

# TCU Drug Screen V (TCUDS-V)

| 5 | 8 | 1 | 0 | 0 | | | | |  
Client ID#

| 0 | 2 | 0 | 5 | 2 | 0 | |  
Today's Date

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 checked="" 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 checked="" type="radio"/>
3. Did you spend a lot of time getting drugs, using them, or recovering from their use? .....	<input type="radio"/>	<input checked="" type="radio"/>
4. Did you have a strong desire or urge to use drugs? .....	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>
6. Did you continue using drugs even when it led to social or interpersonal problems? ...	<input type="radio"/>	<input checked="" type="radio"/>
7. Did you spend less time at work, school, or with friends because of your drug use? ....	<input type="radio"/>	<input checked="" type="radio"/>
8. Did you use drugs that put you or others in physical danger? .....	<input type="radio"/>	<input checked="" type="radio"/>
9. Did you continue using drugs even when it was causing you physical or psychological problems? .....	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" type="radio"/>
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? .....	<input type="radio"/>	<input checked="" type="radio"/>
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? .....	<input checked="" 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"/> Alcohol <input type="radio"/> Cannaboids – Marijuana (weed) <input type="radio"/> Cannaboids – Hashish (hash) <input type="radio"/> Synthetic Marijuana (K2/Spice) <input type="radio"/> Opioids – Heroin (smack) <input type="radio"/> Opioids – Opium (tar) <input type="radio"/> Stimulants – Powder Cocaine (coke) <input type="radio"/> Stimulants – Crack Cocaine (rock) <input type="radio"/> Stimulants – Amphetamines (speed)	<input type="radio"/> Stimulants – Methamphetamine (meth) <input type="radio"/> Bath Salts (Synthetic Cathinones) <input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol (Ecstasy) <input type="radio"/> Dissociative Drugs – Ketamine/PCP (Special K) <input type="radio"/> Hallucinogens – LSD/Mushrooms (acid) <input type="radio"/> Inhalants – Solvents (paint thinner) <input type="radio"/> Prescription Medications – Depressants <input type="radio"/> Prescription Medications – Stimulants <input type="radio"/> Prescription Medications – Opioid Pain Relievers <input type="radio"/> Other (specify) _____	

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 .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. Cannaboids – Marijuana (weed).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannaboids – Hashish (hash) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Synthetic Marijuana (K2/Spice) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Opioids – Heroin (smack) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opioids – Opium (tar) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stimulants – Powder cocaine (coke) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Stimulants – Crack Cocaine (rock) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stimulants – Amphetamines (speed) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Stimulants – Methamphetamine (meth) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
k. Bath Salts (Synthetic Cathinones) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Club Drugs – MDMA/GHB/Rohypnol/Ecstasy) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Dissociative Drugs – Ketamine/PCP (Special K) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hallucinogens – LSD/Mushrooms (acid) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Inhalants – Solvents (paint thinner) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Prescription Medications – Depressants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Prescription Medications – Stimulants .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Prescription Medications – Opioid Pain Relievers .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other (specify) <u>q13Other</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 serious do you think your drug problems are?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☒ Extremely

16. 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

17. How important is it for you to get drug treatment now?

☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☒ Extremely