



Screener and Opioid Assessment for Patients with Pain (SOAPP)

Directions: Please select "Y" for Yes and "N" for No for each of the following questions in one column. Please use the female column if you identify as a female or the male column if you identify as a male. The gray boxes are for staff, please leave them blank.

	Female	Male
Do you have any family members who have a history of the following:		
Alcohol Abuse	Y / N 1	Y / N 3
Illegal Drug Abuse	Y / N 2	Y / N 3
Prescription Drug Abuse	Y / N 4	Y / N 4
Do you have a personal history of the following:		
Alcohol Abuse	Y / N 3	Y / N 3
Illegal Drug Abuse	Y / N 4	Y / N 4
Prescription Drug Abuse	Y / N 5	Y / N 5
Are you between the ages of 16-45 years old?	Y / N 1	Y / N 1
Do you have a personal history of preadolescent sexual abuse?	Y / N 3	Y / N 0
Have you ever been diagnosed with ADD, OCD, Bipolar, Schizophrenia?	Y / N 2	Y / N 2
Have you ever been diagnosed with depression?	Y / N 1	Y / N 1
Scoring (Risk):	0-3: Low	4-7: Moderate
	8+: High	

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