

The Tobacco, Alcohol, Prescription Medications, and Other Substance Tool (TAPS 2)

NIDA Clinical Trials Network The Tobacco, Alcohol, Prescription Medications, and Other Substance Tool (TAPS 2)

1. Please enter the client's information:

Client First Name:

Client Last Name:

Client DOB:

2. Segment:

Visit number:

Part 2

3. General Instructions:

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

4. 1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? If "Yes", answer the following questions:

☐ Yes ☐ No

a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day?

☐ Yes ☐ No

b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking?

☐ Yes ☐ No

5. 2. In the PAST 3 MONTHS, did you have a drink containing alcohol? If "Yes", answer the following questions:

☐ Yes ☐ No

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

☐ Yes ☐ No

c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking?

☐ Yes ☐ No

- d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking?
☐ Yes ☐ No
6. 3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? If "Yes", answer the following questions:
☐ Yes ☐ No
- 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?
☐ Yes ☐ No
7. 4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? If "Yes", answer the following questions:
☐ Yes ☐ No
- a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?
☐ Yes ☐ No
- b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?
☐ Yes ☐ No
8. 5. In the PAST 3 MONTHS, did you use heroin? If "Yes", answer the following questions:
☐ Yes ☐ No
- 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
9. 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? If "Yes", answer the following questions:
☐ Yes ☐ No
- a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever?
☐ Yes ☐ No
- b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever?
☐ Yes ☐ No
10. 7. 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? If "Yes", answer the following questions:
☐ Yes ☐ No
- 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?

☐ Yes ☐ No

11. 8. 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? If "Yes", answer the following questions:

☐ Yes ☐ No

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)?

☐ Yes ☐ No

12. 9. 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.)? If "Yes", answer the following questions:

☐ Yes ☐ No

In the PAST 3 MONTHS, what were the other drug(s) you used?

13. Comments:

Scoring and Copyright (Office Use Only):

Scoring:

The TAPS Tool provides 7 scores, one for each substance. The scores range from 0 – 4 for alcohol, and 0 – 3 for other substances (cannabis, non-prescription stimulants (cocaine or methamphetamine), heroin, opioid, sedative, and prescription stimulants, with higher scores suggestive of greater severity.

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