

To Be Completed By: Abe Acorn
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Drug Use Questionnaire (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'. Select the appropriate response.

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

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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 always able 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, etc.)?

Yes

No