The Spine Care Center

And rehabilitation for pain relief.

Patient Opioid Risk Assessment Tool

Check Yes or No to the following questions	Yes	No
Do you have a family history of abuse with any of the following substances?		
Alcohol		
Illegal drugs/Street drugs		
Prescription Drugs		
Do you have a personal history of abuse with any of the following substances?		
Alcohol		
Illegal drugs/Street drugs		
Prescription drugs		
Are you between the ages of 16-45 years?		
Do you have a history of sexual abuse between the ages of 9-14 years?		
Do you have a history of any of the following mental disorders?		
Attention deficit disorder (ADD/ADHD), Obsessive compulsive disorder (OCD), bipolar disorder, schizophrenia		
Depression		

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 too. Pain Med, 2005; 6 (6): 432