

## Recovery Pathways, LLC Opioid Risk Tool

Name: \_\_\_\_\_ Date: \_\_\_\_\_

***If you are a female, place all of your answers in the Female column. If you are a male, place all of your answers in the Male column. Please only check answers in 1 column.***

	Female	Male
<b>If there is family history of substance abuse, check the box in the column that matches <i>your</i> gender.</b>		
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>
Rx drugs	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have history of substance abuse? Check all that apply in the column that lists your gender.</b>		
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>
Rx drugs	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have any of these psychological disorders? Check all that apply in the appropriate column.</b>		
ADD, OCD, bipolar, schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this other information apply to you? Check all that apply in the appropriate column.</b>		
Is your age between 16-45 years	<input type="checkbox"/>	<input type="checkbox"/>
History of preadolescent sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>

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*For staff use only:*    Scoring total: \_\_\_\_\_    No-Low Risk    Moderate Risk    High Risk

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk tool. Pain Med. 2005; 6 (6) : 432