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:

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

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of Problems Related to Drug Abuse</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5</td>
<td>Moderate level</td>
<td>Harmful behavior – feedback and counseling; possible referral for specialized assessment</td>
</tr>
<tr>
<td>6-8</td>
<td>Substantial level</td>
<td>Intensive assessment and referral</td>
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