## SUBSTANCE USE DISORDER DIAGNOSIS

## Diagnostic Criteria for Substance Use Disorder

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

Ρ	S	Т	(P=P	P=Primary, S=Secondary, T=Tertiary)					
			1.	Substance is often taken in larger amounts and/or over a longer period than the patient intended.					
			2.	Persistent attempts or one or more unsuccessful efforts made to cut down or control substance use.					
			3.	A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from effects.					
			4.						
			5.	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.					
			6.	Continued substance use despite having persistent or recurrent social or interpersonal problem caused or exacerbated by the effects of the substance.					
			7.	Important social occupational or recreational activities given up or reduced because of					
			8.	Recurrent substance use in situations in which it is physically hazardous.					
			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.					
			10.	Tolerance, as defined by either of the following:					
				a. Markedly increased amounts of the substance in order to achieve intoxication or desired effect; Which:					
				b. Markedly diminished effect with continued use of the same amount; Which:					
			11.	Withdrawal, as manifested by either of the following:					
				a. The characteristic withdrawal syndrome for the substance; Which:					
			_	. The same (or a closely related) substance is taken to relieve or avoid withdrawal					

□ 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									
	305.00	(F10.10)	Mild	2-3 symptoms present					
	303.90	(F10.20)	Moderate	4-5 symptoms present					
	303.90	(F10.20)	Severe	6+ symptoms present					
Pher	ncyclidine Use I	Disorder							
	305.90	(F16.10)	Mild	2-3 symptoms present					
	304.60	(F16.20)	Moderate	4-5 symptoms present					
	304.60	(F16.20)	Severe	6+ symptoms present					
Inha	lant Use Disord	er							
	305.90	(F18.10)	Mild	2-3 symptoms present					
	304.60	(F18.20)	Moderate	4-5 symptoms present					
	304.60	(F18.20)	Severe	6+ symptoms present					

SUBSTANCE USE DISORDER DIAGNOSIS									
Stimulant Use Disorder Mild: Presence of 2-3 symptoms									
	05.70	(F15.10)	mptoms	Amphetamine-type substance					
	05.60	(F14.10)		Cocaine					
	05.00	(F14.10) (F15.10)							
□ 30 Modera		Presence of 4-5 sy	motome	Other or unspecified stimulant					
	04.40	(F15.20)	Inploms	Amphetamine-type substance					
	04.20	(F14.20)		Cocaine					
	04.40	(F15.10)		Other or unspecified stimulant					
Severe		Presence of 6 or m	ore symptor	•					
	04.40	(F15.20)	lore sympton	Amphetamine-type substance					
	04.20	(F14.20)		Cocaine					
	04.40	(F15.20)		Other or unspecified stimulant					
		Disorder							
	05.20	(F12.10)	Mild	2-3 symptoms present					
	04.30	(F12.20)	Moderate	4-5 symptoms present					
	04.30	(F12.20)	Severe	6+ symptoms present					
		ogen Use Disorder							
	05.20	0	Mild	2-3 symptoms present					
□ 30	04.30		Moderate	4-5 symptoms present					
□ 30	04.30		Severe	6+ symptoms present					
Opioid	Use Di	sorder							
□ 30	05.50	(F11.10)	Mild	2-3 symptoms present					
□ 30	04.00	(F11.20)	Moderate	4-5 symptoms present					
□ 30	04.00	(F11.20)	Severe	6+ symptoms present					
Sedativ	/e, Hyp	notic, or Anxiolytic	Use Disorder						
□ 30	05.40	(F13.10)	Mild	2-3 symptoms present					
□ 30	04.10	(F13.20)	Moderate	4-5 symptoms present					
	04.10	(F13.20)	Severe	6+ symptoms present					
		Disorder							
	05.10	(Z72.0)	Mild	2-3 symptoms present					
	04.10	(F17.20)	Moderate	4-5 symptoms present					
□ 30	04.10	(F17.20)	Severe	6+ symptoms present					
	□ Additional Specifiers:								

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

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Name/License:

Date:

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