



Opioid Related Risk Assessment (ORRA)

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NAME: ORRA Example

DATE: Oct 16 2017

DOB: May 30 1967

OPIOID USE HISTORY

My name is ORRA Example. I am a 50 year old of unknown gender. I have completed this assessment as a recommendation from a health care professional. I believe this assessment is a waste of time.

I began using opioids at age 17. At age 18, I began using opioids regularly (at least once a month). The last time I used opioids was 1 week or less. My last method of use was orally. Most commonly, I use opioids intravenously.

I have a history of both alcohol and drug abuse. I am concerned about my use of drugs.

I have been treated by a healthcare professional for pain management. I have a current prescription for opioid medication. I have used opioids without a prescription. I have used pain relieving medications prescribed for someone else.

I have a history of treatment for anger management, anxiety, depression, feelings of self-harm or suicide, panic disorder, and phobias. I have used opioids or similar medications to try to relieve feelings of depression, racing thoughts, anxiety or other emotional concerns.

I have used the following opioids at least once in my lifetime:

- fentanyl
- heroin
- hydrocodone
- hydromorphone
- morphine

Additional information about my history of opioid use:

- I was 16 years old when I received my first prescription for an opioid.
- I have used opioid medication in a manner other than how it was prescribed.
- I have sold, traded, or given away my prescription medications.
- I have accidentally taken more opioid medication than I had planned.
- I have experienced an overdose of opioids.
- I have been treated for an overdose of opioids by a healthcare professional.
- I have tried to harm myself by intentionally overdosing on opioids.
- I have stolen opioids or other medication from others.
- I have stolen money or other items to purchase opioid or pain relieving medication.

OPIOID USE SEVERITY

ORRA Example's responses to the Opioid Related Risk Assessment (ORRA) may correlate with the criteria for the following Opioid Use Disorder as outlined in the DSM 5. Further evaluation may be needed to clarify these statements and determine an appropriate treatment recommendation.

F11.20 (304.00 Severe Opioid Use Disorder)

AREAS OF CONCERN

- Even though others were concerned or angry, I continued to use opioids.
- I have used opioids for a period longer than I had intended.
- I have taken more opioids than I had intended.
- I have felt like i wanted to reduce or stop using opioids but was afraid.
- I tried to reduce the amount of opioids I was taking but found that it didn't work.
- After reducing or discontinuing my use of opioids, I have experienced muscle aches or difficulty sleeping.
- Despite knowing it might cause feelings of depression, anxiety, or inability to focus, I have continued to use opioids.
- Even when I was not using, I have had strong cravings to use opioids.
- While attempting to obtain opioids, I have put myself in a dangerous situation.
- While under the influence of opioids, I have taken risks that I would not have normally taken.
- Because of my use of opioids, I have failed to meet responsibilities at home.
- Because of my use of opioids, my work performance has suffered.
- I have driven while under the influence of opioids.
- I have used opioids in larger amounts than recommended.
- Even though a healthcare provider told me to stop, I have continued to use opioids.
- After reducing or discontinuing my use of opioids, to avoid feeling bad, I have resumed using opioids or other drugs.
- After reducing or discontinuing my use of opioids, I have felt sick, overly tired, or had a fever or chills.
- Even though my family complained about it, I have continued to use opioids.
- While under the influence of opioids, I have been in physical fights.
- When I saw something that reminded me of past use, I have felt an urge to use opioids.
- I have found myself spending most of my time under the influence of opioids.
- Because of my opioid use, I stopped doing things I used to enjoy.
- To feel the way I wanted to feel, I have taken more opioids than recommended.
- I have tried to stop using opioids but ended up using again.
- Even though I felt it made me angry or irritable with others, I have continued to use opioids.
- I have lied to friends, family, or co-workers about my use of opioids.
- Because of my opioid use, I have avoided friends or family.
- To continue to feel the way I wanted to feel, I have noticed a need to increase the amount of opioids I was using.