

TCU DRUG SCREEN 5

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

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cannaboids – Marijuana (<i>weed</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannaboids – Hashish (<i>hash</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Synthetic Marijuana (<i>K2/Spice</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Opioids – Heroin (<i>smack</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opioids – Opium (<i>tar</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stimulants – Powder cocaine (<i>coke</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Stimulants – Crack Cocaine (<i>rock</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stimulants – Amphetamines (<i>speed</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Stimulants – Methamphetamine (<i>meth</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Synthetic Cathinones (<i>Bath Salts</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Dissociative Drugs – Ketamine/PCP (<i>Special K</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hallucinogens – LSD/Mushrooms (<i>acid</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Inhalants – Solvents (<i>paint thinner</i>)	<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) _____	<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

TCU Drug Screen 5

Scoring & Interpretation Guide

Scoring Instructions. The TCU Drug Screen V is scored to produce a single total score which can range from 0 to 11. To compute the total TCU Drug Screen V score:

1. Assign 1 point to each “yes” response to items 1 through 9.
2. For items 10 and 11,
 - a. assign 1 point if respondent answers “yes” to either 10a or 10b;
 - b. assign 1 point if respondent answers “yes” to either 11a or 11b.
3. Sum 1-point “yes” responses for items 1 through 11, yielding a total score ranging between 0 and 11.
4. Note that items 12 through 17 are not included as part of the total TCUDS V score; they provide additional information that may be useful in guiding treatment decisions.

Interpreting Scores. Interpretation of the TCU Drug Screen V score corresponds with the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* criteria, and is based on a single disorder measured on the following continuum from mild to severe:

Mild disorder: Score of 2-3 points (presence of 2-3 symptoms)
Moderate disorder: Score of 4-5 points (presence of 4-5 symptoms)
Severe disorder: Score of 6 or more points (presence of 6 or more symptoms)

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Note: Data currently are being collected to establish the psychometric properties of the TCU Drug Screen V.