

Screeners 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 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