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)

Note: Data currently are being collected to establish the psychometric properties of the TCU Drug Screen V.

TCU Drug Screen V

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

	No	Yes
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	O	O
2. Did you try to control or cut down on your drug use but were unable to do it?	O	O
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	O	O
4. Did you have a strong desire or urge to use drugs?	O	O
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	O	O
6. Did you continue using drugs even when it led to social or interpersonal problems?	O	O
7. Did you spend less time at work, school, or with friends because of your drug use?	O	O
8. Did you use drugs that put you or others in physical danger?	O	O
9. Did you continue using drugs even when it was causing you physical or psychological problems?	O	O
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	O	O
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	O	O
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	O	O
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	O	O

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

O None
O Alcohol
O Cannabinoids – Marijuana (weed)
O Cannabinoids – Hashish (hash)
O Synthetic Marijuana (K2/Spice)
O Opioids – Heroin (smack)
O Opioids – Opium (tar)
O Stimulants – Powder Cocaine (coke)
O Stimulants – Crack Cocaine (rock)
O Stimulants – Amphetamines (speed)

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

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*