

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 --

		<div>Yes No</div>	
1. I like ice cream.	<input type="radio"/>	<input checked="" type="radio"/>	

TCU DRUG SCREEN II

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

	Yes	No
1. Did you use <u>larger amounts of drugs</u> or use them <u>for a longer time</u> than you had planned or intended?	<input type="radio"/>	<input type="radio"/>
2. Did you <u>try to cut down on your drug use</u> but were <u>unable</u> to do it?	<input type="radio"/>	<input type="radio"/>
3. Did you <u>spend a lot of time</u> getting drugs, using them, or recovering from their use?	<input type="radio"/>	<input type="radio"/>
4. Did you get <u>so high or sick</u> from drugs that it –		
a. <u>kept you from</u> doing work, going to school, or caring for children?	<input type="radio"/>	<input type="radio"/>
b. <u>caused an accident</u> or put you or others in danger?	<input type="radio"/>	<input type="radio"/>
5. Did you <u>spend less time at work, school, or with friends</u> so that you could use drugs?	<input type="radio"/>	<input type="radio"/>
6. Did your drug use <u>cause</u> –		
a. <u>emotional or psychological</u> problems?	<input type="radio"/>	<input type="radio"/>
b. problems with <u>family, friends, work, or police</u> ?	<input type="radio"/>	<input type="radio"/>
c. <u>physical health or medical</u> problems?	<input type="radio"/>	<input type="radio"/>
7. Did you <u>increase the amount</u> 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 <u>avoid withdrawal</u> or keep from <u>getting sick</u> ?	<input type="radio"/>	<input type="radio"/>
9. Did you <u>get sick or have withdrawal</u> when you quit or missed taking a drug?	<input type="radio"/>	<input type="radio"/>
10. Which <u>drugs</u> caused you the <u>MOST serious problems</u> ? [SEE LIST BELOW]		
a. Worst	<input type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Inhalants	<input type="radio"/> Marijuana <input type="radio"/> Cocaine or crack <input type="radio"/> Other stimulants
		<input type="radio"/> Tranquilizers or sedatives <input type="radio"/> Hallucinogens <input type="radio"/> Opiates
b. Next	<input type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Inhalants	<input type="radio"/> Marijuana <input type="radio"/> Cocaine or crack <input type="radio"/> Other stimulants
		<input type="radio"/> Tranquilizers or sedatives <input type="radio"/> Hallucinogens <input type="radio"/> Opiates
c. Next	<input type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Inhalants	<input type="radio"/> Marijuana <input type="radio"/> Cocaine or crack <input type="radio"/> Other stimulants
		<input type="radio"/> Tranquilizers or sedatives <input type="radio"/> Hallucinogens <input type="radio"/> Opiates

11. How often did you use each type of drug during the last 12 months?

	DRUG USE IN LAST 12 MONTHS				
	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY
a. <u>Alcohol</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>Marijuana</u> /Hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <u>Hallucinogens</u> /LSD/Psychedelics/PCP/ Mushrooms/Peyote	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <u>Crack</u> /Freebase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <u>Heroin and Cocaine</u> (mixed together as speedball)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <u>Cocaine</u> (by itself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <u>Heroin</u> (by itself)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. <u>Street Methadone</u> (non-prescription)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. <u>Other Opiates</u> /Opium/Morphine/Demerol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. <u>Methamphetamine</u> /Speed/Ice (Uppers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. <u>Tranquilizers</u> /Barbiturates/Sedatives (Downers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. 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 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?
[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*

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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U.S. PROBATION - MIDDLE DISTRICT OF GEORGIA

TCU DRUG SCREEN II - RESULTS PAGE

CASE NAME/PACTS NO.: _____ **DATE:** _____

SELF ADMINISTERED: _____ **OFFICER ADMINISTERED:** _____

RESULTS/ACTIONS: _____ **USPO** _____

SCORE: _____

SERVICES, IF ANY:

- ___ Case Staffed with _____
- ___ Urine Collection
- ___ Substance Abuse Assessment
- ___ Psycho-educational Interventions (including cognitive-behavioral)
- ___ Individual Counseling
- ___ Group Counseling
- ___ Family Counseling
- ___ Group Family Counseling
- ___ Intensive Outpatient Services
- ___ Residential Treatment
- ___ Detoxification
- ___ In-District, Officer-rendered Services
- ___ Other

Comments: _____

Officer's Signature

Date

***Note:** Always incorporate interview results and outside sources/indicators as outlined in the OPPS Guide. Score of 0 (no/minimal risk), consider only UAs or no intervention. Score of 1-2 (moderate risk), consider further assessment, education classes, and/or peer support or non-vendor services. Score of 3 and above (high risk), refer for assessment and/or further treatment intervention.*