

T A A D - 5™

Triage Assessment for Addictive Disorders – 5

Norman G. Hoffmann, Ph.D.

Name: _____

Date: _____ Interviewer: _____

ID #: _____

Age: _____ (1) Male (2) Female

Ethnic Background (check one): (1) Asian (2) African-American (3) Hispanic
(4) Native American (5) White / Caucasian (6) Biracial / Other

Highest Grade Completed (circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+

Darken the circle indicating the respondent's best answer to each question. Each question should be asked with regard to the past 12 months.

1. In general, how often do you drink?

- ① Daily
- ② 4 to 6 days per week
- ③ 2 to 3 days per week
- ④ About once a week
- ⑤ At least 12 times a year
- ⑥ Less often
- ⑦ Never (**Go to # 3**)

2a. **During the past 12 months**, did you ever drink at least a fifth of liquor in one day? (That would be a 20 mixed drinks, three bottles of wine, or three six packs of beer.)

- ① No
- ② Yes

2b. When you drink, how many drinks do you usually have?

- ① 7 or more
- ② 5 or 6
- ③ 3 or 4
- ④ 1 or 2

2c. Can you drink now without feeling the effects that you once did?

- ① No
- ② Yes

3. How often do you use other drugs?

- ① Daily
- ② 4 to 6 days per week
- ③ 2 to 3 days per week
- ④ About once a week
- ⑤ At least 12 times a year
- ⑥ Less often
- ⑦ Never (**Go to # 5**)

4. Do you need larger amounts of _____ to get high than you once did?

- ① No
- ② Yes

5. **During the past 12 months** have you frequently used alcohol/drugs to relieve emotional discomfort, such as stress, anxiety, or boredom?

- ① No
- ② Yes (alcohol only)
- ③ Yes (drugs only)
- ④ Yes (both alcohol and drugs)

6. How often do you frequently find yourself thinking about drinking/getting high?

- ① No
- ② Yes (alcohol only)
- ③ Yes (drugs only)
- ④ Yes (both alcohol and drugs)

7a. Have you occasionally had more to drink than you intended?

- ① No (**Go to # 8**)
- ② Yes

7b. How often would you say this happens?

- ① Once a day
- ② Several times a week
- ③ Several times a month
- ④ Several times a year

8. **During the past 12 months**, have you set rules to limit your drinking or drug use that you failed to follow?

- ① No
- ② Yes (alcohol only)
- ③ Yes (drugs only)
- ④ Yes (both alcohol and drugs)

Darken the circle for the best answer to each question.

9. Have you ever wanted to stop drinking /using drugs but couldn't?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
10. Have you ever had any shakes, nausea, or other symptoms of withdrawal when you stopped drinking or using drugs?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
- 11a. **During the past 12 months**, have you ever had a drink to ease a hangover?
- ① No
 - ② Yes
- 11b. Have you used any drug to make withdrawal symptoms go away?
- ① No
 - ② Yes
12. **During the past 12 months**, did drinking or drug use cause any physical problems, such as numbness, ulcers, or nasal problems?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
13. Have you continued to drink or use drugs when you had a medical condition that might be made worse by it?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
14. **During the past 12 months**, have you had any attention problems when using alcohol or drugs?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)

15. **During the past 12 months**, have you neglected any responsibilities when drinking/using other drugs?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
16. Has anyone objected to your drinking/using drugs?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
17. **During the past 12 months**, have you gotten into arguments while drinking/using drugs or had arguments about your drinking/drug use?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
18. Has your drinking or drug use damaged a relationship with someone you cared about?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
19. **During the past 12 months**, have you missed work or school because of your drinking/drug use?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
20. Have you had any other problems at work or school because of your drinking/drug use?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
21. **During the past 12 months**, have you had an injury that required medical attention when you were drinking /using drugs?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)

Darken the circle for the best answer to each question.

22. Have you had a motor vehicle accident after you had been drinking/using drugs?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
23. **During the past 12 months**, have you occasionally driven when possibly under the influence of alcohol or drugs?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
24. Do you crave drinking or using drugs when not drinking or using?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
25. Have you been ticketed or arrested for any reason related to alcohol/drugs?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
26. **During the past 12 months**, did you ever drink/use drugs when you didn't intend to?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
27. Have you stayed intoxicated or high for a day or more?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
28. Have you had a compulsion to drink or use drugs that was difficult or impossible to resist?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)

Review weekly pattern of use before scoring this item.
Refer to manual for instructions/suggestions.

29. How much **total time** in a typical week do you spend drinking/using drugs, including the time to get over the effects of using?
- ① More than 30 hours
 - ② 20 to 30 hours per week
 - ③ 11 to 19 hours per week
 - ④ 5 to 10 hours per week
 - ⑤ Less than 5 hours per week
30. Have you given up or reduced any of your recreational activities because of your drinking or drug use?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
31. **During the past 12 months**, have you spent more time drinking/using drugs than you intended?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)
- During the past 12 months**, have you given up any social or recreational activities due to drinking or drug use?
- ① No
 - ② Yes (alcohol only)
 - ③ Yes (drugs only)
 - ④ Yes (both alcohol and drugs)

For all the events we have discussed, how long ago was the **most recent** one?

- ① Within a month
- ② Within six months
- ③ More than six months ago
- ④ Does not apply

Which drugs, if any, were used in the past 12 months:

- ① Marijuana or cannabis in any form
- ② Cocaine (powder or crack)
- ③ Stimulants of any kind
- ④ Other

Comments: _____

Interviewer: _____

DSM-5 Diagnostic Indications

For each item endorsed, circle "A" if a positive response pertains to alcohol and "D" if the item is positive for any other drug(s). Use the lower table to document which criteria are positive for alcohol or drugs.

DSM-5 Diagnostic Indicators			
Q #	Indication	Alcohol or Drug	DSM-5 Criterion
1&2b	4+ days/wk & 5+ drinks	A	3
2a	Fifth/day	A	10
2b	5+ drinks per occasion	A	10
2c	Tolerance for alcohol	A	10
3	Drug use 2+ days/week	D	3
4	Tolerance for drugs	D	10
5	Relieve emotional distress	-- --	--
6	Preoccupation	A D	4
7	Drank more (than intended)	A	1
8	Set rules to limit use	A D	2
9	Unable to stop	A D	2
10	Withdrawal	A D	11
11a	Drink for hangover	A	11
11b	Drug use for withdrawal	D	11
12	Physical problems	A D	9
13	Continued use – med.	A D	9
14	Emotional problems	A D	9
15	Neglect responsibilities	A D	5
16	Objections to use	A D	6
17	Arguments about use	A D	6
18	Use damaged relationship	A D	6
19	Missed work/school	A D	6
20	Other work/school problems	A D	6
21	Injury related to use	A D	8
22	Motor vehicle accident	A D	8
23	Driven under influence	A	8
24	Craving	A	8
25	Use related arrest	-- --	--
26	Unintended use	A D	1
27	Extended intoxication	A D	3
28	Compulsion to use	A D	4
29	20+ hours/week of use	A D	3
30	Reduced activities	A D	7
31	Unintended use	A D	1
32	Sacrifice activities	A D	7

* Could indicate on 7 days on circumstances.

Summary of findings for each criterion

Criterion	Alcohol	Drugs
1. Dependence		
2. Desire to cut down/stop/Rule failure		
3. Time spent using		
4. Craving/compulsion to use		
5. Major obligation failure		
6. Social/interpersonal problems		
7. Sacrifice activities		
8. Use in hazardous situations		
9. Use despite med/psych problems		
10. Tolerance		
11. Withdrawal		

The DSM-5 requires that at least two criteria of events or behaviors specific to a given substance occur during the same 12-month period for an individual to be diagnosed as having a substance use disorder.

DSM-5 Substance Use Disorder Criteria

- The substance is taken in larger amounts or over a longer period than intended.
- There is a persistent desire or unsuccessful effort to cut down or control use.
- A great deal of time is spent obtaining, using, or recovering from the effects of the substance.
- Craving or a strong desire, or urge, to use the substance.
- Recurrent failure to fulfill major role obligations at work, school, or home.
- Continued use despite persistent or recurrent social or interpersonal problems caused or made worse by continued use.
- Important social, occupational, or recreational activities are given up or reduced because of use.
- Recurrent use in situations in which it is physically hazardous to the individual or impaired by use.
- Continued use despite knowledge of having a physical or psychological problem that is caused by use or is likely to be made worse by continued use.
- Tolerance as defined by needing increased amounts to get the desired effect or diminished effect with the same amount.
- Withdrawal syndrome or using the same substance to relieve or avoid withdrawal symptoms.

DSM-5 Diagnoses

DSM-5 Diagnostic designations are determined by the number of positive criteria as follows:

- 0 – 1 no diagnosis
- 2 – 3 mild substance use disorder
- 4 – 5 moderate substance use disorder
- 6 + severe substance use disorder

Diagnostic Indications based on all clinical information

Alcohol	Drug
___ No Diagnosis	___ No Diagnosis
___ Mild	___ Mild
___ Moderate	___ Moderate
___ Severe	___ Severe

Distributed by: The Change Companies
 5221 Sigstrom Drive
 Carson City, Nevada 89706
 Tel: 888-889-8866
 Fax: 775-885-0643
 www.changecompanies.net