Drugs Abuse Screening Test—DAST-10

These Questions Refer to the Past 12 Months

1. Have you used drugs other than those required for medical reasons?  Yes  No
2. Do you abuse more than one drug at a time?  Yes  No
3. Are you unable to stop using drugs when you want to?  Yes  No
4. Have you ever had blackouts or flashbacks as a result of drug use?  Yes  No
5. Do you ever feel bad or guilty about your drug use?  Yes  No
6. Does your spouse (or parents) ever complain about your involvement with drugs?  Yes  No
7. Have you neglected your family because of your use of drugs?  Yes  No
8. Have you engaged in illegal activities in order to obtain drugs?  Yes  No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?  Yes  No
10. Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding)?  Yes  No

Guidelines for Interpretation of DAST-10

Interpretation (Each “Yes” response = 1)

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of Problems Related to Drug Abuse</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No problems reported</td>
<td>Encouragement and education</td>
</tr>
<tr>
<td>1-2</td>
<td>Low level</td>
<td>Risky behavior – feedback and advice</td>
</tr>
<tr>
<td>3-5</td>
<td>Moderate level</td>
<td>Harmful behavior – feedback and counseling; possible referral for specialized assessment</td>
</tr>
<tr>
<td>6-8</td>
<td>Substantial level</td>
<td>Intensive assessment and referral</td>
</tr>
</tbody>
</table>

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