

TCU Drug Screen V

| Durir | ng the last 12 months (before being locked up, i | f applicable) – | | |
|-------|--|--|-----|----|
| | | | Yes | No |
| 1. | Did you use larger amounts of drugs or use the than you planned or intended? | <u> </u> | 0 | 0 |
| 2. | Did you try to control or cut down on your dry | 0 | 0 | |
| 3. | Did you spend a lot of time getting drugs, usin from their use? | | 0 | 0 |
| 4. | Did you have a strong desire or urge to use dr | ugs? | 0 | 0 |
| 5. | Did you get so high or sick from using drugs to working, going to school, or caring for children | | 0 | 0 |
| 6. | Did you continue using drugs even when it led | d to social or interpersonal problems? | 0 | 0 |
| 7. | Did you spend less time at work, school, or w | ith friends because of your drug use? | 0 | 0 |
| 8. | Did you use drugs that put you or others in ph | ysical danger? | 0 | 0 |
| 9. | Did you continue using drugs even when it was physical or psychological problems? | as causing you | 0 | 0 |
| 10a. | Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? | | | 0 |
| 10b. | Did using the same amount of a drug lead to it having less of an effect as it did before? | | | 0 |
| 11a. | Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? | | | 0 |
| 11b. | Did you ever keep taking a drug to relieve or withdrawal symptoms? | | 0 | 0 |
| 12. | Which drug caused the most serious problem during the last 12 months? [CHOOSE | | | |
| | O None O Alcohol O Cannaboids – Marijuana (weed) O Cannaboids – Hashish (hash) O Synthetic Marijuana (K2/Spice) O Opioids – Heroin (smack) O Opioids – Opium (tar) O Stimulants – Powder Cocaine (coke) O Stimulants – Crack Cocaine (rock) O Stimulants – Amphetamines (speed) | meth) /pnol (E CP (Spe s (acid) r) ssants lants d Pain R | | |

| Client ID# | Today's Date | Facility ID# | Zip Code Administration |
|------------|--------------|--------------|-------------------------|

| 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. b. c. d. e. f. g. h. i. j. k. l. m. | Alcohol Cannaboids – Marijuana (weed) Cannaboids – Hashish (hash) Synthetic Marijuana (K2/Spice) Opioids – Heroin (smack) Opioids – Opium (tar) Stimulants – Powder cocaine (coke) Stimulants – Crack Cocaine (rock) Stimulants – Amphetamines (speed) Stimulants – Methamphetamine (meth) Bath Salts (Synthetic Cathinones) | Never | Times O O O O O O O O O O O O O O O O O O | - | - | Daily O O O O O O O O O O O O O O O O O O |
| n. | Hallucinogens – LSD/Mushrooms (acid) | 0 | 0 | 0 | 0 | 0 |
| о. | Inhalants – Solvents (paint thinner) | 0 | 0 | 0 | 0 | 0 |
| p. | Prescription Medications – Depressants | 0 | 0 | 0 | 0 | 0 |
| q. | Prescription Medications – Stimulants | 0 | 0 | 0 | 0 | 0 |
| r. | Prescription Medications – Opioid Pain Relievers | 0 | 0 | 0 | 0 | 0 |
| S. | Other (specify) | 0 | 0 | 0 | 0 | 0 |

| 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 |
|----------|----------|-----------|-----------|-------------------|
| O TICVET | | | O S times | |

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

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

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

| O Never | 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 | \bigcirc Slightly | \bigcirc Moderately | \circ Considerably | \circ Extremely |
|--------------|---------------------|-----------------------|----------------------|-------------------|
|--------------|---------------------|-----------------------|----------------------|-------------------|