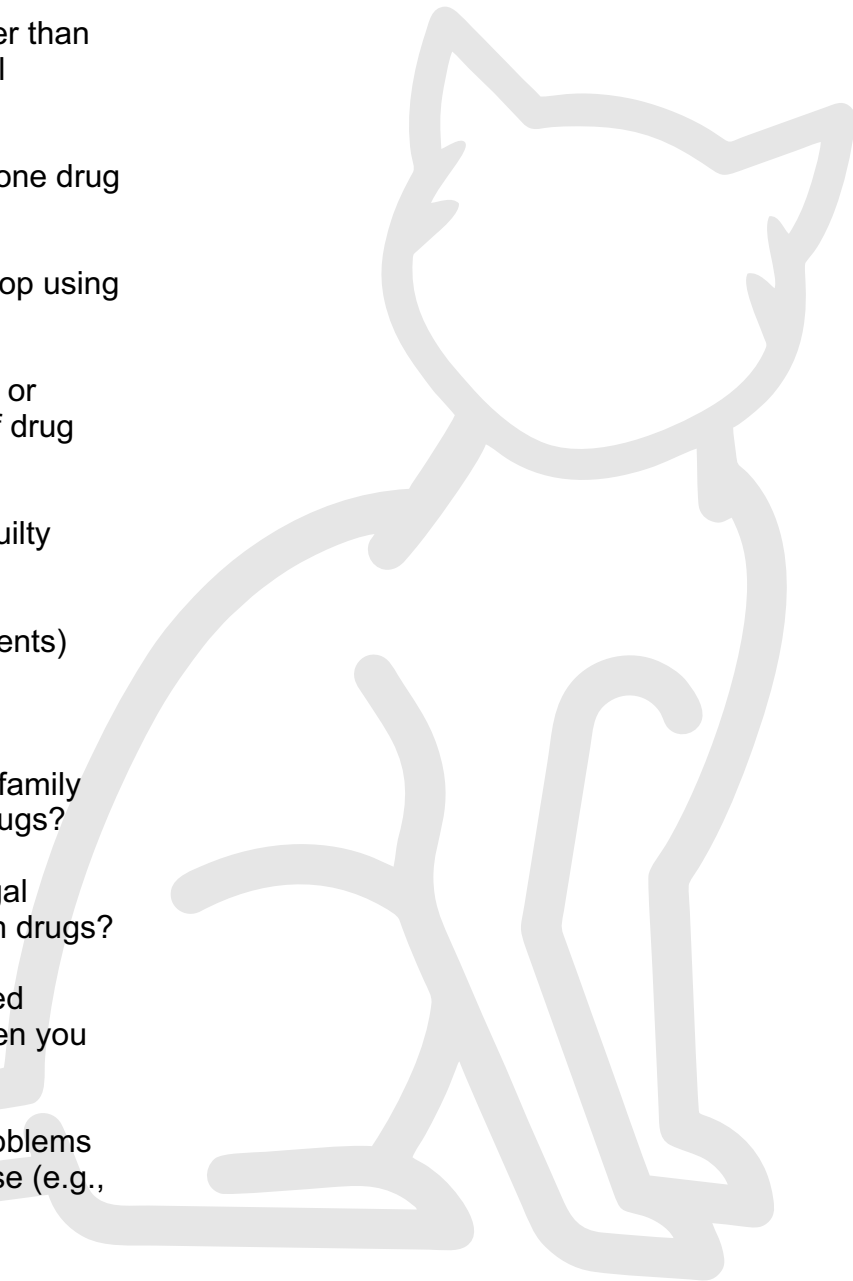


Drug Abuse Screening Test (DAST-10)

Ask the following yes/no questions about non-medical drug use in the past year (Skinner, 1982):

Name:

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Do you find it difficult 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 parents) 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 when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions)?



Scoring: Count the number of "Yes" answers for all questions.

Sum:

- 0: No problems reported.
- 1-2: Low level (monitor, brief intervention).
- 3-5: Moderate level (brief intervention, possible referral).
- 6-8: Substantial level (referral to treatment).
- 9-10: Severe level (urgent referral to treatment) (Skinner, 1982).

References

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behaviors*, 7(4), 363–371.
[https://doi.org/10.1016/0306-4603\(82\)90005-3](https://doi.org/10.1016/0306-4603(82)90005-3)