

Opioid Risk Tool (ORT)

Name: _____

Date _____

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

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 PREADOLESCENT SEXUAL ABUSE	<input type="checkbox"/> 3	<input type="checkbox"/> 0
PSYCHOLOGIC DISEASE		
ADD, OCD, bipolar, schizophrenia	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 1
SCORING TOTALS		

ADMINISTRATION

- On initial visit
- Prior to opioid therapy