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| Client ID# | Today’s Date | Facility ID# | Zip Code | Administration |

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

**Yes No**

than you planned or intended? ........................................................................................  

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

1. Did you get so high or sick from using drugs that it kept you from

working, going to school, or caring for children? ..........................................................  

1. Did you continue using drugs even when it led to social or interpersonal problems? ...  
2. Did you spend less time at work, school, or with friends because of your drug use? ....  
3. Did you use drugs that put you or others in physical danger? ........................................  
4. 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? ...................................................................................................  

1. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]
   * None  Stimulants – Methamphetamine *(meth)*
   * Alcohol  Synthetic Cathinones *(Bath Salts)*
   * Cannabinoids – Marijuana *(weed)*  Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)*
   * Cannabinoids – Hashish *(hash)*  Dissociative Drugs – Ketamine/PCP *(Special K)*
   * Synthetic Marijuana *(K2/Spice)*  Hallucinogens – LSD/Mushrooms *(acid)*
   * Natural Opioids – Heroin *(smack)*  Inhalants – Solvents *(paint thinner)*
   * Synthetic Opioids – Fentanyl/Iso  Prescription Medications – Depressants
   * Stimulants – Powder Cocaine *(coke)*  Prescription Medications – Stimulants
   * Stimulants – Crack Cocaine *(rock)*  Prescription Medications – Opioid Pain Relievers
   * Stimulants – Amphetamines *(speed)*  Other (specify)

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| Client ID# | Today’s Date | Facility ID# | Zip Code | Administration |

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| 13. How often did you use each type of drug during the last 12 months? | Only a few  Never times | 1-3 1-5  times per times per month week | Daily |
| a. Alcohol .......................................................................... |   |   |  |
| b. Cannaboids – Marijuana *(weed)* .................................... |   |   |  |
| c. Cannaboids – Hashish *(hash)* ........................................ |   |   |  |
| d. Synthetic Marijuana *(K2/Spice)* ..................................... |   |   |  |
| e. Natural Opioids – Heroin *(smack)* ................................. |   |   |  |
| f. Synthetic Opioids – Fentanyl/Iso ................................... |   |   |  |
| g. Stimulants – Powder cocaine *(coke)* .............................. |   |   |  |
| h. Stimulants – Crack Cocaine *(rock)* ................................ |   |   |  |
| i. Stimulants – Amphetamines *(speed)* ............................. |   |   |  |
| j. Stimulants – Methamphetamine *(meth)* ......................... |   |   |  |
| k. Synthetic Cathinones *(Bath Salts)* ................................. |   |   |  |
| l. Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)* .......... |   |   |  |
| m. Dissociative Drugs – Ketamine/PCP *(Special K)* .......... |   |   |  |
| n. Hallucinogens – LSD/Mushrooms *(acid)* ...................... |   |   |  |
| o. Inhalants – Solvents *(paint thinner)* .............................. |   |   |  |
| p. Prescription Medications – Depressants ........................ |   |   |  |
| q. Prescription Medications – Stimulants .......................... |   |   |  |
| r. Prescription Medications – Opioid Pain Relievers ........ |   |   |  |
| s. Other (specify) ...... |   |   |  |

1. 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*
2. How serious do you think your drug problems are?
   * *Not at all*  *Slightly*  *Moderately*  *Considerably*  *Extremely*
3. 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*
4. How important is it for you to get drug treatment now?
   * *Not at all*  *Slightly*  *Moderately*  *Considerably*  *Extremely*