General Instructions: The TAPS Tool Part 2 is a brief assessment for tobacco, alcohol, and illicit substance use and prescription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and sub-questions has two possible answer choices- either yes or no. Select your answer.

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? \_0. No \_1. Yes

If “Yes”, answer the following questions:

a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? \_0. No \_1. Yes

b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? \_0. No \_1. Yes

2. In the PAST 3 MONTHS, did you have a drink containing alcohol? \_0. No \_1. Yes

If “Yes”, answer the following questions:

a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?\*
(Note: This question should only be answered by females). \_0. No \_1. Yes

b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?\*
(Note: This question should only be answered by males). \_0. No \_1. Yes

\*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor

c. In the PAST 3 MONTHS, have you tried and failed to control, cut down
 or stop drinking? \_0. No \_1. Yes

d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? \_0. No \_1. Yes

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? \_0. No \_1. Yes

If “Yes”, answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana
at least once a week or more often? \_0. No \_1. Yes

b. In the PAST 3 MONTHS, has anyone expressed concern about your
use of marijuana? \_0. No \_1. Yes

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine
(crystal meth)? \_0. No \_1. Yes

If “Yes”, answer the following questions:

a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine
(crystal meth) at least once a week or more often? \_0. No \_1. Yes

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of
 cocaine, crack, or methamphetamine (crystal meth)? \_0. No \_1. Yes

5. In the PAST 3 MONTHS, did you use heroin? \_0. No \_1. Yes

If “Yes”, answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down
 or stop using heroin? \_0. No \_1. Yes

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin? \_0. No \_1. Yes

6. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever
(for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you? \_0. No \_1. Yes

If “Yes”, answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or
stop using an opiate pain reliever? \_0. No \_1. Yes

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of
an opiate pain reliever? \_0. No \_1. Yes

7. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you? \_0. No \_1. Yes

If “Yes”, answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications
 for anxiety or sleep at least once a week or more often? \_0. No \_1. Yes

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of
medication for anxiety or sleep? \_0. No \_1. Yes

8. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you? \_0. No \_1. Yes

If “Yes”, answer the following questions:

a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example,
Adderall, Ritalin) at least once a week or more often? \_0. No \_1. Yes

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of
a medication for ADHD (for example, Adderall or Ritalin)? \_0. No \_1. Yes

9. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)?

 \_0. No \_1. Yes

If “Yes”, answer the following questions:

In the PAST 3 MONTHS, what were the other drug(s) you used?

Notes: Scoring

For the TAPS-1, any response other than ‘never’ constitutes a positive screen. Those with a positive screen complete the corresponding items on the TAPS-2, and responses are summed within each substance class to generate a substance-specific risk score. TAPS Tool scores have a potential range of 0–3 for tobacco and other drugs, and 0–4 for alcohol. No summary is calculated for question 9 (single item).

Reference

McNeely J, Wu LT, Subramaniam G, Sharma G, Cathers LA, Svikis D, Sleiter L, Russell L, Nordeck C, Sharma A, O'Grady KE, Bouk LB, Cushing C, King J, Wahle A, Schwartz RP. Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for Substance Use Screening in Primary Care Patients. *Ann Intern Med*. 2016;165(10):690-699.