

Drug Abuse Screening Tool (DAST-10)



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.

In the past 12 months		
1. Have you used drugs other than those required for medical reasons?	<input type="radio"/> Yes	<input type="radio"/> No
2. Do you abuse more than one drug at a time?	<input type="radio"/> Yes	<input type="radio"/> No
3. Are you unable to stop abusing drugs when you want to?	<input type="radio"/> Yes	<input type="radio"/> No
4. Have you ever had blackouts or flashbacks as a result of drug use?	<input type="radio"/> Yes	<input type="radio"/> No
5. Do you ever feel bad or guilty about your drug use?	<input type="radio"/> Yes	<input type="radio"/> No
6. Does your spouse (or parents) ever complain about your involvement with drugs?	<input type="radio"/> Yes	<input type="radio"/> No
7. Have you neglected your family because of your use of drugs?	<input type="radio"/> Yes	<input type="radio"/> No
8. Have you engaged in illegal activities in order to obtain drugs?	<input type="radio"/> Yes	<input type="radio"/> No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="radio"/> Yes	<input type="radio"/> No

10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?

Yes

No

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