NIDA Clinical Trials Network The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

General Instructions:

an on		ar. Question 2 should be a	ohol use, prescription medication misuse answered only by males and Question 3 possible responses to choose from.	; ,	
	egment: sit number:				
1.	In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?				
	☐ Daily or Almost Daily	☐ Weekly	☐ Monthly		
	Less Than Monthly	☐ Never			
2.	In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).				
	☐ Daily or Almost Daily	☐ Weekly	☐ Monthly		
	Less Than Monthly	☐ Never			
3.	In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).				
	☐ Daily or Almost Daily	☐ Weekly	☐ Monthly		
	Less Than Monthly	☐ Never			
4.	In the PAST 12 MONTHS, how ofto heroin, methamphetamine (crystal		igs including marijuana, cocaine or crack stasy/MDMA?	ξ,	
	☐ Daily or Almost Daily	☐ Weekly	☐ Monthly		
	Less Than Monthly	☐ Never			
5.	more than prescribed or that were this way include: Opiate pain reliev	not prescribed for you? P rers (for example, OxyCor	escription medications just for the feeling rescription medications that may be used tin, Vicodin, Percocet, Methadone) van, Klonopin) Medications for ADHD (fo	d	
	☐ Daily or Almost Daily	☐ Weekly	☐ Monthly		
	Less Than Monthly	□ Never			

NIDA Clinical Trials Network The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 2

Web Version: 2.0; 4.00; 09-19-17

General	Instructions

The TAPS Tool Part 2 is a brief assessment for tobacco, alcohol, and illicit substance use and

	escription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and equestions has two possible answer choices- either yes or no. Check the box to select your answer.
	In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? Yes No Yes", answer the following questions:
	a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? \square Yes \square No b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? \square Yes \square No
	In the PAST 3 MONTHS, did you have a drink containing alcohol? ☐ Yes ☐ No Yes", answer the following questions:
	a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?* (Note: This question should only be answered by females). Yes No
	b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?* (Note: This question should only be answered by males). ☐ Yes ☐ No
	ne standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking? Yes
No	0
	d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? \square Yes \square No
	In the PAST 3 MONTHS, did you use marijuana (hash, weed)? ☐ Yes ☐ No Yes", answer the following questions:
	a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often? ☐ Yes ☐ No
	b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana? \square Yes \square No
4.	In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? Yes No
lf "	Yes", answer the following questions:
	a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? \square Yes \square No
	b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)? \square Yes \square No
5. If "`	In the PAST 3 MONTHS, did you use heroin? Yes No Yes", answer the following questions:
	a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin? ☐ Yes ☐ No

	b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin? Yes No
6.	In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you? Yes No
If "	Yes", answer the following questions:
	a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever? \square Yes \square No
	b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever? \square Yes \square No
	In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you? Yes No Yes", answer the following questions:
	a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often? Yes No
	b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep? \square Yes \square No
8. If "	In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you? Yes No Yes", answer the following questions:
	a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often? Yes No
	b. In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)? \square Yes \square No
	In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)? Yes No
If "	Yes", answer the following questions:
In t	the PAST 3 MONTHS, what were the other drug(s) you used?
Со	mments: