

TCU Drug Screen II (ADOL)

Scoring Guide

Scoring Instructions. The TCU Drug Screen is scored to produce a single total score which can range from 9 to 18. Score values of 6 or greater indicate relatively severe drug-related problems, and correspond approximately to DSM drug dependence diagnosis. Responses to item 10 indicate which drug (or drugs) the respondent feels is primarily responsible for his or her drug-related problems.

To compute the total score, give 2 points to each “yes” response to items 1 through 9 and compute the sum (if a respondent answers “yes” to either item 4a or 4b, they receive 2 points for item 4; likewise if a respondent answers “yes” to item 6a, 6b, or 6c, they receive 2 points for item 6).

Note. Although items 10 through 15 are not calculated as part of the total score, they provide additional ancillary information that may be useful in guiding treatment decisions.

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 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 get so high or sick from drugs that it –
 - a. kept you from doing work, going to school, or caring for children?
 - b. caused an accident or put you or others in danger?
5. Did you spend less time at work, school, or with friends so that you could use drugs?
6. Did your drug use cause –
 - a. emotional or psychological problems?
 - b. problems with family, friends, work, or police?
 - c. physical health or medical problems?
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?

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)*

11. How often did you use each type of drug during the last 12 months?

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

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

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

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

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

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For more information on the TCU Drug Screen II (ADOL), please contact:

Institute of Behavioral Research
Texas Christian University
TCU Box 298740
Fort Worth, TX 76129
(817) 257-7226
(817) 257-7290 FAX
Email: ibr@tcu.edu
Web site: www.ibr.tcu.edu