

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Which of the following drugs have you used in the past year?

- | | |
|---|---|
| <input type="checkbox"/> methamphetamines (speed, crystal) | <input type="checkbox"/> cocaine |
| <input type="checkbox"/> cannabis (marijuana, pot) | <input type="checkbox"/> narcotics (heroin, oxycodone, methadone, etc.) |
| <input type="checkbox"/> inhalants (paint thinner, aerosol, glue) | <input type="checkbox"/> hallucinogens (LSD, mushrooms) |
| <input type="checkbox"/> tranquilizers (valium) | <input type="checkbox"/> other _____ |

How often have you used these drugs? Monthly or less Weekly Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
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)?	No	Yes

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Have you ever injected drugs? Never Yes, in the past 90 days Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? Never Currently In the past

I	II	III	IV
0	1-2	3-5	6+

Scoring and interpreting the DAST:

1. “Yes” responses are one point, “No” responses are zero points. All responses are added for a total score and correlated with a zone of use, which can be circled on the bottom right corner.

Score	Zone of use	Action
0	I – Healthy	None
1 - 2, plus: <ul style="list-style-type: none"> • No daily use of any substance • No weekly use of opioids, cocaine, or methamphetamine. • No injection drug use in the past three months. • Not currently in Drug Abuse Treatment. 	II - Risky	<ul style="list-style-type: none"> • Offer advice on benefits and importance of remaining drug abstinent. • Monitor and reassess at next visit. • Consider providing educational materials.
1 - 2 (without meeting criteria above)		Brief intervention
3 - 5	III - Harmful	Brief intervention/Brief treatment
6+	IV - Dependent	Referral to specialized treatment

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual’s awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from illicit drug use.

Patients with numerous or serious negative consequences from their substance use, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up.

Referral to specialized treatment: A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.