

Date _____

Patient Name _____

OPIOID RISK TOOL

		Mark each Box that applies	Item Score If Female	Item Score If Male
1. Family History of Substance Abuse	Alcohol	[]	1	3
	Illegal Drugs	[]	2	3
	Prescription Drugs	[]	4	4
2. Personal History of Substance Abuse	Alcohol	[]	3	3
	Illegal Drugs	[]	4	4
	Prescription Drugs	[]	5	5
3. Age (Mark box if 16 – 45)		[]	1	1
4. History of Preadolescent Sexual Abuse		[]	3	0
5. Psychological Disease	Attention Deficit Disorder	[]	2	2
	Obsessive Compulsive Disorder	[]	2	2
	Bipolar	[]	2	2
	Schizophrenia	[]	2	2
	Depression	[]	1	1

SCORING:

If patient is female add the first number after each checked box. If male, add the second number.

TOTAL _____

Total Score Risk Category: Low Risk 0 – 3 Moderate Risk 4 – 7 High Risk > 8