TCU Drug Screen II

Instruction Page

The following questions ask about your drug use (including alcohol) in the past 12 months. Please answer them by marking only one circle for each question. If you do not feel comfortable giving an answer to a particular question, you may skip it and move on to the next question.

If you are an inmate, please refer to the 12-month period immediately before you were locked up; that is, the last time you were in the “free world.”

Also, alcohol is a drug. Your answers to questions about drug use need to include alcohol use, such as drinking beer.

The example below shows how to mark the circles --

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I like ice cream. ................................................................. o  ●</td>
<td></td>
</tr>
</tbody>
</table>
TCU DRUG SCREEN II

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

1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended? ................................................................. ○ ○

2. Did you try to cut down on your drug use but were unable to do it? .......... ○ ○

3. Did you spend a lot of time getting drugs, using them, or recovering from their use? ................................................................. ○ ○

4. Did you get so high or sick from drugs that it –
   a. kept you from doing work, going to school, or caring for children? ................................................................. ○ ○
   b. caused an accident or put you or others in danger? ................. ○ ○

5. Did you spend less time at work, school, or with friends so that you could use drugs? ................................................................. ○ ○

6. Did your drug use cause –
   a. emotional or psychological problems? ................................................................. ○ ○
   b. problems with family, friends, work, or police? ................................................................. ○ ○
   c. physical health or medical problems? ................................................................. ○ ○

7. Did you increase the amount of a drug you were taking so that you could get the same effects as before? ................................................................. ○ ○

8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick? ................................................................. ○ ○

9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? ................................................................. ○ ○

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
    ○ Methamphetamine
    ○ Amphetamines (other uppers)
    ○ Tranquilizers/Barbiturates/Sedatives (downers)
11. How often did you use each type of drug during the last 12 months?

<table>
<thead>
<tr>
<th>DRUG USE IN LAST 12 MONTHS</th>
</tr>
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<tbody>
<tr>
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<tr>
<td></td>
</tr>
<tr>
<td>a. Alcohol</td>
</tr>
<tr>
<td>b. Marijuana/Hashish</td>
</tr>
<tr>
<td>c. Hallucinogens/LSD/PCP/ Psychedelics/Mushrooms</td>
</tr>
<tr>
<td>d. Inhalants</td>
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<td>e. Crack/Freebase</td>
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<td>f. Heroin and Cocaine (mixed together as Speedball)</td>
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<td>g. Cocaine (by itself)</td>
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<td>h. Heroin (by itself)</td>
</tr>
<tr>
<td>i. Street Methadone (non-prescription)</td>
</tr>
<tr>
<td>j. Other Opiates/Opium/Morphine/Demerol</td>
</tr>
<tr>
<td>k. Methamphetamines</td>
</tr>
<tr>
<td>l. Amphetamines (other uppers)</td>
</tr>
<tr>
<td>m. Tranquilizers/Barbiturates/Sedatives (downers)</td>
</tr>
<tr>
<td>n. Other (specify)</td>
</tr>
</tbody>
</table>

12. During the last 12 months, how often did you inject drugs with a needle?

- Never
- Only a few times
- 1-3 times per 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?

- 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
Scoring for the TCU Drug Screen II

Page 1 of the TCU Drug Screen is scored as follows:

1. Give 1-point to each “yes” response to 1-9
   (Questions 4 and 6 are worth one point each if
   a respondent answers “yes” to any portion).

2. The total score can range from 0 to 9; score
   values of 3 or greater indicate relatively severe
   drug-related problems, and correspond approximately
   to DSM drug dependence diagnosis.

3. Responses to Question 10 indicate which drug
   (or drugs) the respondent feels is primarily
   responsible for his or her drug-related problems.

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