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

TCU DRUG SCREEN II

During the last 12 months (before being locked up, if applicable) –

8	8 ** *** *** ***		No
1.	Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	. 0	0
2.	Did you try to cut down on your drug use but were unable to do it?	. 0	0
3.	Did you spend a lot of time getting drugs, using them, or recovering from their use?	. 0	0
4a.	Did you get so high or sick from using drugs that it kept you from doing work, going to school, or caring for children?	. 0	0
4b.	Did you get so high or sick from drugs that it caused an accident or put you or others in danger?	. 0	0
5.	Did you spend less time at work, school, or with friends so that you could use drugs?	. 0	0
6a.	Did your drug use cause emotional or psychological problems?	. 0	0
6b.	Did your drug use cause problems with family, friends, work, or police?	. 0	0
6c.	Did your drug use cause physical health or medical problems?	. 0	0
7.	Did you increase the amount of a drug you were taking so that you could get the same effects as before?	. 0	0
8.	Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	. 0	0
9.	Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	. 0	0
10.	Which drug caused the most serious problem? [CHOOSE ONE]		
	 ○ None ○ Alcohol ○ Marijuana/Hashish ○ Hallucinogens/LSD/PCP/Psychedelics/Mushrooms ○ Inhalants ○ Crack/Freebase ○ Heroin and Cocaine (mixed together as Speedball) ○ Cocaine (by itself) ○ Heroin (by itself) ○ Street methadone (non-prescription) ○ Other Opiates/Opium/Morphine/Demerol ○ Methamphetamines ○ Amphetamines (other uppers) ○ Tranquilizers/Barbiturates/Sedatives (downers) 		

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	Iten did you use each type of drug the last 12 months?	Never	Only a few times	1-3 times per month	1-5 times per week	About every day
11a.	Alcohol	0	0	0	0	0
11b.	Marijuana/Hashish	0	0	0	0	0
11c.	Hallucinogens/LSD/ PCP/Psychedelics/ Mushrooms	0	0	0	0	0
11d.	Inhalants	0	0	0	0	0
11e.	Crack/Freebase	0	0	0	0	0
11f.	Heroin and Cocaine (mixed together as Speedball)	0	0	0	0	0
11g.	Cocaine (by itself)	0	0	0	0	0
11h.	Heroin (by itself)	0	0	0	0	0
11i.	Street Methadone (non-prescription)	0	0	0	0	0
11j.	Other Opiates/Opium/Morphine/ Demerol	0	0	0	0	0
11k.	Methamphetamines	0	0	0	0	0
111.	Amphetamines (other uppers)	0	0	0	0	0
	Tranquilizers/Barbiturates/Sedatives (downers)	0	0	0	0	0
11n.	Other (specify)	0	0	0	0	0

12. During the last 12 months, how often did you inject drugs with a needle?						
0	Never 0 C	Only a few times	0 1-3 tim	es/month	0 1-5 times per	r week O Daily
13. How s	erious do you	think your drug	problems are	?		
0	Not at all	○ <i>Slightly</i>	O Moderate	$ly \qquad \bigcirc Co$	nsiderably	○ Extremely
14. How many times before now have you ever been in a drug treatment program? [DO NOT INCLUDE AA/NA/CA MEETINGS]						
0	Never O	1 time 0 2	2 times (O 3 times	O 4 or more	times
15. How important is it for you to get drug treatment now?						
0	Not at all	O Slightly	O Moderate	$ly \qquad \bigcirc Co$	nsiderably	O Extremely
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