

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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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]		
<input type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Cannaboids – Marijuana (<i>weed</i>) <input type="radio"/> Cannaboids – Hashish (<i>hash</i>) <input type="radio"/> Synthetic Marijuana (<i>K2/Spice</i>) <input type="radio"/> Opioids – Heroin (<i>smack</i>) <input type="radio"/> Opioids – Opium (<i>tar</i>) <input type="radio"/> Stimulants – Powder Cocaine (<i>coke</i>) <input type="radio"/> Stimulants – Crack Cocaine (<i>rock</i>) <input type="radio"/> Stimulants – Amphetamines (<i>speed</i>)	<input type="radio"/> Stimulants – Methamphetamine (<i>meth</i>) <input type="radio"/> Synthetic Cathinones (<i>Bath Salts</i>) <input type="radio"/> Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>) <input type="radio"/> Dissociative Drugs – Ketamine/PCP (<i>Special K</i>) <input type="radio"/> Hallucinogens – LSD/Mushrooms (<i>acid</i>) <input type="radio"/> Inhalants – Solvents (<i>paint thinner</i>) <input type="radio"/> Prescription Medications – Depressants <input type="radio"/> Prescription Medications – Stimulants <input type="radio"/> Prescription Medications – Opioid Pain Relievers <input type="radio"/> 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. Opioids – Heroin (<i>smack</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Opioids – Opium (<i>tar</i>)	<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

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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TCU DRUG SCREEN 5 – Opioid Supplement

***If the response to TCU Drug Screen 5, page 2, Q13e, Q13f, or Q13r regarding opioid use is more than “Never,” then complete the following questions.**

In the LAST 12 MONTHS –

1. What types of opioids have you used?

- a. Heroin No Yes
- b. Oxycodone (Oxycontin, Percodan, Percocet) No Yes
- c. Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Zohydro) No Yes
- d. Morphine (Kadian, Avinza, MS Contin) No Yes
- e. Fentanyl (Duragesic, Fentora) No Yes
- f. Hydromorphone (Dilaudid, Exalgo) No Yes
- g. Methadone (Dolophine) No Yes
- h. Oxymorphone (Opana) No Yes
- i. Codeine (Tylenol/cough syrup with codeine) No Yes

2. How many times did you inject an opioid?

- Never A few times 1-3 times/month 1-5 times per week Daily

3. How many times did you take an opioid in another way (e.g., ground pills and sniffed it, put a film in your mouth)?

- Never A few times 1-3 times/month 1-5 times per week Daily

4. How many times did you take an opioid prescribed for you?

- Never A few times 1-3 times/month 1-5 times per week Daily

5. How many times did you take an opioid prescribed for someone else?

- Never A few times 1-3 times/month 1-5 times per week Daily

6. From whom did you get the opioids you took?

- a. Medical doctor/pharmacy? No Yes
- b. Family member? No Yes
- c. Friend? No Yes
- d. Someone else (e.g., “on the street”)? No Yes

7. Have you taken opioids for medical reasons? No Yes*

***IF YES, briefly describe the reasons:**

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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8. **Have you taken opioids for non-medical reasons?** No Yes*

***IF YES, briefly describe the reasons:**

9. **Has a doctor prescribed opioid medications for you?** No Yes*

***IF YES:**

a. did you have the most recent prescription filled? No Yes*

b. did you take all of the medications as prescribed? No Yes*

c. did you give or sell any of your medications to someone else? No Yes*

10. **Have you taken other medications or illegal drugs for medical reasons (e.g., to treat pain)?** No Yes*

***IF YES, please list:**

Drug/medication: _____ Reasons for taking: _____

Drug/medication: _____ Reasons for taking: _____

Drug/medication: _____ Reasons for taking: _____

11. **Do you or someone close to you (e.g., family, friend) have access to naloxone (Narcan) to reverse an overdose?** No Yes

12. **How many times have you EVER overdosed after taking opioids?**

Never Once Twice 3 times 4 or more times

13. **In the last 12 months, how many times have you overdosed after taking opioids?**

Never Once* Twice* 3 times* 4 or more times*

***IF MORE THAN "NEVER," in the last 12 months:**

a. What types of opioids did you use?

1. Heroin No Yes

2. Oxycodone (Oxycontin, Percodan, Percocet) No Yes

3. Hydrocodone (Vicodin, Lortab, Lorcet, Norco, Zohydro) No Yes

4. Morphine (Kadian, Avinza, MS Contin) No Yes

5. Fentanyl (Duragesic, Fentora) No Yes

6. Hydromorphone (Dilaudid, Exalgo) No Yes

7. Methadone (Dolophine) No Yes

8. Oxymorphone (Opana) No Yes

9. Codeine (Tylenol/cough syrup with codeine) No Yes

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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b. How many times did you go to the hospital or emergency room because of an overdose on opioids?

- Never* *Once* *Twice* *3 times* *4 or more times*

c. How many times were you given naloxone (Narcan) because of an overdose?

- Never* *Once* *Twice* *3 times* *4 or more times*

d. Have you received any follow-up treatment after the most recent overdose?

- No* *Yes*

14. Have you received Medication Assisted Treatment (MAT) in the last 12 months?

- No* *Yes*

15. Are you currently receiving Medication Assisted Treatment (MAT)?

- No* *Yes*

***IF YES, what type?**

- a. Methadone (Dolophine or Methadone) *No* *Yes*
b. Buprenorphine (Subutex, Suboxone) *No* *Yes*
c. Oral naltrexone (Depade, Revia) *No* *Yes*
d. Depot naltrexone (Vivitrol) *No* *Yes*
e. Other, specify: _____ *No* *Yes*

16. Have you obtained any of these medications without a prescription?

- No* *Yes*

17. Have you taken more of these medications than were prescribed?

- No* *Yes*

TCU CTSFORM

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

Please indicate how much you AGREE or DISAGREE with each statement.

- | | | | | | |
|---|---|---|---|---|---|
| 1. You get upset when you hear about someone who has lost everything in a natural disaster. | ○ | ○ | ○ | ○ | ○ |
| 2. You are locked-up because you had a run of bad luck. | ○ | ○ | ○ | ○ | ○ |
| 3. The real reason you are locked-up is because of your race. | ○ | ○ | ○ | ○ | ○ |
| 4. When people tell you what to do, you become aggressive. | ○ | ○ | ○ | ○ | ○ |
| 5. Anything can be fixed in court if you have the right connections. | ○ | ○ | ○ | ○ | ○ |
| 6. Seeing someone cry makes you sad. | ○ | ○ | ○ | ○ | ○ |
| 7. You rationalize your actions with statements like "Everyone else is doing it, so why shouldn't I?" | ○ | ○ | ○ | ○ | ○ |
| 8. Bankers, lawyers, and politicians get away with breaking the law every day. | ○ | ○ | ○ | ○ | ○ |
| 9. You have paid your dues in life and are justified in taking what you want. | ○ | ○ | ○ | ○ | ○ |
| 10. When not in control of a situation, you feel the need to exert power over others. | ○ | ○ | ○ | ○ | ○ |
| 11. When being asked about the motives for engaging in crime, you point out how hard your life has been. | ○ | ○ | ○ | ○ | ○ |
| 12. You are sometimes so moved by an experience that you feel emotions you cannot describe. | ○ | ○ | ○ | ○ | ○ |

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

- 13. You argue with others over relatively trivial matters. (1) (2) (3) (4) (5)
- 14. If someone disrespects you then you have to straighten them out, even if you have to get physical. (1) (2) (3) (4) (5)
- 15. You like to be in control. (1) (2) (3) (4) (5)
- 16. You find yourself blaming the victims of some of your crimes. (1) (2) (3) (4) (5)
- 17. You feel people are important to you. (1) (2) (3) (4) (5)
- 18. This country's justice system was designed to treat everyone equally. (1) (2) (3) (4) (5)
- 19. Police do worse things than do the "criminals" they lock up. (1) (2) (3) (4) (5)
- 20. You think you have to pay back people who mess with you. (1) (2) (3) (4) (5)
- 21. Nothing you do here is going to make a difference in the way you are treated. (1) (2) (3) (4) (5)
- 22. You feel you are above the law. (1) (2) (3) (4) (5)
- 23. It is okay to commit crime in order to pay for the things you need. (1) (2) (3) (4) (5)
- 24. Society owes you a better life. (1) (2) (3) (4) (5)
- 25. Breaking the law is no big deal as long as you do not physically harm someone. ... (1) (2) (3) (4) (5)
- 26. You find yourself blaming society and external circumstances for the problems in your life. (1) (2) (3) (4) (5)
- 27. You worry when a friend is having problems. (1) (2) (3) (4) (5)

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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<i>Disagree</i>				<i>Agree</i>
<i>Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Strongly</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>

- 28. The only way to protect yourself is to be ready to fight.
- 29. You are not to blame for everything you have done.
- 30. It is unfair that you are locked-up when bankers, lawyers, and politicians get away with their crimes.
- 31. Laws are just a way to keep poor people down.
- 32. Your good behavior should allow you to be irresponsible sometimes.
- 33. It is okay to commit crime in order to live the life you deserve.
- 34. Prosecutors often tell witnesses to lie in court.
- 35. You justify the crime you commit by telling yourself that if you had not done it, someone else would have.
- 36. You may be a criminal, but your environment made you that way.