

TCU DRUG SCREEN 5

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

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