**Drug Screening Questionnaire (DAST-10)**

Using drugs can affect your health and some medications you may take. Please help us provide you with the best healthcare by answering the questions below. When the words “drug abuse” are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs.

**Which recreation drugs have you used in past 12 months?**

Methamphetamines (speed, crystal)

Cannabis (marijuana, hash)

Inhalants (paint thinner, aerosol, glue, etc.)

Tranquilizers (valium)

Cocaine (crack)

Narcotics (heroin, hydrocodone, oxytocin etc.)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **These questions refer to the past 12 months** | **No** | **Yes** |
| 1. Have you used drugs other than those required for medical reasons? | 0 | 1 |
| 1. Do you abuse more than one drug at a time? | 0 | 1 |
| 1. Are you always able to stop using drugs when you want to? (if never use drugs, answer “yes”) | 1 | 0 |
| 1. Have you had “blackouts” or “flashbacks” as a result of drug use? | 0 | 1 |
| 1. Do you ever feel bad or guilty about your drug use? If never use drugs, choose “no.” | 0 | 1 |
| 1. Does your spouse (or parent) ever complain about your involvement with drugs? | 0 | 1 |
| 1. Have you neglected your family because of your use of drugs? | 0 | 1 |
| 1. Have you engaged in illegal activities in order to obtain drugs? | 0 | 1 |
| 1. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | 0 | 1 |
| 1. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? | 0 | 1 |

Score \_\_\_\_\_\_\_

**Interpreting the DAST-10**

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

|  |  |  |
| --- | --- | --- |
| **DAST-10 Score** | **Degree of Problems Related to Drug Abuse** | **Suggested Action** |
| 0 | No problems reported | Reinforce positive behavior |
| 1-2 | Low Risk | Brief Intervention (BI) |
| 3-5 | Moderate Risk | BI and Referral to Treatment |
| 6-10 | High Risk | BI and Referral to Treatment |

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