

### DIAGNOSIS DETERMINATION TOOL

Client Name:	Client ID:
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#### Substance Use Disorder Criteria

Below: Identify the name of each substance and check off the DSM-5 criteria that have occurred in the **past 12 months** related to each substance.

Substance #1:	Substance #2:	Substance #3:	#1	#2	#3
1. Substance often taken in larger amounts or over a longer period than was intended			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Craving, or a strong desire or urge to use the substance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Important social, occupational, or recreational activities are given up or reduced because of substance use			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recurrent substance use in situations in which it is physically hazardous			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tolerance, as defined by either of the following: a need for markedly increased amounts of the substance to achieve intoxication or desired effect or a markedly diminished effect with continued use of the same amount of the substance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Withdrawal, as manifested by either of the following: the characterizing withdrawal syndrome for the substance or substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Number of Criteria</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Basis for Diagnosis Narrative** (Document the basis or justification for the diagnosis using applicable DSM-5 criteria. Narrative should be individualized to capture client specifics for each criteria checked. Include all applicable DSM-5 specifiers, including if a client has only maintained sobriety in a Controlled Environment.)

DSM-5 Diagnosis(es)/ICD-10 Code(s): \_\_\_\_\_

**LPHA or MD Printed Name and Credentials**