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Self-Assessment For Opiate Use Disorder

If you suspect you or a loved one may have a problem with opioid addiction, try answering the following questions:

1. Do you crave, or have a strong desire to use opioids?
2. Do you have a strong and persistent desire to quit the drug, and/or have you attempted to quit it, but have been unsuccessful?
3. Do you spend a great deal of time and effort on activities necessary to obtain the opioid, use the opioid, or recover from its effects?
4. Have you missed work and/or given up or reduced social or recreational activities you enjoy in favor of your use of the drug?
5. Has opioid drug use resulted in failure to fulfill major role obligations at work, school or home?
6. Do you continue to use opioid drugs despite their negative effect on your life?
7. Do you continue to use opioid drugs despite having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids?
8. Do you continue to use opioid drugs despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids?
9. Have you been taking opioids in larger amounts or over a longer period of time than intended?
10. Do you continue to use opioid drugs in situations which are physically hazardous?

Answering "Yes" to two or more of the above questions means you might have opiate use disorder and need to be evaluated by a health care professional.