

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### **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". Then, circle the appropriate response beside the question.

In the statements "drug abuse" refers to (1) the use of prescribed or over the counter drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, 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.

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

#### **Circle Your Response**

- |  |     |    |
|--|-----|----|
| 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 had "blackouts" or "flashbacks" as a result of drug use?   | Yes | No |
| 5. Do you every 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 |

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