

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 5 score; they provide additional information that may be useful in guiding treatment decisions.

Interpreting Scores. Interpretation of the TCU Drug Screen V 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 V.

TCU DRUG SCREEN 5

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 control or 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"/>
4. Did you have a strong desire or urge to use drugs?	<input type="radio"/>	<input type="radio"/>
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	<input type="radio"/>	<input type="radio"/>
6. Did you continue using drugs even when it led to social or interpersonal problems? ...	<input type="radio"/>	<input type="radio"/>
7. Did you spend less time at work, school, or with friends because of your drug use?	<input type="radio"/>	<input type="radio"/>
8. Did you use drugs that put you or others in physical danger?	<input type="radio"/>	<input type="radio"/>
9. Did you continue using drugs even when it was causing you physical or psychological problems?	<input type="radio"/>	<input type="radio"/>
10a. Did you need to 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"/>
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	<input type="radio"/>	<input type="radio"/>
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	<input type="radio"/>	<input type="radio"/>
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	<input type="radio"/>	<input type="radio"/>
12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]		
○ None		○ Stimulants – Methamphetamine (<i>meth</i>)
○ Alcohol		○ Synthetic Cathinones (<i>Bath Salts</i>)
○ Cannaboids – Marijuana (<i>weed</i>)		○ Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>)
○ Cannaboids – Hashish (<i>hash</i>)		○ Dissociative Drugs – Ketamine/PCP (<i>Special K</i>)
○ Synthetic Marijuana (<i>K2/Spice</i>)		○ Hallucinogens – LSD/Mushrooms (<i>acid</i>)
○ Natural Opioids – Heroin (<i>smack</i>)		○ Inhalants – Solvents (<i>paint thinner</i>)
○ Synthetic Opioids – Fentanyl/Iso		○ Prescription Medications – Depressants
○ Stimulants – Powder Cocaine (<i>coke</i>)		○ Prescription Medications – Stimulants
○ Stimulants – Crack Cocaine (<i>rock</i>)		○ Prescription Medications – Opioid Pain Relievers
○ Stimulants – Amphetamines (<i>speed</i>)		○ Other (specify) _____

13. 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	Daily
a. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cannaboids – Marijuana (<i>weed</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannaboids – Hashish (<i>hash</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Synthetic Marijuana (<i>K2/Spice</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Natural Opioids – Heroin (<i>smack</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Synthetic Opioids – Fentanyl/Iso	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stimulants – Powder cocaine (<i>coke</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Stimulants – Crack Cocaine (<i>rock</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stimulants – Amphetamines (<i>speed</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Stimulants – Methamphetamine (<i>meth</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Synthetic Cathinones (<i>Bath Salts</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Dissociative Drugs – Ketamine/PCP (<i>Special K</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Hallucinogens – LSD/Mushrooms (<i>acid</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Inhalants – Solvents (<i>paint thinner</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Prescription Medications – Depressants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Prescription Medications – Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Prescription Medications – Opioid Pain Relievers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 serious do you think your drug problems are?

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

16. 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*

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

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

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Client ID#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Today's Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Facility ID#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Zip Code	<input type="text"/> <input type="text"/> <input type="text"/> Administration
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Please mark how much you AGREE or DISAGREE with each statement.

	<i>Strongly</i>				<i>Strongly</i>
	<i>Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree</i>
	<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 13. You must get back at people who mess with you..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. You expect to be treated better than the people around you..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Breaking the law is no big deal if you do not physically harm someone..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. It is hard for you to resist acting on your emotions..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. You find yourself blaming the victims of some of your crimes..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. You are willing to take advantage of others to get what you want..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Your thoughts and ideas are better than the people around you..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. You are always willing to admit it when you make a mistake..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. When you are upset, you make matters worse because you act without thinking..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. It is okay to commit a crime to live the life you deserve..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. When you feel overwhelmed, you have a difficult time making good decisions..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. The only way to protect yourself is to be ready to fight..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

