Drug Abuse Screening Test (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? 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? 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

Staff Use

<table>
<thead>
<tr>
<th>Score</th>
<th>Low Risk (Neg)</th>
<th>Risky (Bl)</th>
<th>Harmful (BT)</th>
<th>Dependent (RT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1 – 2</td>
<td>3 – 5</td>
<td>6+</td>
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