



# NIDA Clinical Trials Network

## Drug Abuse Screening Test (DAST-10)

7. Have you neglected your family because of your use of drugs?  
 No  Yes
8. Have you engaged in illegal activities in order to obtain drugs?  
 No  Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?  
 No  Yes
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?  
 No  Yes

**Comments:**

### **Scoring**

Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.

**DAST Score:**    --

### **Interpretation of Score:**

<b>Score</b>	<b>Degree of Problems Related to Drug Abuse</b>	<b>Suggested Action</b>
0	No problems reported	None at this time
1-2	Low level	Monitor, reassess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

*Skinner HA (1982). The Drug Abuse Screening Test. Addictive Behavior. 7(4):363-371.*  
*Yudko E, Lozhkina O, Fouts A (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. J Subst Abuse Treatment. 32:189-198.*