

The Tobacco, Alcohol, Prescription Medications, and other Substance Tool (TAPS 1)

NIDA Clinical Trials Network The Tobacco, Alcohol, Prescription Medications, and Other Substance Tool (TAPS 1)

1. Please enter the client's information:

Client First Name:

Client Last Name:

Client DOB:

2. General Instructions:

The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year.

Question 2 should be answered only by males and Question 3 only by females.

Each of the four multiple-choice items has five possible responses to choose from.

Check the box to select your answer.

3. Client Gender:

☐ Male

☐ Female

4. Segment:

Visit number:

Part 1

5. 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

6. 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

7. 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

8. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

- ☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

9. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)

- ☐ Daily or Almost Daily ☐ Weekly ☐ Monthly
☐ Less Than Monthly ☐ Never

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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