

Name: _____ DOB: _____

DAST – 10 (Drug Abuse Screening Test – Copyright 1982 by the Addiction Research Foundation)
 In the following statements “drug abuse” refers to: (a) the use of prescribed or over-the-counter drugs in excess of the directions, and (b) any non-medical use of drugs.

The following questions refer to the past 12 months

(If a client has difficulty with a statement, then choose the response that is mostly right)

- Have you used drugs other than those required for medical reasons?Yes No
- Do you abuse more than one drug at a time?Yes No
- Are you unable to stop using drugs when you want to? Yes No
- Have you ever had blackouts or flashbacks as a result of drug use? Yes No
- Do you ever feel bad or guilty about your drug use? Yes No
- Does your spouse (or parents) ever complain about your involvement with drugs?.....Yes No
- Have you neglected your family because of use of drugs? Yes No
- Have you engaged in illegal activities in order to obtain drugs? Yes No
- Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? Yes No
- Have you had medical problems as a result of your drug use (eg: memory loss, hepatitis, convulsions, bleeding)? Yes No

Total number “yes” responses to above 10 questions: _____

Interpretation (Each “yes” response = 1 point)

Score	Degree of Problem Related to Drug Abuse	Suggested Action
0	No Problems Reported	None at this time
1 – 2 points	Low Levels	Monitor, reassess at a later date
3 – 5 points	Moderate Level	Further investigation
6 – 8 points	Substantial Level	Intensive Assessment