DAST-10

**Introduction**

**The Drug Abuse Screening Test (DAST-10) is a 10-item brief screening tool that can be administered by a clinician or self-administered. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes. This tool assesses drug use, not including alcohol or tobacco use, in the past 12 months.**

<http://www.drugabuse.gov/nidamed-medical-health-professionals>

# DAST‐10 Questionnaire

I’m going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words “drug abuse” are used, they mean the use of prescribed or over‐the‐counter medications/drugs in excess of the directions and any non‐medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, 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 alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

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| --- | --- | --- |
| **These questions refer to the past 12 months.** | **No** | **Yes** |
| 1. Have you used drugs other than those required for medical reasons? | 0 | 1 |
| 2. Do you abuse more than one drug at a time? | 0 | 1 |
| 3. Are you always able to stop using drugs when you want to? (If never usedrugs, answer “Yes.” | 1 | 0 |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use? | 0 | 1 |
| 5. Do you ever feel bad or guilty about your drug use? If never use drugs,choose “No.” | 0 | 1 |
| 6. Does your spouse (or parents) ever complain about your involvementwith drugs? | 0 | 1 |
| 7. Have you neglected your family because of your use of drugs? | 0 | 1 |
| 8. Have you engaged in illegal activities in order to obtain drugs? | 0 | 1 |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when youstopped taking drugs? | 0 | 1 |
| 10. Have you had medical problems as a result of your drug use (e.g.,memory loss, hepatitis, convulsions, bleeding, etc.)? | 0 | 1 |

# Interpreting the DAST 10

In these statements, the term "drug abuse" refers to the use of medications at a level that exceeds the instructions, and/or any non‐medical use of drugs. Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point. DAST‐10 Score Degree of Problems Related to Drug Abuse Suggested Action.

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| --- | --- | --- |
| **DAST-10 Score** | **Degree of Problems Related to Drug Abuse** | **Suggested Action** |
| 0 | No problems reported | None at this time |
| 1–2 | Low level | Monitor, re‐assess at a later date |
| 3–5 | Moderate level | Further investigation |
| 6–8 | Substantial level | Intensive assessment |
| 9–10 | Severe level | Intensive assessment |

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, *7*(4),363–371.