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

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? O 0 0 3. Did you spend a lot of time getting drugs, using them, or recovering from their use? 0 Did you have a strong desire or urge to use drugs? 0 Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? 0 6. Did you continue using drugs even when it led to social or interpersonal problems? ... O 0 Did you spend less time at work, school, or with friends because of your drug use? O 0 Did you use drugs that put you or others in physical danger? O 0 9. Did you continue using drugs even when it was causing you physical or psychological problems? 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 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? O 0 11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? 0 12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE] O None O Stimulants – Methamphetamine (meth) O Alcohol O Bath Salts (Synthetic Cathinones) O Cannaboids – Marijuana (weed) O Club Drugs – MDMA/GHB/Rohypnol (Ecstasy) O Cannaboids – Hashish (hash) O Dissociative Drugs – Ketamine/PCP (Special K) O Hallucinogens – LSD/Mushrooms (acid) O Synthetic Marijuana (K2/Spice) O Opioids – Heroin (smack) O Inhalants – Solvents (paint thinner) O Opioids – Opium (tar) O Prescription Medications – Depressants O Stimulants – Powder Cocaine (coke) O Prescription Medications – Stimulants O Stimulants – Crack Cocaine (rock) O Prescription Medications – Opioid Pain Relievers

O Other (specify)

O Stimulants – Amphetamines (speed)

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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	0	0	0	0	0
b.	Cannaboids – Marijuana (weed)	0	0	0	0	0
c.	Cannaboids – Hashish (hash)	0	0	0	0	0
d.	Synthetic Marijuana (K2/Spice)	0	0	0	0	0
e.	Opioids – Heroin (smack)	0	0	0	0	0
f.	Opioids – Opium (tar)	0	0	0	0	0
g.	Stimulants – Powder cocaine (coke)	0	0	0	0	0
h.	Stimulants – Crack Cocaine (rock)	0	0	0	0	0
i.	Stimulants – Amphetamines (speed)	0	0	0	0	0
j.	Stimulants – Methamphetamine (meth)	0	0	0	0	0
k.	Bath Salts (Synthetic Cathinones)	0	0	0	0	0
1.	Club Drugs – MDMA/GHB/Rohypnol/Ecstasy)	0	0	0	0	0
m.	Dissociative Drugs – Ketamine/PCP (Special K)	0	0	0	0	0
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	0 <i>3 tim</i>	es 04 or m	ore times
15.	How serious do	you think your d	rug problems	are?		
	O Not at all	O Slightly	○ Moder	ately (O Considerably	○ Extremely
16.	6. During the last 12 months, how often did you inject drugs with a needle?					
	O Never	Only a few tin	nes 0 1-3	times/moni	th 01-5 times	per week O Daily
17. How important is it for you to get drug treatment now?						
	O Not at all	O Slightly	O Moder	ately (○ Considerably	○ Extremely