

OPIOID RISK TOOL ASSESSMENT

Your Gender: Male Female

Do you have a family history (e.g. parents, siblings, children etc.) of substance abuse involving any of the following?

- | | | |
|---|-----|----|
| • Alcohol | Yes | No |
| • Prescription drugs | Yes | No |
| • Drugs (e.g. cocaine, ecstasy, marijuana etc.) | Yes | No |

Do you have any history yourself of substance abuse, or have you been diagnosed with a substance abuse disorder involving any of the following?

- | | | |
|---|-----|----|
| • Alcohol | Yes | No |
| • Prescription drugs | Yes | No |
| • Drugs (e.g. cocaine, ecstasy, marijuana etc.) | Yes | No |

Your age: 16-45 over 45

Do you have, or have you ever been diagnosed with any of the following:

- attention-deficit/hyperactivity disorder
- obsessive compulsive disorder
- bipolar disorder
- schizophrenia

| Yes No

Do you have, or have you ever been diagnosed with depression?

Yes No

We understand that this may be a sensitive matter, and your answer will be treated in the strictest confidence within your family circle of care, however it is important in your assessment. Do you have a history of preadolescent abuse?

None Physical Emotional Sexual