Questions for Identification of Opioid Use Disorder based on DSM-5

I'd like to ask you more questions about your use of [name of opioid(s)] in the past 12 months:	
1. Have you often found that when you started using (name opioid(s), you ended up taking more than you intended to?	☐0…No ☐1…Yes
2. Have you wanted to stop or cut down using or control your use of XX?	☐0…No ☐1…Yes
3. Have you spent a lot of time getting XX or using XX?	☐0…No ☐1…Yes
4. Have you had a strong desire or urge to use XX?	☐0…No ☐1…Yes
5. Have you missed work or school or often arrived late because you were intoxicated, high or recovering from the night before?	☐0…No ☐1…Yes
6. Has your use of XX caused problems with other people such as with family members, friends or people at work?	☐0…No ☐1…Yes
7. Have you had to give up or spend less time working, enjoying hobbies, or being with others because of your drug use?	☐0…No ☐1…Yes
8. **Have you ever gotten high before doing something that requires coordination or concentration like driving, boating, climbing a ladder, or operating heavy machinery?**	☐0…No ☐1…Yes
9. Have you continued to use even though you knew that the drug caused you problems like making you depressed, anxious, agitated or irritable?	☐0…No ☐1…Yes
10. Have you found you needed to use much more drug to get the same effect that you did when you first started taking it?	☐0…No ☐1…Yes
11. When you reduced or stopped using, did you have withdrawal symptoms or felt sick when you cut down or stopped using? (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feel agitated, anxious, irritable, or depressed)?	☐0…No ☐1…Yes
Moderate Opioid Use Disorder: 4-5 symptoms	☐0…No ☐1…Yes
Severe Opioid Use Disorder: 6 or more symptoms	☐0…No ☐1…Yes