

# 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 recreational drugs have you used in the past year? (Check all that apply)

- methamphetamines (speed, crystal)       cocaine
- cannabis (marijuana, pot)                       narcotics (heroin, oxycodone, methadone, etc.)
- inhalants (paint thinner, aerosol, glue)       hallucinogens (LSD, mushrooms)
- tranquilizers (valium)                               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 (use) 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

0                      1

Do you inject drugs?    No     Yes

Have you ever been in treatment for a drug problem?    No     Yes

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

(For the Provider)

### Scoring and interpreting the DAST:

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

Score*	Zone	Explanation	Action
0	I – Low Risk	“Someone at this level is not currently using drugs and is at low risk for health or social complications.”	Reinforce positive choices and educate about risks of drug use
1 - 2	II – Risky	“Someone using drugs at this level may develop health problems or existing problems may worsen.”	Brief Intervention to reduce or abstain from use
3 - 5	III – Harmful	“Someone using drugs at this level has experienced negative effects from drug use.”	Brief Intervention to reduce use and specific follow-up appointment (Brief Treatment if available)
6-10	IV – Severe	“Someone using drugs at this level could benefit from more assessment and assistance.”	Brief Intervention to accept referral to specialty treatment for a full assessment

**Positive Health Message:** Reinforce positive choices and educate about risks of drug use

**Brief Intervention to Reduce Use or Abstain from Using:** Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual’s awareness of his/her drug use and enhance his/her motivation towards behavioral change. Brief interventions are 5-15 minutes, and should occur in the same session as the initial screening. The recommended behavior change is to decrease or abstain from use.

**Brief intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up:** Patients with numerous or serious negative consequences from their drug use, or patients who likely have a substance use disorder who cannot or are not willing to obtain specialized treatment, should receive more numerous and intensive interventions with follow up. The recommended behavior change is to abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.

**Brief Intervention to Accept Referral:** The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: [www.sbirthoregon.org](http://www.sbirthoregon.org)

\* Gavin, D. R., Ross, H. E., and Skinner, H. A. Diagnostic validity of the DAST in the assessment of DSM-III drug disorders. *British Journal of Addiction*, 84, 301-307. 1989.