

**DAST-10<sup>®</sup>**

The questions included in the DAST-10 concern information about possible involvement with drugs not including alcoholic beverages during the past 12 months.

In the statements, “drug use” refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (marijuana, hashish), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed) hallucinogens (e.g., LSD) or narcotics (e.g., heroin).

**In the past 12 months:**

**Circle response**

- |   |            |           |
|---|------------|-----------|
| 1. Have you used drugs other than those required for medical reasons?   | <b>Yes</b> | <b>No</b> |
| 2. Do you abuse more than one drug at a time?   | <b>Yes</b> | <b>No</b> |
| 3. Are you always able to stop using drugs when you want to?  | <b>Yes</b> | <b>No</b> |
| 4. Have you had “blackouts” or “flashbacks” as a result of your drug use?   | <b>Yes</b> | <b>No</b> |
| 5. Do you ever feel bad or guilty about your drug use?  | <b>Yes</b> | <b>No</b> |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs?   | <b>Yes</b> | <b>No</b> |
| 7. Have you neglected your family because of your use of drugs?   | <b>Yes</b> | <b>No</b> |
| 8. Have you engaged in illegal activities in order to obtain drugs?   | <b>Yes</b> | <b>No</b> |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?                                 | <b>Yes</b> | <b>No</b> |
| 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? | <b>Yes</b> | <b>No</b> |