

Name: _____

Date: _____

DAST-10

Using drugs other than those required for medical reasons can affect your health and some medications you take. Please help us provide you with the best possible medical care by answering the questions below.

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

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? (If never use drugs, answer "Yes.")	Yes	No
4. Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5. Do you ever feel bad or guilty about your drug use? (If never use drugs, answer "No.")	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)?	Yes	No

