Assessment Questionnaire

Could it be opioid dependence?

Think you or someone you know may have opioid dependence?

This simple questionnaire, based on DSM-5* criteria for opioid use disorder, can help you determine if it may be time to talk to a healthcare provider.

Answer the questions below as accurately and honestly as you can.

1. Do you/they use opioids in larger amounts or for a longer period of time than your/their healthcare provider prescribed?

2. Do you/they have a persistent desire or have you/they had unsuccessful efforts to cut down or control opioid use?

3. Do you/they spend a great deal of time trying to obtain or use opioids?

4. Do you/they have a strong desire or urge to take opioids?

5. Has your/their opioid use resulted in a failure to fulfill major role obligations at work, school, or home?

6. Do you/they continue to use opioids despite continuing or repeated social or personal problems caused or worsened by the effects of opioids?

7. Have you/they lost interest in former recreational activities or hobbies because of opioid use?

8. Have you/they given up or reduced social activities because of opioid use?

9. Do you/they continue to misuse† opioids even though you/they know it has harmful consequences?

10. Do you/they have difficulty controlling opioid use?

11. Without the direction of a healthcare provider, do you/they take a higher dose of opioids in order to achieve the effects originally produced by lower doses?

12. When you/they stop or reduce the amount of opioids, do you/they experience withdrawal symptoms (eg, cramps, diarrhea, runny nose, tearing, sweating, chills, yawnings, muscle pain, nausea, or vomiting)?

† Taking opioids more often or in higher quantities than prescribed or using opioids for nonmedical recreational purposes.