DRUG USE QUESTIONNAIRE (DAST -10)

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc…), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

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

These questions refer to the past 12 months only:	Circle Response	
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. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No
4. Have you 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 parent) 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. Are you always able to stop using drugs when you want to?	No	Yes
DAST-10 score (add circled responses in left column)		

PROVIDER USE ONLY	**Total**	
1. On average, how many *days* a week do you have an alcoholic drink?_____ X **2. On a typical drinking day, how many *drinks* do you have?_____ = _____(weekly average)** **3. In the last 12 months, did you smoke pot (marijuana), use another street drug, or us a prescription painkiller, stimulant, or sedative for a non-medical reason? Yes __ No__ Which ones?_____ Any others?** _____		

Zone I: Score 1 - 2 (At risk)	**Zone II: Score 3 - 10 (High Risk, Possibly Dependent)**
☐ Brief intervention performed ☐ Handout provided	☐ Brief intervention performed ☐ Withdrawal precautions discussed ☐ Medication (…) ☐ Referral (check all that apply) ☐ Counseling/Brief treatment ☐ Support group (e.g., AA, NA and/or Celebrate Recovery) ☐ Treatment or substance abuse program ☐ Handout provided
Place Patient Sticker Here At - Risk	**Physician signature:** _____ **Provider Name:** _____ **Description of plan:**

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Place Patient Sticker Here High Risk	**Physician signature:** _____ **Provider Name:** _____ **Description of plan:**