

OPIOID RISK TOOL

Patient: _____ Date: _____

		Female	Male
1. Mark box if you have a history of abuse of the following in your family:			
Alcohol	[]	1	3
Illegal drugs	[]	2	3
Prescription drugs	[]	4	4
2. Mark box if you personally have a history of abuse of the following:			
Alcohol	[]	3	3
Illegal drugs	[]	4	4
Prescription drugs	[]	5	5
3. Age—Mark box if you're age 16–45:	[]	1	1
4. Mark box if you were sexual abused before age 19:	[]	3	0
5. Mark box if you've been diagnosed with any of the following conditions:			
Attention deficit disorder, bipolar disorder, obsessive-compulsive disorder, schizophrenia	[]	2	2
Depression	[]	1	1

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For physician's use:

Total: _____ Interpretation: _____

Signature: _____ Date: _____