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 about 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 drugs 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 sadness, 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)
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
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</thead>
</table>
| 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 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 emotional 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 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)

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 all social 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/drug using than you intended?
   ① No
   ② Yes (alcohol only)
   ③ Yes (drugs only)
   ④ Yes (both alcohol and drugs)

32. **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.

<table>
<thead>
<tr>
<th>Q #</th>
<th>Indication</th>
<th>Alcohol or Drug</th>
<th>DSM-5 Criterion</th>
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<tbody>
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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**

<table>
<thead>
<tr>
<th>DSM-5 Diagnoses</th>
<th>(F codes refer to ICD-10)</th>
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**Diagnostic Indications based on all clinical information**

<table>
<thead>
<tr>
<th></th>
<th>Alcohol</th>
<th>Drug</th>
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<tbody>
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**Total number of positive criteria**

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