

Patient Name _____

Date _____

Drug Abuse Screening Test (DAST-10)

The questions below are about your possible involvement with drugs during the past 12 months.

“Drug use” means (1) Using your medications in excess of the directions or (2) Using your medications to get high. “Drug use” does not include alcoholic beverages

In the past 12 months

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time
3. Are you always able to stop using drugs when you want to?
4. Have you had “blackouts” or “flashbacks” as a result of your 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 (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?

Yes	No

Score 1 point for each question answered “yes,” except for question 3 for which a “no” receives 1 point.

MY Score: _____

I have my score, so now what do I do?

SCORE 0-2 You scored in the low-risk range	Stay within the recommended prescription limits
Score 3-5 You are in the at-risk or high risk range	Reduce your use of opiate medications to within the recommended prescription limits – see tips below
Score 6 or more You are in the severe risk range	Your use of opiate medications could result in significant harm or even death. Consult your doctor immediately.

Resources

Substance Abuse Treatment Facility Locator: <http://findtreatment.samhsa.gov>; 1-800-662-help

Narcotics Anonymous (NA): www.na.org; (818) 773-9999

Families Anonymous: www.familiesanonymous.org; 1-800-736-9805

National Clearinghouse for Alcohol and Drug Information: www.ncadi.samhsa.org; 1-866-729-6686