

## DIAGNOSIS REFERENCE GUIDE

**Source: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition - (DSM-5®)**

### **A. Diagnostic Criteria for Substance Use Disorder**

See DSM-5 for criteria specific to the drugs identified as primary, secondary or tertiary.

P S T (P=Primary, S=Secondary, T=Tertiary)

- |  |     |  |
|--|-----|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1.  | Substance is often taken in larger amounts and/or over a longer period than the patient intended.  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 2.  | Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3.  | A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4.  | Craving or strong desire or urge to use the substance  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5.  | Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 6.  | Continued substance use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of the substance.                                  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7.  | Important social, occupational or recreational activities given up or reduced because of substance use.  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 8.  | Recurrent substance use in situations in which it is physically hazardous.   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 9.  | Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 10. | Tolerance, as defined by either of the following:  |
|  | a.  | Markedly increased amounts of the substance in order to achieve intoxication or desired effect;<br>Which: _____  |
|  | b.  | Markedly diminished effect with continued use of the same amount;<br>Which: _____  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 11. | Withdrawal, as manifested by either of the following:  |
|  | a.  | The characteristic withdrawal syndrome for the substance;<br>Which: _____  |
|  | b.  | The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms; Which: _____   |

### **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – Diagnostic Codes**

#### **Alcohol Use Disorder (ICD 10)**

305.00	<input type="checkbox"/>	(F10.10)	Mild	2-3 symptoms present
	<input type="checkbox"/>	303.90(F10.20)	Moderate	4-5 symptoms present
	<input type="checkbox"/>	303.90(F10.20)	Severe	6+ symptoms present

#### **Phencyclidine Use Disorder**

305.90	<input type="checkbox"/>	(F16.10)	Mild	2-3 symptoms present
304.60	<input type="checkbox"/>	(F16.20)	Moderate	4-5 symptoms present
304.60	<input type="checkbox"/>	(F16.20)	Severe	6+ symptoms present

#### **Inhalant Use Disorder:**

305.90	<input type="checkbox"/>	(F18.10)	Mild	2-3 symptoms present
304.60	<input type="checkbox"/>	(F18.20)	Moderate	4-5 symptoms present
(F18.20)	<input type="checkbox"/>	Severe	6+ symptoms present	304.60

**Stimulant Use Disorder****Mild: Presence of 2-3 symptoms**

- 305.70 ☐ (F15.10) Amphetamine-type substance  
305.60 ☐ (F14.10) Cocaine  
305.70 ☐ (F15.10) Other or unspecified stimulant

**Moderate: Presence of 4-5 symptoms**

- 304.40 ☐ (F15.20) Amphetamine-type substance  
304.20 ☐ (F14.20) Cocaine  
304.40 ☐ (F15.10) Other or unspecified stimulant

**Severe: Presence of 6 or more symptoms**

- 304.40 ☐ (F15.20) Amphetamine-type substance  
304.20 ☐ (F14.20) Cocaine  
304.40 ☐ (F15.10) Other or unspecified stimulant

**Cannabis Use Disorder**

- 305.20 ☐ (F12.10) Mild 2-3 symptoms present  
304.30 ☐ (F12.20) Moderate 4-5 symptoms present  
304.30 ☐ (F12.20) Severe 6+ symptoms present

**Other Hallucinogen Use Disorder**

- 305.30 ☐ Mild Presence of 2-3 symptoms  
304.50 ☐ Moderate Presence of 4-5 symptoms  
304.50 ☐ Severe Presence of 6 or more

**Opioid Use Disorder**

- 305.50 ☐ (F11.10) Mild 2-3 symptoms present  
304.00 ☐ (F11.20) Moderate 4-5 symptoms present  
304.00 ☐ (F11.20) Severe 6+ symptoms present

**Sedative, Hypnotic, or Anxiolytic Use Disorder**

- 305.40 ☐ (F13.10) Mild 2-3 symptoms present  
304.10 ☐ (F13.20) Moderate 4-5 symptoms present  
304.10 ☐ (F13.20) Severe 6+ symptoms present

**Tobacco Use Disorder**

- 305.10 ☐ (Z72.0) Mild 2-3 symptoms present  
304.10 ☐ (F17.20) Moderate 4-5 symptoms present  
304.10 ☐ (F17.20) Severe 6+ symptoms present

☐ Additional Specifiers \_\_\_\_\_

☐ Screening of substance use revealed insufficient symptoms to indicate abuse or addiction.

Name \_\_\_\_\_

Date \_\_\_\_\_

Diagnosis by \_\_\_\_\_

Credential \_\_\_\_\_

