



TAPS Tool Part 2

Directions: The TAPS Tool Part 2 is a brief assessment for tobacco use, alcohol use, illicit substance use, and prescription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and subquestions has two possible answers, yes or no. Check the box to select your answer.

In the PAST 3 MONTHS:

1.	Did you smoke a cigarette containing tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," answer the following questions:	
	• Did you usually smoke more than 10 cigarettes each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Did you usually smoke within 30 minutes after waking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2.	Did you have a drink containing alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," answer the following questions:	
	• Did you have 4 or more drinks containing alcohol in a day?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(Note: This question should only be answered by females.)</i>	
	• Did you have 5 or more drinks containing alcohol in a day?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(Note: This question should only be answered by males.)</i>	
	• Have you tried and failed to control, cut down, or stop drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Has anyone expressed concern about your drinking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3.	Did you use marijuana (hash, weed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," answer the following questions:	
	• Have you had a strong desire or urge to use marijuana at least once a week or more often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Has anyone expressed concern about your use of marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4.	Did you use cocaine, crack, or methamphetamine (crystal meth)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," answer the following questions:	
	• Did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5.	Did you use heroin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," answer the following questions:	
	• Have you tried and failed to control, cut down, or stop using heroin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Has anyone expressed concern about your use of heroin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6.	Did you use a prescription opiate pain reliever (for example, Percocet or Vicodin) not as prescribed or that was not prescribed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," answer the following questions:	
	• Have you tried and failed to control, cut down, or stop using an opiate pain reliever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Has anyone expressed concern about your use of an opiate pain reliever?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

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TAPS Tool Part 2 (continued)

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7. **Did you use medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you?** Yes No
- If "Yes," answer the following questions:
- 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
 - Has anyone expressed concern about your use of medication for anxiety or sleep? Yes No
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8. **Did you use medication for ADHD (for example, Adderall or Ritalin) not as prescribed or that was not prescribed for you?** Yes No
- If "Yes," answer the following questions:
- Did you use a medication for ADHD (for example, Adderall or Ritalin) at least once a week or more often? Yes No
 - Has anyone expressed concern about your use of medication for ADHD (for example, Adderall or Ritalin)? Yes No
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9. **Did you use any other illegal or recreational drugs (for example, ecstasy, molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ["spice"], or whip-its)?** Yes No
- If "Yes," answer the following question:
- What were the other drug(s) you used? (write in response)
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The complete tool is available online (<https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f>). Adapted from material in the public domain.¹⁰³