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?** ☐ **Yes** ☐ **No**

   If "Yes," answer the following questions:

   - Did you usually smoke more than 10 cigarettes each day? ☐ Yes ☐ No
   - Did you usually smoke within 30 minutes after waking? ☐ Yes ☐ No

2. **Did you have a drink containing alcohol?** ☐ **Yes** ☐ **No**

   If "Yes," answer the following questions:

   - Did you have 4 or more drinks containing alcohol in a day?* ☐ Yes ☐ No
     (Note: This question should only be answered by females.)
   - Did you have 5 or more drinks containing alcohol in a day?* ☐ Yes ☐ No
     (Note: This question should only be answered by males.)
   - Have you tried and failed to control, cut down, or stop drinking? ☐ Yes ☐ No
   - Has anyone expressed concern about your drinking? ☐ Yes ☐ No

3. **Did you use marijuana (hash, weed)?** ☐ **Yes** ☐ **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? ☐ Yes ☐ No
   - Has anyone expressed concern about your use of marijuana? ☐ Yes ☐ No

4. **Did you use cocaine, crack, or methamphetamine (crystal meth)?** ☐ **Yes** ☐ **No**

   If "Yes," answer the following questions:

   - Did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? ☐ Yes ☐ No
   - Has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)? ☐ Yes ☐ No

5. **Did you use heroin?** ☐ **Yes** ☐ **No**

   If "Yes," answer the following questions:

   - Have you tried and failed to control, cut down, or stop using heroin? ☐ Yes ☐ No
   - Has anyone expressed concern about your use of heroin? ☐ Yes ☐ No

6. **Did you use a prescription opiate pain reliever (for example Percocet or Vicodin) not as prescribed or that was not prescribed for you?** ☐ **Yes** ☐ **No**

   If "Yes," answer the following questions:

   - Have you tried and failed to control, cut down, or stop using an opiate pain reliever? ☐ Yes ☐ No
   - Has anyone expressed concern about your use of an opiate pain reliever? ☐ Yes ☐ No

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

Continued on next page

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
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
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"], whip-its)?**	☐ **Yes**	☐ **No**
	If "Yes," answer the following question:		
	• What were the other drug(s) you used? (write in response)		

The complete tool is available online (https://cde.drugabuse.gov/instrument/29b23e2e-e266-f095-e050-bb89ad43472f).
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