

Drug Abuse Screening Test (DAST-10)

Drug Abuse Screening Test (DAST-10)

1. Please enter the client's information.

Client First Name:

Client Last Name:

Client DOB:

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin).

Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

2.		No	Yes
	Have you used drugs other than those required for medical reasons?		

3.		No	Yes
	Do you abuse more than one drug at a time?		

4.		No	Yes
	Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")		

5.		No	Yes
	Have you had "blackouts" or "flashbacks" as a result of drug use?		

6.		No	Yes
	Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."		

7.		No	Yes
	Does your spouse (or parents) ever complain about your involvement with drugs?		

8.		No	Yes
	Have you neglected your family because of your use of drugs?		

9.		No	Yes
	Have you engaged in illegal activities in order to obtain drugs?		

10.		No	Yes
	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		

11.		No	Yes
	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?		

Scoring and Copyright (Office Use Only):

Scoring:

In these statements, the term "drug abuse" refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs.

Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point.

- 0 - No problems reported - No suggested action at this time
- 1-2 - Low level - Monitor, re-assess at a later date
- 3-5 - Moderate level - Further investigation
- 6-8 - Substantial level - Intensive assessment
- 9-10 - Severe level - Intensive assessment

Source:

Skinner, H. A. (1982). The Drug Abuse Screening Test. Addictive Behavior, 7(4),363-371.