

# 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 (Mark box if 16-45)		<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
5. Psychological Disease	Attention Deficit Disorder Obsessive Compulsive Disorder Bipolar, Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	Depression	<input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<b>TOTAL</b>		_____	_____