

TCU DRUG SCREEN V

During the last 12 months (before being locked up, if applicable) –

| | Yes | No |
|---|-----------------------|--|
| 1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? | <input type="radio"/> | <input type="radio"/> |
| 2. Did you try to control or cut down on your drug use but were unable to do it? | <input type="radio"/> | <input type="radio"/> |
| 3. Did you spend a lot of time getting drugs, using them, or recovering from their use? | <input type="radio"/> | <input type="radio"/> |
| 4. Did you have a strong desire or urge to use drugs? | <input type="radio"/> | <input type="radio"/> |
| 5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? | <input type="radio"/> | <input type="radio"/> |
| 6. Did you continue using drugs even when it led to social or interpersonal problems? ... | <input type="radio"/> | <input type="radio"/> |
| 7. Did you spend less time at work, school, or with friends because of your drug use? | <input type="radio"/> | <input type="radio"/> |
| 8. Did you use drugs that put you or others in physical danger? | <input type="radio"/> | <input type="radio"/> |
| 9. Did you continue using drugs even when it was causing you physical or psychological problems? | <input type="radio"/> | <input type="radio"/> |
| 10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? | <input type="radio"/> | <input type="radio"/> |
| 10b. Did using the same amount of a drug lead to it having less of an effect as it did before? | <input type="radio"/> | <input type="radio"/> |
| 11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? | <input type="radio"/> | <input type="radio"/> |
| 11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? | <input type="radio"/> | <input type="radio"/> |
| 12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE] | | |
| None | | Stimulants – Methamphetamine (meth) |
| Alcohol | | Bath Salts (Synthetic Cathinones) |
| Cannaboids – Marijuana (weed) | | Club Drugs – MDMA/GHB/Rohypnol (Ecstasy) |
| Cannaboids – Hashish (hash) | | Dissociative Drugs – Ketamine/PCP (Special K) |
| Synthetic Marijuana (K2/Spice) | | Hallucinogens – LSD/Mushrooms (acid) |
| Opioids – Heroin (smack) | | Inhalants – Solvents (paint thinner) |
| Opioids – Opium (tar) | | Prescription Medications – Depressants |
| Stimulants – Powder Cocaine (coke) | | Prescription Medications – Stimulants |
| Stimulants – Crack Cocaine (rock) | | Prescription Medications – Opioid Pain Relievers |
| Stimulants – Amphetamines (speed) | | Other (specify) _____ |

| 13. How often did you use each type of drug during the last 12 months? | Never | Only a few times | 1-3 times per month | 1-5 times per week | Daily |
|---|-------|------------------|---------------------|--------------------|-------|
| a. Alcohol b. Cannaboids – Marijuana (weed)..... c. Cannaboids – Hashish (hash) d. Synthetic Marijuana (K2/Spice) e. Opioids – Heroin (smack) f. Opioids – Opium (tar) g. Stimulants – Powder cocaine (coke) h. Stimulants – Crack Cocaine (rock) i. Stimulants – Amphetamines (speed) j. Stimulants – Methamphetamine (meth) k. Bath Salts (Synthetic Cathinones) l. Club Drugs – MDMA/GHB/ Rohypnol Ecstasy) m. Dissociative Drugs – Ketamine/PCP (Special K) n. Hallucinogens – LSD/Mushrooms (acid) o. Inhalants – Solvents (paint thinner) p. Prescription Medications – Depressants q. Prescription Medications – Stimulants r. Prescription Medications – Opioid Pain Relievers s. Other (specify) _____ | | | | | |

14. How many times before now have you ever been in a drug treatment program?

[DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never*
 1 time
 2 times
 3 times
 4 or more times

15. How serious do you think your drug problems are?

- Not at all*
 Slightly
 Moderately
 Considerably
 Extremely

16. During the last 12 months, how often did you inject drugs with a needle?

- Never*
 Only a few times
 1-3 times/month
 1-5 times per week
 Daily

17. How important is it for you to get drug treatment now?

- Not at all*
 Slightly
 Moderately
 Considerably
 Extremely

Today's date: _____