

OPIOID RISK TOOL



Name: _____ Date: _____

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction. Please administer to patient on initial visit or prior to opioid therapy.

SCORING		
0-3 LOW RISK	4-7 MODERATE RISK	≥8 HIGH RISK

INSTRUCTIONS: PLEASE MARK EACH BOX THAT APPLIES	FEMALE	MALE
Family History of Substance Abuse		
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Rx drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Personal History of Substance Abuse		
Alcohol	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Rx drugs	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Age Between 16-45 Years	<input type="checkbox"/> 1	<input type="checkbox"/> 1
History of Pre-adolescent Sexual Abuse	<input type="checkbox"/> 3	<input type="checkbox"/> 0
Psychological Disease		
ADD, OCD, Bipolar, Schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1
SCORING TOTALS		