

Date \_\_\_\_\_

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

## OPIOID RISK TOOL<sup>®</sup>

		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			
	Bipolar Schizophrenia			
	Depression	[ ]	1	1
<b>TOTAL</b>		[ ]		

**Total Score Risk Category**      Low Risk 0 – 3      Moderate Risk 4 – 7      High Risk  $\geq 8$