TCU DRUG SCREEN 5

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

1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? ................................................................. ○ ○

2. Did you try to control or cut down on your drug use but were unable to do it? ................ ○ ○

3. Did you spend a lot of time getting drugs, using them, or recovering from their use? ................................................................. ○ ○

4. Did you have a strong desire or urge to use drugs? ................................................................. ○ ○

5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? ................................. ○ ○

6. Did you continue using drugs even when it led to social or interpersonal problems? ... ○ ○

7. Did you spend less time at work, school, or with friends because of your drug use? .... ○ ○

8. Did you use drugs that put you or others in physical danger? ................................................ ○ ○

9. Did you continue using drugs even when it was causing you physical or psychological problems? .......................................................... ○ ○

10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? ................................................ ○ ○

10b. Did using the same amount of a drug lead to it having less of an effect as it did before? ................................................................. ○ ○

11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? ........................................................................ ○ ○

11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? ......................................................... ○ ○

12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]

   ○ None
   ○ Alcohol
   ○ Cannaboids – Marijuana (weed)
   ○ Cannaboids – Hashish (hash)
   ○ Synthetic Marijuana (K2/Spice)
   ○ Natural Opioids – Heroin (smack)
   ○ Synthetic Opioids – Fentanyl/ISO
   ○ Stimulants – Powder Cocaine (coke)
   ○ Stimulants – Crack Cocaine (rock)
   ○ Stimulants – Amphetamines (speed)

   ○ Stimulants – Methamphetamine (meth)
   ○ Synthetic Cathinones (Bath Salts)
   ○ Club Drugs – MDMA/GHB/Rohypnol (Ecstasy)
   ○ Dissociative Drugs – Ketamine/PCP (Special K)
   ○ Hallucinogens – LSD/Mushrooms (acid)
   ○ Inhalants – Solvents (paint thinner)
   ○ Prescription Medications – Depressants
   ○ Prescription Medications – Stimulants
   ○ Prescription Medications – Opioid Pain Relievers

   ○ Other (specify) .........................................................
13. How often did you use each type of drug during the last 12 months?

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Frequency Options</th>
<th>Never</th>
<th>Only a few times</th>
<th>1-3 times per month</th>
<th>1-5 times per week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Alcohol</td>
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<td>b. Cannaboids – Marijuana (weed)</td>
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<td>c. Cannaboids – Hashish (hash)</td>
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<td>d. Synthetic Marijuana (K2/Spice)</td>
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<td>e. Natural Opioids – Heroin (smack)</td>
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<td>f. Synthetic Opioids – Fentanyl/Iso</td>
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<td>g. Stimulants – Powder cocaine (coke)</td>
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<td>h. Stimulants – Crack Cocaine (rock)</td>
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<td>i. Stimulants – Amphetamines (speed)</td>
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<td>j. Stimulants – Methamphetamine (meth)</td>
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<td>k. Synthetic Cathinones (Bath Salts)</td>
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<td>l. Club Drugs – MDMA/GHB/Rohypnol (Ecstasy)</td>
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<td>m. Dissociative Drugs – Ketamine/PCP (Special K)</td>
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<td>n. Hallucinogens – LSD/Mushrooms (acid)</td>
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<td>o. Inhalants – Solvents (paint thinner)</td>
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<td>p. Prescription Medications – Depressants</td>
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<td>q. Prescription Medications – Stimulants</td>
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<td>s. Other (specify)</td>
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</tbody>
</table>

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