S·A·S·S·I INSTITUTE

Client ID/Name:_____ Date:_____

DSM-5 Diagnostic Criteria for Substance-Use Disorders Checklist*

For each item, mark whether the client has ever manifested evidence of the symptoms addressed for a given substance. SUD = A problematic pattern of substance use, leading to clinically significant impairment or distress, as manifested by 2 (or more) of the following, occurring within a 12-month period.

If YES is checked for any item, indicate the substance(s) being referred to for that symptom by placing a check in the appropriate column to the right:	Alcohol	Cannabis	Hallucinogens	Inhalants	Opioids	Sedatives/ Hypnotics	Stimulants	Other
1. Is the substance often taken in larger amounts or over a longer period than was intended? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
2. Is there a persistent desire or unsuccessful efforts to cut down or control use? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
3. Is a great deal of time spent in activities necessary to obtain a substance, or recovering from its effects? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
4. Does the client have a craving or strong desire or urge to use substances? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
5. Is there recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
6. Is there continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance use? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
7. Are important social, occupational, or recreational activities given up or reduced because of substance use? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
8. Is there recurrent substance use in situations in which it is physically hazardous? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
9. Is substance use continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance use? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐

*American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Washington DC, American Psychiatric Association, 2013.
10-14-13NR

If YES is checked for any item, indicate the substance(s) being referred to for that symptom by placing a check in the appropriate column to the right.	Alcohol	Cannabis	Hallucinogens	Inhalants	Opioids	Sedatives/ Hypnotics	Stimulants	Other
For question 10: *First, indicate all substances showing* ***tolerance:*** 10. a) Does client have a need for markedly increased amounts of a substance to achieve intoxication or desired effect? ***or*** b) Does client experience a markedly diminished effect with continued use of the same amount of a substance? yes_____ no_____	☐	☐	☐	☐	☐	☐	☐	☐
Now, ***check all substances indicated which were used properly by prescription:***	N/A	☐	N/A	N/A	☐	☐	☐	☐
For question 11: *First, indicate all substances showing* ***withdrawal:*** 11. a) Has client experienced withdrawal syndrome, as manifested by the presence of: **2 or more signs or symptoms for alcohol or sedatives; 3 or more for cannabis or opioids; 2 or more plus dysphoric mood for stimulants**, when he/she hasn't had that substance in awhile? *These signs and symptoms may include: sick (nausea or vomiting), anxious, agitated or irritable, insomnia, fatigue, muscle aches, change in appetite, depressed, diarrhea, fever, sweating or high pulse rate.* ***or*** b) Has client continued to take a substance to avoid withdrawal, or taken some other substance in order to feel okay? yes_____ no_____	☐	☐	N/A	N/A	☐	☐	☐	☐
Now, ***check all substances indicated which were used properly by prescription:***	N/A	☐	N/A	N/A	☐	☐	☐	☐
For each substance sum and enter the total number of symptoms (0-11) marked yes. DO NOT count substances indicated as being properly used by prescription for items 10 & 11:								
Specify current severity by substance: **No Diagnosis = 0 – 1 criteria** **Mild SUD = 2 – 3 criteria** **Moderate SUD = 4 – 5 criteria** **Severe SUD = 6 or more criteria**	**No Diagnosis**	☐	☐	☐	☐	☐	☐	☐	☐
	Mild SUD	☐	☐	☐	☐	☐	☐	☐	☐
	Moderate SUD	☐	☐	☐	☐	☐	☐	☐	☐
	Severe SUD	☐	☐	☐	☐	☐	☐	☐	☐

Specify remission status, if applicable.

How long client has been free of all symptoms (excluding #4):

☐ Early remission (past 3-11 months) ☐ Early remission & currently in controlled environment

☐ Sustained remission (12 months or more) ☐ Sustained remission & currently in controlled environment

Specify substance(s) in remission: ☐ Alcohol ☐ Cannabis ☐ Hallucinogens ☐ Inhalants ☐ Sedatives/Hypnotics ☐ Stimulants ☐ Opioids ☐ Opioids & currently on opioid maintenance therapy ☐ Other *Specify:*_____