

SBIRT DAST-10 Forms (English and Spanish)

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.

Which recreational drugs you have 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 _____ |

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

0 1

0 1 3 6
I II III IV

For clinician:

Clinician Name: _____ Date: _____ DAST Zone: _____

- Brief intervention: Raised subject Not done Referral recommended
 Provided feedback Enhanced motivation (consider using Oregon referral
 Negotiated plan line: 1 (800) 923-4357)

Cuestionario de prueba de detección de drogas (DAST, por sus siglas en inglés)

Debido a que el uso de drogas puede afectar su salud, necesitamos hacerle algunas preguntas sobre su uso de las drogas. Si se siente incómodo al completar este formulario, hágaselo saber a su proveedor de salud.

En los siguientes enunciados, "abuso de drogas" se refiere a:

1. Usar medicamentos con receta médica o de venta libre excediéndose de las instrucciones, y
2. Cualquier uso de drogas que no sea uso médico.

Las distintas clases de drogas pueden incluir metanfetaminas (velocidad), cannabis (marihuana, tiesto), solventes (solvente de pintura), tranquilizantes (Valium), barbitúricos, cocaína, estimulantes (velocidad), alucinógenos (LSD) o narcóticos (heroína). Recuerde que las preguntas *no* incluyen bebidas alcohólicas.

Marque con un "Sí" o "No" las siguientes preguntas:	0	1
1. ¿Ha utilizado drogas que no sean las que se requieren por razones médicas?	No	Sí
2. ¿Abusa de más de una droga a la vez?	No	Sí
3. ¿No puede dejar de usar drogas cuando quiere?	No	Sí
4. ¿Alguna vez ha tenido desvanecimientos o escenas retrospectivas como resultado del uso de drogas?	No	Sí
5. ¿Alguna vez se siente mal o culpable por usar drogas?	No	Sí
6. ¿Su cónyuge (o padres) se queja alguna vez por su participación con las drogas?	No	Sí
7. ¿Ha abandonado a su familia por su uso de las drogas?	No	Sí
8. ¿Ha participado en actividades ilegales para obtener drogas?	No	Sí
9. ¿Alguna vez ha experimentado síntomas de retraimiento (se ha sentido enfermo) cuando dejó de tomar drogas?	No	Sí
10. ¿Ha tenido problemas médicos como resultado de su uso de las drogas (por ejemplo, pérdida de memoria, hepatitis, convulsiones, sangrado)?	No	Sí

I II III IV
0 1 3 6

For clinician:

Clinician Name: _____ Date: _____ DAST Zone: _____

- Brief intervention: Raised subject Not done Referral recommended
 Provided feedback Enhanced motivation (consider using Oregon referral
 Negotiated plan line: 1 (800) 923-4357)

Template for Scoring the SBIRT-AUDIT Form/ DAST-10

Score: _____

Scores for questions 1 through 8 are –
are –

- 1st response = 0
- 2nd response = 1
- 3rd response = 2
- 4th response = 3
- 5th response = 4

Scores for questions 9 and 10

- 1st response = 0
- 2nd response = 2
- 3rd response = 4

Score	Degree of problem related to alcohol consumption	Suggested Action
0	No problems reported.	No action at this time.
1-7	Low level.	Monitor, reassess at a later time.
8-12, female 8-14, male	Moderate level. Associated w/ harmful or hazardous drinking.	Further investigation. Consider for Project Lazarus.
>= 13, female	Substantial to severe level. Likely to indicate alcohol dependence.	Intensive assessment. Consider for Project Lazarus.
>= 15, male	Substantial to severe level. Likely to indicate alcohol dependence.	Intensive assessment. Consider for Project Lazarus.

*Adapted from Saunders JB, Aasland OG, Babor TF *et al.* Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption —II. *Addiction* 1993, **88**: 791–803.

TEMPLATE FOR SCORING THE DAST-10©

Score: _____

Score 1 point for each question answered “yes,” except for question 3 for which a “no” receives 1 point.

DAST-10 Interpretation

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

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