

NIDA Clinical Trials Network  
Drug Abuse Screening Test (DAST-10)

### General Instructions

"Drug use" 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 cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). 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.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

These questions refer to drug use in the past 12 months. Please answer No or Yes.

1. **Have you used drugs other than those required for medical reasons?**  
 No  Yes
2. **Do you use more than one drug at a time?**  
 No  Yes
3. **Are you always able to stop using drugs when you want to?**  
 No  Yes
4. **Have you 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

*Skinner HA (1982). The Drug Abuse Screening Test. Addictive Behavior. 7(4):363-371.*

*Yudko E, Lozhkina O, Fouts A (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. J Subst Abuse Treatment. 32:189-198.*

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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, etc.)?

No

Yes

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### Scoring

Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.

### Interpretation of Score:

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, reassess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

DAST Score: \_\_

DAST Score does not indicate further contact for DUI MAT Project

DAST Score indicates further contact for DUI MAT Project

Date Client Contacted for engagement in the DUI MAT Project: \_\_\_\_\_

Client declines participation in the DUI MAT Project at this time. Informed client they can opt-in at any time during their enrollment in the DUI program.

Client has agreed to participate in the DUI MAT Project.

Appointment scheduled with DUI MAT counselor for:

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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