

I Want to Change My Life

Mental Health Information for Individuals, Families and Professionals

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Drug Abuse Screening Test - DAST-10

In the past 12 months...	No (0)	Yes (1)
1. Have you used drugs other than those required for medical reasons?		
2. Do you abuse more than one drug at a time?		
3. Are you unable to stop abusing drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Does your spouse (or parents) ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?		

Your Score:

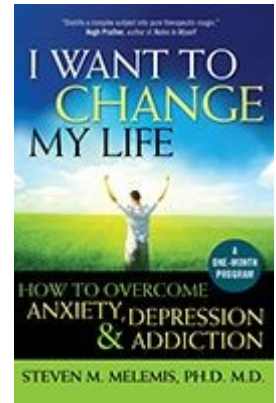
3-5 = Probable drug problems; 6-8 = Substantial drug problems;
9-10 = Severe drug problems.

No single test is completely accurate. You should always consult your physician when making decisions about your health.

References

- Skinner, H. A., The drug abuse screening test. *Addict Behav*, 1982. **7**(4): p. 363-71.
- Gavin, D. R., Ross, H. E., & Skinner, H. A., Diagnostic validity of the drug abuse screening test in the assessment of DSM-III drug disorders. *Br J Addict*, 1989. **84**(3): p. 301-7.

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Reference: "I Want to Change My Life" by Dr. S. Melemis.

www.IWantToChangeMyLife.org

Last Modified: September 10, 2018

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