

# 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 as much now without feeling the effects than 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 alcohol 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, anger, or boredom?

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

6. Have you frequently found 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 other health 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/drug use?

- 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 reduced or avoided alcohol or 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 or missed any work opportunities or work related 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 |

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

DSM-5 Diagnoses (F codes refer to ICD-10)

## Diagnostic Indications based on all clinical information

| Alcohol | Drug* |
|---------|-------|
|---------|-------|

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