

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

## OPIOID RISK TOOL

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

### Total Score Risk Category

Low Risk 0 – 3

Moderate Risk 4 – 7

High Risk  $\geq 8$