**DRUG USE QUESTIONNAIRE (DAST -10)**

NAME:

Date:\_

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each statement and decide if your answer is “YES” or “NO”. Then, check the appropriate box beside the question.

When the words “drug abuse” are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc…), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

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| **YES** | **NO** |
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**These questions refer to the past 12 months only.**

1. Have you used drugs other than those required for medical reasons?.....

LOINC 68525-5 Answer Set: Yes = LA33-6 No = LA 32-8

2. Do you abuse more than one drug at a time?...........................................

LOINC 68526-3

3. Are you always able to stop using drugs when you want to?.................

LOINC 68527-1

4. Have you had “blackouts” or “flashbacks” as a result of drug use?........

LOINC 68528-9

5. Do you ever feel bad or guilty about your drug use?...............................

LOINC 68529-7

6. Does your spouse (or parent) ever complain about your involvement with drugs?..............................................................................................

LOINC 68530-5

7. Have you neglected your family because of your use of drugs?.............

LOINC 68531-3

8. Have you engaged in illegal activities in order to obtain drugs?.............

LOINC 68532-1

9. Have you ever experienced withdrawal symptoms (felt sick) when

you stopped taking drugs?.......................................................................

LOINC 68533-9

10. Have you had medical problems as a result of your drug use

(e.g., memory loss, hepatitis, convulsions, bleeding etc…)?..................

LOINC 68534-7

**\* DAST Score**………………………………

*\* See scoring instructions for correct scoring*

*procedures*

**DRUG USE QUESTIONNAIRE (DAST -10)**

Administration & Interpretation

**Instructions**

The DAST-10 is a 10-item, yes/no, self-report instrument that has been shortened from the 28-item DAST and should take less than 8 minutes to complete. The DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth. It is **strongly recommended** that the SMAST be used along with the DAST-10 unless there is a clear indication that the client uses NO ALCOHOL at all. The answer options for each item are “YES” or “NO”. The DAST-10 is a self-administered screening instrument.

Scoring and Interpretation – 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:

|  |
| --- |
| DAST-10 Degree of Problem Suggested  Score Related to Drug Abuse Action |
| 0 No problems reported None at this time. |
| 1 – 2 Low Level Monitor, reassess at a later date. |
| 3 – 5 Moderate Level Further investigation  is required.  6 – 8 Substantial Level Assessment required. |
| 9 – 10 Severe Level Assessment required. |