TCU Drug Screen 5
Scoring & Interpretation Guide

Scoring Instructions. The TCU Drug Screen 5 is scored to produce a single total score which can range from 0 to 11. To compute the total TCU Drug Screen 5 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 5 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 5.

TCU Drug Screen 5-sg (v.Aug17)
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13. How often did you use each type of drug during the last 12 months?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Only a few times</th>
<th>1-3 times per month</th>
<th>1-5 times per week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
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<tr>
<td>Cannaboids – Marijuana (weed)</td>
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<tr>
<td>Cannaboids – Hashish (hash)</td>
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<tr>
<td>Synthetic Marijuana (K2/Spice)</td>
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<tr>
<td>Opioids – Heroin (smack)</td>
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<td>Opioids – Opium (tar)</td>
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<tr>
<td>Stimulants – Powder cocaine (coke)</td>
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<td>Stimulants – Crack Cocaine (rock)</td>
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<tr>
<td>Stimulants – Amphetamines (speed)</td>
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<tr>
<td>Stimulants – Methamphetamine (meth)</td>
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<tr>
<td>Bath Salts (Synthetic Cathinones)</td>
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<tr>
<td>Club Drugs – MDMA/GHB/Rohypnol Ecstasy</td>
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<tr>
<td>Dissociative Drugs – Ketamine/PCP (Special K)</td>
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<tr>
<td>Hallucinogens – LSD/Mushrooms (acid)</td>
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<tr>
<td>Inhalants – Solvents (paint thinner)</td>
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<tr>
<td>Prescription Medications – Depressants</td>
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<td>Prescription Medications – Stimulants</td>
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<tr>
<td>Prescription Medications – Opioid Pain Relievers</td>
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<tr>
<td>Other (specify)</td>
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</table>

14. How many times before now have you ever been in a drug treatment program?  
[DONOT INCLUDE AA/NA/CA MEETINGS]

- O Never  
- O 1 time  
- O 2 times  
- O 3 times  
- O 4 or more times

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

- O Not at all  
- O Slightly  
- O Moderately  
- O Considerably  
- O Extremely

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

- O Never  
- O Only a few times  
- O 1-3 times/month  
- O 1-5 times per week  
- O Daily

17. How important is it for you to get drug treatment now?

- O Not at all  
- O Slightly  
- O Moderately  
- O Considerably  
- O Extremely
TCU DRUG SCREEN V

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 control or 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 have a strong desire or urge to use drugs? ..................................... ○ ○

5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children? ...................... ○ ○

6. Did you continue using drugs even when it led to social or interpersonal problems? ... ○ ○

7. Did you spend less time at work, school, or with friends because of your drug use? .... ○ ○

8. Did you use drugs that put you or others in physical danger? ...................... ○ ○

9. Did you continue using drugs even when it was causing you physical or psychological problems? ................................................................. ○ ○

10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before? .................................................. ○ ○

10b. Did using the same amount of a drug lead to it having less of an effect as it did before? ................................................................. ○ ○

11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug? ................................................................. ○ ○

11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms? ................................................................. ○ ○

12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]

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

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