

TCU DRUG SCREEN II

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 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"/>
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?	<input type="radio"/>	<input type="radio"/>
4b. Did you get so high or sick from drugs that it caused an accident or put you or others in danger?	<input type="radio"/>	<input type="radio"/>
5. Did you spend less time at work, school, or with friends so that you could use drugs?	<input type="radio"/>	<input type="radio"/>
6a. Did your drug use cause emotional or psychological problems?	<input type="radio"/>	<input type="radio"/>
6b. Did your drug use cause problems with family, friends, work, or police?	<input type="radio"/>	<input type="radio"/>
6c. Did your drug use cause physical health or medical problems?	<input type="radio"/>	<input type="radio"/>
7. Did you 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"/>
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	<input type="radio"/>	<input type="radio"/>
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	<input type="radio"/>	<input type="radio"/>
10. Which drug caused the most serious problem? [CHOOSE ONE]		
<input type="radio"/> None		
<input type="radio"/> Alcohol		
<input type="radio"/> Marijuana/Hashish		
<input type="radio"/> Hallucinogens/LSD/PCP/Psychedelics/Mushrooms		
<input type="radio"/> Inhalants		
<input type="radio"/> Crack/Freebase		
<input type="radio"/> Heroin and Cocaine (mixed together as Speedball)		
<input type="radio"/> Cocaine (by itself)		
<input type="radio"/> Heroin (by itself)		
<input type="radio"/> Street methadone (non-prescription)		
<input type="radio"/> Other Opiates/Opium/Morphine/Demerol		
<input type="radio"/> Methamphetamines		
<input type="radio"/> Amphetamines (other uppers)		
<input type="radio"/> Tranquilizers/Barbiturates/Sedatives (downers)		

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	About every day
11a. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11b. Marijuana/Hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11c. Hallucinogens/LSD/ PCP/Psychedelics/ Mushrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11d. Inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11e. Crack/Freebase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11f. Heroin and Cocaine (mixed together as Speedball)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11g. Cocaine (by itself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11h. Heroin (by itself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11i. Street Methadone (non-prescription)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11j. Other Opiates/Opium/Morphine/ Demerol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11k. Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11l. Amphetamines (other uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11m. Tranquilizers/Barbiturates/Sedatives (downers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11n. Other (<i>specify</i>) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. 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

13. How serious do you think your drug problems are?

- Not at all*
 Slightly
 Moderately
 Considerably
 Extremely

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 important is it for you to get drug treatment now?

- Not at all*
 Slightly
 Moderately
 Considerably
 Extremely