

## Drug Abuse Screening Test (DAST-10)

Please answer the following questions about your use of drugs (not including alcohol and tobacco) during the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you use more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to?	1	0
4. Have you had “blackouts” or “flashbacks” as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use?	0	1
6. Do your loved ones ever complain about your use of drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in other illegal activities in order to obtain drugs?	0	1
9. Have you experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (for example: memory loss, hepatitis, convulsions, bleeding)?	0	1

**Total score:** \_\_\_\_\_/10