Client ID#	Today's Date	Facility ID#	Administration Study Cod	le

TCU DRUG SCREEN II (ADOL)

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

		No	Yes
1.	Did you use larger amounts of drugs or use them for a longer time than you planned or intended?		0
2.	Did you try to cut down on your drug use but were unable to do it?	0	0
3.	Did you spend a lot of time getting drugs, using them, or recovering from their use?		0
4a.	Did you get so high or sick from using drugs that it kept you from doing work, going to school, or caring for children?	0	0
4b.	Did you get so high or sick from drugs that it caused an accident or put you or others in danger?	0	0
5.	Did you spend less time at work, school, or with friends so that you could use drugs?	0	0
6a.	Did your drug use cause emotional or psychological problems?	0	0
6b.	Did your drug use cause problems with family, friends, school work, or police?	0	0
6c.	Did your drug use cause physical health or medical problems?	0	0
7.	Did you increase the amount of a drug you were taking so that you could get the same effects as before?	0	0
8.	Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	0	0
9.	Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	0	0
10.	Which drug caused the most serious problem? [CHOOSE ONE]		
	 ○ None ○ Alcohol ○ Marijuana/Hashish ○ Hallucinogens/LSD/PCP/Psychedelics/Mushrooms ○ Inhalants ○ Crack/Freebase ○ Heroin and Cocaine (mixed together as Speedball) ○ Cocaine (by itself) ○ Heroin (by itself) ○ Street methadone (non-prescription) ○ Other Opiates/Opium/Morphine/Demerol ○ Methamphetamines ○ Amphetamines (other uppers) ○ Tranquilizers/Barbiturates/Sedatives (downers) 		

Client ID# Today's Date Facility ID# Administration Study Code

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	About every day		
11a. Alcohol	0	0	0	0	0		
11b. Marijuana/Hashish	0	0	0	0	0		
11c. Hallucinogens/LSD/ PCP/Psychedelics/ Mushrooms	0	0	0	0	0		
11d. Inhalants	0	0	0	0	0		
11e. Crack/Freebase	0	0	0	0	0		
11f. Heroin and Cocaine (mixed together as Speedball)	0	0	0	0	0		
11g. Cocaine (by itself)	0	0	0	0	0		
11h. Heroin (by itself)	0	0	0	0	0		
11i. Street Methadone (non-prescription)	0	0	0	0	0		
11j. Other Opiates/Opium/Morphine/ Demerol	0	0	0	0	0		
11k. Methamphetamines	0	0	0	0	0		
111. Amphetamines (other uppers)	0	0	0	0	0		
11m. Tranquilizers/Barbiturates/Sedatives (downers)	0	0	0	0	0		
11n. Other (specify)	0	0	0	0	0		
12. 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

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

O Not at all O Slightly O Moderately O Considerably O Extremely

14. How many times before now have you ever been in a drug treatment program? [DO NOT INCLUDE AA/NA/CA MEETINGS]

O Never O 1 time O 2 times O 3 times O 4 or more times

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

O Not at all O Slightly O Moderately O Considerably O Extremely