

The following questions concern information regarding your involvement with drugs. Drug abuse refers to the use of prescribed or “over- the-counter” drugs in excess of the directions and any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide if your answer is YES or NO and circle the appropriate space. **Please be sure to answer every question.**

DAST-10	0	1
1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop drugs when you want to?	No	Yes
4. Have you ever had “blackouts” or “flashbacks” as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	No	Yes
Total Score	<div style="border: 2px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>	

<3 (women & men) – risky use

>3 (women & men) – further evaluation and referral