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 ○ Stimulants – Methamphetamine (meth)
○ Alcohol ○ Synthetic Cathinones (Bath Salts)
○ 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?

<table>
<thead>
<tr>
<th>Drug Type</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>
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</thead>
<tbody>
<tr>
<td>a. Alcohol</td>
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<td>b. Cannaboids – Marijuana (weed)</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>m. Dissociative Drugs – Ketamine/PCP (Special K)</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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### 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 serious do you think your drug problems are?

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

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

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

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

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