Date ____________ today's visit _________________ 

Patient Name ________________________________ Dana Johnson _____________

**OPIOID RISK TOOL**

<table>
<thead>
<tr>
<th>Item Score</th>
<th>Item Score</th>
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<tbody>
<tr>
<td>[ ]</td>
<td>If Female</td>
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<tr>
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<td>If Male</td>
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</tbody>
</table>

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** [ ] 12

**Total Score Risk Category**
- Low Risk 0 – 3
- Moderate Risk 4 – 7
- High Risk > 8