

Opioid Screening Risk Assessment Tool

*As a reminder, Blue Cross and Blue Shield of Louisiana’s prior authorization policy for both short- and long-acting opioids requires prescribers to attest that they have a treatment plan and agreement between them and their patients in place and have performed **a risk assessment**. See the Drug Alert: Blue Cross Opioid Coverage Policy in this kit or go to the **Provider** page at www.bcbsla.com and click **Pharmacy** for more details.*

The Opioid Screening Risk Assessment Tool is a brief, self-report screening tool designed to assess risk for opioid abuse in patients. This tool should be administered to patients upon an initial visit before beginning opioid therapy for pain management. Patients categorized as high-risk are at increased likelihood of future abusive drug-related behavior.

We have provided a sample blank risk assessment tool on the back of this sheet. This tool can be administered and scored in less than a minute and has been validated in both male and female patients, but not in non-pain populations.

Score Sheet: Apply these scores for each “YES” answer marked.

Mark each box that applies	Female	Male
Personal history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Family history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

Administration

- On initial visit
- Prior to opioid therapy

Scoring (risk)

- 0 – 3: low risk of opioid abuse
- 4 – 7: moderate risk for opioid abuse
- 8 +: high risk for opioid abuse

Opioid Safety Survey

Because there is addiction risk with opioid medicines, we must first understand your history before we set a treatment plan for you.

Please circle “Yes” or “No” in the chart below as the case applies to you today or in the past. Then give this sheet to your doctor or nurse.

Patient Name: _____

Mark each box that applies	Female	Male
Do YOU have a history of substance abuse of any of the following?		
Alcohol	YES / NO	YES / NO
Illegal drugs	YES / NO	YES / NO
Prescription drugs	YES / NO	YES / NO
Do you have a FAMILY history of substance abuse of any of the following?		
Alcohol	YES / NO	YES / NO
Illegal drugs	YES / NO	YES / NO
Prescription drugs	YES / NO	YES / NO
Are you between 16—45 years old?		
	YES / NO	YES / NO
Were you sexually abused as a child?		
	YES / NO	YES / NO
Have you had one of the following mental health conditions?		
ADD, OCD, bipolar, schizophrenia	YES / NO	YES / NO
Depression	YES / NO	YES / NO