

Opioid Risk Tool



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

Total Score Risk Category

Low Risk 0-3

Moderate Risk 4-7

High Risk ≥ 8

