

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

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

## **DRUG USE QUESTIONNAIRE (DAST - 10)**

### **Retrospective Survey for Change in Caregiver**

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the month before beginning services. 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 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 month before beginning services.**

**Circle Your Response:**

- |   |     |    |
|---|-----|----|
| 1. Had you used drugs other than those required for medical reasons?  | Yes | No |
| 2. Did you abuse more than one drug at a time?  | Yes | No |
| 3. Had you always been able to stop using drugs when you wanted to?   | Yes | No |
| 4. Had you had "blackouts" or "flashbacks" as a result of drug use?   | Yes | No |
| 5. Did you ever feel bad or guilty about your drug use?   | Yes | No |
| 6. Did your spouse (or parents) ever complain about your involvement with drugs?  | Yes | No |
| 7. Had you neglected your family because of your use of drugs?  | Yes | No |
| 8. Had you engaged in illegal activities in order to obtain drugs?  | Yes | No |
| 9. Had you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?                                | Yes | No |
| 10. Had 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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