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| --- | --- |
| CLINIC LOGO | Patient Label Here |

**DRUG USE QUESTIONS (DAST-10)**

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Drugs include marijuana, solvents like paint thinners, tranquilizers like Valium, barbiturates, cocaine, stimulants like speed, hallucinogens such as LSD, or narcotics like heroin. Drug use also includes using prescription or over-the-counter medications more than directed.

|  |  |  |
| --- | --- | --- |
| **In the past 12 months…** | **1** | **0** |
| 1. Have you used drugs other than those required for medical reasons? | ○ Yes | ○ No |
| 1. Do you abuse more than one drug at a time? | ○ Yes | ○ No |
| 1. Are you unable to stop using drugs when you want to? | ○ Yes | ○ No |
| 1. Have you ever had blackouts or flashbacks as a result of drug use? | ○ Yes | ○ No |
| 1. Do you ever feel bad or guilty about your drug use? | ○ Yes | ○ No |
| 1. Does your spouse (or parents) ever complain about your involvement with drugs? | ○ Yes | ○ No |
| 1. Have you neglected your family because of your use of drugs? | ○ Yes | ○ No |
| 1. Have you engaged in illegal activities in order to obtain drugs? | ○ Yes | ○ No |
| 1. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | ○ Yes | ○ No |
| 1. Have you had medical problems as a result of your drug use (such as: memory loss, hepatitis, convulsions, or bleeding)? | ○ Yes | ○ No |
| TOTAL |  |  |

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCORING:**

Each response from the DAST has a score of either 0 or 1. All “Yes” responses get a score of 1, all “No” responses get a score of 0. After a patient has completed the DAST, add up the number of “Yes” responses for the patient’s score. Below are the scoring guidelines for the DAST.

**Scoring Guidelines**

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| --- | --- | --- |
| **Guidelines for Interpretation for DAST-10** | | |
| **Score** | **Degree of Problems Related to Drug Abuse** | **Suggested Action** |
| 0 | No problems reported | Encouragement and education |
| 1-2 | Low level | Brief intervention |
| 3-5 | Moderate level | Brief intervention plus brief therapy |
| 6-10 | Substantial level | Brief intervention plus referral to chemical dependency treatment |

Skinner HA. The Drug Abuse Screening Test. *Addictive Behavior*. 1982, 7(4): 363-371.

Yudko E, Lozhkina O, Fouts A. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *J Subst Abuse Treatment*. 2007, 32:189-198.