situations in which it is physically hazardous.		
9. Continued opioid use, despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.		
10. Tolerance,* as defined by *either* of the following:		
A. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.		
B. A markedly diminished effect with continued use of the same amount of an opioid.		

Diagnostic Criteria	Meets Criterion?	Additional/Supporting Information
11. Withdrawal,* as manifested by *either* of the following:		
A. The characteristic opioid withdrawal syndrome.		
B. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.		

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

Specify if:

In early remission: After full criteria for opioid use disorder were previously met, none of the criteria for opioid use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion 4, "Craving, or a strong desire or urge to use opioids," may be met).

In sustained remission: After full criteria for opioid use disorder were previously met, none of the criteria for opioid use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion 4, "Craving, or a strong desire or urge to use opioids," may be met).

On maintenance therapy: This additional specifier is used if the individual is taking a prescribed agonist medication, such as methadone or buprenorphine, and none of the criteria for opioid use disorder have been met for that class of medication (except tolerance to, or withdrawal from, the agonist). This category also applies to those individuals being maintained on a partial agonist, an agonist/antagonist, or a full antagonist such as oral naltrexone or depot naltrexone. In a controlled environment: This additional specifier is used if the individual is in an environment where access to opioids is restricted.

Current severity:

☐ *Mild:* Presence of 2–3 symptoms. **Code as: F11.10 (ICD-10)**

☐ *Moderate:* Presence of 4–5 symptoms. **Code as: F11.20 (ICD-10)**

☐ *Severe:* Presence of 6 or more symptoms. **Code as: F11.20 (ICD-10)**

After completion, scan this form into the patient's record. Make a copy for the patient.