

# 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	<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
<b>2. Personal History of Substance Abuse</b>	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
<b>3. Age</b> ( <i>Mark box if 16-45</i> )		<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<b>4. History of Preadolescent Sexual Abuse</b>	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
<b>5. Psychological Disease</b>	Depression	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<b>TOTAL</b>		_____	_____

**Total Score Risk Category**

Low Risk 0-3

Moderate Risk 4-7

High Risk  $\geq 8$

