

## Drug Use Questionnaire for Adults (DAST-10)

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then circle the appropriate response beside the question.

In the following statements "drug abuse" refers to:

1. The use of prescribed or over-the-counter drugs in excess of the directions, and
2. Any nonmedical use of drugs.

The various classes of drugs may include (with examples): cannabinoids (marijuana, hashish), opioids (OxyContin, codeine, Percocet, Darvon, fentanyl, methadone, heroin), depressants (Soma, benzodiazepines - Xanax, Ativan, Valium or barbiturates - Amytal, phenobarbital, Fioricet), stimulants (amphetamine, cocaine/crack, ecstasy/MDMA, methamphetamine), anabolic steroids, hallucinogens (LSD, mushrooms), dissociative anesthetics (PCP, ketamine), and inhalants (paint thinners, gasoline, glues, gases, or nitrous oxide).

**Remember that the questions do not include alcoholic beverages.**

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These 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 (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

**Scoring:** One point for each question answered Yes.

**Total** \_\_\_\_\_

### Rating your score

0: No drug use reported.

1-2: You could be at low risk for problems caused by using drugs.

3-5: You could be at high risk for having a drug use problem.

Above 6: You may have a severe drug use problem that could be causing significant health issues and problems with your daily living.

Talk to your health care provider about these questions and your score. He or she can work with you to help you cut down or stop using drugs, and discuss any concerns or questions you may have.