TCU DRUG SCREEN II

Client ID#

ZIP code

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?	☐	☐
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?	☐	☐
4a. Did you get so high or sick from using drugs that it kept you from doing work, going to school, or caring for children?	☐	☐
4b. Did you get so high or sick from drugs that it 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?	☐	☐
6a. Did your drug use cause emotional or psychological problems?	☐	☐
6b. Did your drug use cause problems with family, friends, work, or police?	☐	☐
6c. Did your drug use cause 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?	☐	☐

Today's Date
Month Day Year

Facility ID#

10. **Which drug caused the most serious problem? [CHOOSE ONE]**

None	☐	Cocaine (by itself)	☐
Alcohol	☐	Heroin (by itself)	☐
Marijuana/Hashish	☐	Street Methadone (non-prescription)	☐
Hallucinogens/LSD/PCP/Psychedelics/Mushrooms	☐	Other Opiates/Opium/Morphine/Demerol	☐
Inhalants	☐	Methamphetamines	☐
Crack/Freebase	☐	Amphetamines (other uppers)	☐
Heroin and Cocaine (mixed together as Speedball)	☐	Tranquilizers/Barbiturates/Sedatives (downers)	☐

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	About every day
11a. Alcohol	☐	☐	☐	☐	☐
11b. Marijuana/Hashish	☐	☐	☐	☐	☐
11c. Hallucinogens/LSD/PCP Psychedelics/Mushrooms	☐	☐	☐	☐	☐
11d. Inhalants	☐	☐	☐	☐	☐
11e. Crack/Freebase	☐	☐	☐	☐	☐
11f. Heroin and Cocaine (mixed together as Speedball)	☐	☐	☐	☐	☐
11g. Cocaine (by itself)	☐	☐	☐	☐	☐
11h. Heroin (by itself)	☐	☐	☐	☐	☐
11i. Street Methadone (non-prescription)	☐	☐	☐	☐	☐
11j. Other Opiates/Opium/Morphine/Demerol	☐	☐	☐	☐	☐
11k. Methamphetamines	☐	☐	☐	☐	☐
11l. Amphetamines (other uppers)	☐	☐	☐	☐	☐
11m. Tranquilizers/Barbiturates/Sedatives (downers)	☐	☐	☐	☐	☐
11n. Other (specify) _____	☐	☐	☐	☐	☐

12. **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

13. **How serious do you think your drug problems are?**
☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

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 important is it for you to get drug treatment now?**
☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely