

## Drug Use Inventory (DAST-10)

**This preliminary screening test does not replace in any way a formal psychiatric or psychological evaluation. If you suspect that you have a drug problem you should seek help from a health professional regardless of how you score on this screening test.**

The following questions refer to the past 12 months:

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|--|-----|----|
| 1 Have you used drugs other than those required for medical reasons?   | Yes | No |
| 2 Do you abuse more than one drug at a time?   | Yes | No |
| 3 Are you unable to stop using drugs when you want to?   | Yes | No |
| 4 Have you ever had blackouts or flashbacks as a result of drug use?   | Yes | No |
| 5 Do you ever feel bad or guilty about your drug use?  | Yes | No |
| 6 Does your spouse (or parents) ever complain about your involvement with drugs?                                   | Yes | No |
| 7 Have you neglected your family because of your use of drugs?   | Yes | No |
| 8 Have you engaged in illegal activities in order to obtain drugs?   | Yes | No |
| 9 Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?                         | Yes | No |
| 10 Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding)? | Yes | No |

### Guidelines for Interpretation of DAST-10

Interpretation : Each "Yes" response = 1 point

Score	Degree of Problems Related to Drug Abuse	Suggested Action
3-5	Moderate level	Harmful behavior – feedback and counseling; possible referral for specialized assessment
6-8	Substantial level	Intensive assessment and referral