



Opioid Risk Tool (ORT)

Instructions:

Please mark each question as either Yes or No depending on if the question applies to you.

		Yes	No
1	Has there been family history of alcohol abuse?	Yes	No
2	Has there been family history of illegal drug use?	Yes	No
3	Has there been family history of recreational drug use?	Yes	No
4	Has there been personal history of alcohol abuse?	Yes	No
5	Has there been personal history of illegal drug use?	Yes	No
6	Has there been personal history of recreational drug use?	Yes	No
7	Aged between 16 - 45 years?	Yes	No
8	Has there been a history of preadolescent sexual abuse?	Yes	No
9	Has there been a personal history of Attention Deficit Disorder (ADD or ADHD), bipolar or schizophrenia?	Yes	No
10	Has there been a personal history of depression?	Yes	No

Developer Reference:

Webster LR. Predicting aberrant behaviors in opioid-treated patients: Preliminary validation of the opioid risk tool. Pain Medicine. 2005;6(6):432-442. Used with permission.

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