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| Patient's Name: | | Date: | |
| Drug 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 | | |
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| Interpretation (Each "Yes" response = 1) | | |
| Score | Degree of Problems Related to Drug Abuse | Suggested Action |
| 0 | No problems reported | Encouragement and education |
| 1-2 | Low level | Risky behavior – feedback and advice |
| 3-5 | Moderate level | Harmful behavior – feedback and counseling; possible referral for specialized assessment |
| 6-8 | Substantial level | Intensive assessment and referral |

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.

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