FAMILY FIRST PREVENTION SERVICES ACT

DAISEY DAST-10 ADULT FORM

PART 1

ADULT COMPLETING FORM	
Which adult is filling out the form? * *Print adult's first and last name*	

Adult Receiving Services	
Which adult is this form about? * *Print adult's first and last name*	

FORM INFORMATION			
Which caregiver was involved? * *Print Primary Caregiver's first and last name*			
Date of Activity * (mm/dd/yyyy)		Form Timing*	☐ Time 1 ☐ Time 2

PART 2

DAST-10			
The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the last 30 days. Carefully read each statement and decide if your answer is "yes" or "no". Then, select the appropriate response beside the question.			
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 use of drugs. The various classes of 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/opioids (e.g. heroin, fentanyl, oxycodone – oxyz). 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 last 30 days.			
1. Have you used drugs other than those required for medical reasons?	☐ Yes = 1 ☐ No = 0	2. Do you abuse more than one drug at a time?	☐ Yes = 1 ☐ No = 0
3. Are you always able to stop using drugs when you want to?	☐ Yes = 1 ☐ No = 0	4. Have you had "blackouts" or "flashbacks" as a result of drug use?	☐ Yes = 1 ☐ No = 0
5. Do you ever feel bad or guilty about your drug use?	☐ Yes = 1 ☐ No = 0	6. Does your spouse (or parents) ever complain about your involvement with drugs?	☐ Yes = 1 ☐ No = 0

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DAST-10 CONT.			
7. Have neglected your family because of your use of drugs?	☐ Yes = 1 ☐ No = 0	8. Have you engaged in illegal activities in order to obtain drugs?	☐ Yes = 1 ☐ No = 0
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	☐ Yes = 1 ☐ No = 0	10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	☐ Yes = 1 ☐ No = 0
Total score**Add the total of the answers from the previous section*			