Drug Abuse Screening Test (DAST-10)

Full name of the patient: Vaan Worthington	Date assessed: July 12, 2022
Full name of the assessor: Orestes Hardin	

Instructions: Hello! We would like you to answer the following questions concerning information about your potential involvement in/abuse of drugs. Don't worry! We will keep this confidential and we certainly won't judge you because we want to work with you in order to whittle down your potential abuse and dependence on drugs until you are completely free from it. In short, we want you to be healthier!

What we mean by "drug abuse" here is the excessive use of prescribed or over-the-counter medication, as well as the non-medical use of these. These could be marijuana, solvents, tranquilizers, cocaine, stimulants, narcotics, hallucinogens, and barbiturates. We don't count the use of tobacco and alcohol.

If you have some difficulty with a particular statement, just choose the response that you believe is mostly right about you. All you need to do is answer with YES or NO.

You may also choose not to answer some questions or the whole test if you feel like it's too touchy for now, but as much as possible, please answer the questions so we can determine how to help you.

These questions refer to the past 12 months	No	Yes
1. Have you used drugs other than those required for medical reasons?	○ 0	◉ 1
2. Do you abuse more than one drug at a time?	◉ 0	○ 1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes."	◉ 1	○ 0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	◉ 0	○ 1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	○ 0	◉ 1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	○ 0	◉ 1
7. Have you neglected your family because of your use of drugs?	◉ 0	○ 1
8. Have you engaged in illegal activities in order to obtain drugs?	○ 0	◉ 1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	○ 0	◉ 1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	○ 0	◉ 1

Patient's score: 7

Please note that the maximum score is 10. All YES answers are equal to 1 point, except for Question 3. If they answer NO for Question 3, they score 1 point. Yes is equal to 0.

Skinner, H. A. (1982). The Drug Abuse Screening Test. Addictive Behavior, 7(4),363–371.

Score Ranges and Designations:

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

Additional Comments:

He is obviously addicted to drugs, both legal and illegal. He's open about it. It's amazing that he hasn't neglected his family despite being so addicted. Even so, his family has expressed concern and Vaan is open to becoming better. We will need to further examine him and then determine what goes into his care plan.

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