

# 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:

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.

#### Segment:

Visit 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 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
5. 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