

North Texas Family Health  
Drug Abuse Screening Tool (DAST-10)

15 August, 2019

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DAST-10 Drug Abuse Screening Tool**

When the words "drug abuse" are used, the meaning is associated with the use of prescribed, over-the-counter, or illicit medications or drugs being used in excess of the directions and any non-medical use of the drugs. These questions do not address alcohol or tobacco use.

Circle the choice No or Yes to each question or statement.

***These questions refer to the past 12 months only.***

Have you used drugs other than those required for medical reasons?	No	Yes
Do you abuse more than one drug at a time?	No	Yes
Are you always able to stop using drugs when you want to? (if never/don't use drugs answer yes)	No	Yes
Have you had "blackouts" or "flashbacks" as a result of drug use?	No	Yes
Do you ever feel bad or guilty about your drug use? (if never/don't use drugs answer no)	No	Yes
Does your spouse/partner/parents ever complain about your involvement with drugs?	No	Yes
Have you neglected your family, job, duties, responsibilities because of your use of drugs?	No	Yes
Have you engaged in illegal activities in order to obtain drugs?	No	Yes
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
Have you had medical problems as a result of your drug use (memory loss, hepatitis, convulsions, bleeding, etc.)?	No	Yes

Score: \_\_\_\_\_

**Interpretation**

DAST-10 Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low Level	Monitor, re-assess at a later date
3-5	Moderate Level	Further investigation necessary
6-8	Substantial Level	Intensive Assessment necessary with intervention
9-10	Severe Level	Intensive Assessment necessary with intervention

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_