

Opioid Use Disorder Screening

This screening will help your healthcare provider better understand your usage patterns to clinically determine the best way to help you recover.

Your Name

Date of Birth

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Give one (1) point for each affirmative answer:

	I often take opioids in larger amounts and for longer periods of time than I intend to.
	I have a strong desire or have tried consistently to try to stop, cut down or better control my opioid use.
	I spend a lot of my time trying to get opioids, use opioids, or recover from its effects.
	I have a strong desire and/or craving to use opioids.
	My reoccurring use of opioids makes it hard for me to be successful at work, school or home.
	I am consistently using opioids even though I know it has caused problems or damage in my relationships.
	My participation in important life activities, either social or occupational, are given up or reduced because of my opioid use.
	I have a habit of using opioids in situations that put me in physical danger.
	I continue to use opioids even though I know it has created physical or psychological problems for me.
	<p>*Tolerance, as defined by either of the following: (give a point if (a), (b) or both apply)</p> <p>(a) You feel the need to increase your usage of opioids to achieve intoxication or desired effect.</p> <p>(b) You feel like you are developing tolerance to the amount of opioids you are using, requiring you to use more.</p>
	<p>*Withdrawal, as manifested by either of the following: (give a point if (a), (b) or both apply)</p> <p>(a) You experience characteristics of opioid withdrawal syndrome, such as, diarrhea, vomiting, anxiety, aches, sweating, watery eyes, abdominal pain, insomnia...etc.</p> <p>(b) You take similar like substances to relieve or avoid withdrawal symptoms</p>

Total Number of Point(s): _____