

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 | | | |
| | Bipolar Schizophrenia | | | |
| | Depression | [] | 1 | 1 |
| TOTAL | | [] | | |

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