

Patient 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 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 (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

GUIDELINES FOR INTERPRETATION OF DAST-10		
Interpretation (Each "Yes" response = 1)		
Score	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.

Recreated from Harvey Skinner, PhD,