

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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TCU Drug Screen V

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]		
<input type="radio"/> None		<input type="radio"/> Stimulants – Methamphetamine (meth)
<input type="radio"/> Alcohol		<input type="radio"/> Bath Salts (Synthetic Cathinones)
<input type="radio"/> Cannaboids – Marijuana (weed)		<input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol (Ecstasy)
<input type="radio"/> Cannaboids – Hashish (hash)		<input type="radio"/> Dissociative Drugs – Ketamine/PCP (Special K)
<input type="radio"/> Synthetic Marijuana (K2/Spice)		<input type="radio"/> Hallucinogens – LSD/Mushrooms (acid)
<input type="radio"/> Opioids – Heroin (smack)		<input type="radio"/> Inhalants – Solvents (paint thinner)
<input type="radio"/> Opioids – Opium (tar)		<input type="radio"/> Prescription Medications – Depressants
<input type="radio"/> Stimulants – Powder Cocaine (coke)		<input type="radio"/> Prescription Medications – Stimulants
<input type="radio"/> Stimulants – Crack Cocaine (rock)		<input type="radio"/> Prescription Medications – Opioid Pain Relievers
<input type="radio"/> Stimulants – Amphetamines (speed)		<input type="radio"/> Other (specify) _____

