

The Drug Abuse Screening Test (DAST)

These questions refer to the past 12 months only.

YES NO

- | | | |
|--|-----|-----|
| 1. Have you used drugs other than those required for medical reasons? | ___ | ___ |
| 2. Do you abuse more than one drug at a time? | ___ | ___ |
| 3. Are you always able to stop using drugs when you want to? | ___ | ___ |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | ___ | ___ |
| 5. Do you ever feel bad or guilty about your drug use? | ___ | ___ |
| 6. Does your spouse (or parent) ever complain about your involvement with drugs? | ___ | ___ |
| 7. Have you neglected your family because of your use of drugs? | ___ | ___ |
| 8. Have you engaged in illegal activities in order to obtain drugs? | ___ | ___ |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | ___ | ___ |
| 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc...)? | ___ | ___ |

DAST Score _____

Scoring for the DAST-10

Score 1 point for each question answered, "YES", except for question (3) for which a "NO" answer receives 1 point and (0) for a "YES". Add up the points and interpretations are as followed:

Score 0	No problem reported
Score 1-2	Low level of problem use
Score 3-5	Moderate level of problem use
Score 6-8	Substantial level of problem use
Score 9-10	Severe level of problem use