
ICD-10 调查表

ICD-10 SYMPTOM CHECKLIST FOR MENTAL DISORDERS

Psychoactive Substance Use Syndromes Module

The ICD-10 Symptom Checklist for Mental Disorders

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Translation was conducted in collaboration and consultation with the following team of experts:

Professor ZHAO Chengzheng
Professor LIU Zhimin
Professor XU Guozhu
Professor CAI Zhiji
Professor CAO Jiaqi
Professor ZHENG Jiwang

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ICD-10 CHECKLIST

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以下将问及您因使用海洛因或其他阿片类物质而出现的症状及目前的治疗情况。我们在开始治疗前向您提问。

(以下使用“毒品”代替具体的阿片类名称)

1. 您是否有强烈的愿望或强迫的感觉去使用毒品? (渴求)	是	否
2. 您是否发现停止使用毒品对您来说相当困难或没有可能?	是	否
3. 您是否体验过停药后的戒断症状?	是	否
4. 您是否使用毒品来缓解或避免戒断症状?	是	否
5. 您是否注意到需要使用更多的毒品才能达到与原来相同的身体或精神效应? (耐受性)	是	否
6. 在过去的时间内, 您是否倾向于不改变使用毒品的方式?	是	否
7. 在使用毒品的过程中, 您是否逐渐丧失了其他的兴趣和爱好?	是	否
8. 您是否因使用毒品而经历过心理或身体上的损害?	是	否
9. 您是否在因使用毒品已对身体造成明确损害后果的情况下, 仍坚持使用毒品?	是	否

10. 您经历上述类型的毒品使用问题已经有多长时间?		
a. 以“年”表示		
b. 以“月”表示		

以上1, 2, 3, 5, 7和 B9中若有**3项或3项以上**存在, 则提示有阿片类依赖性

11. a. 记录是否存在阿片类依赖症状(F11.2)	是	否
b. 若“是”, 记录具体的阿片类物质: _____		