

AUDIT

1. How often do you have a drink containing alcohol?
(0) Never (1) Monthly (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
(0) 1-2 (1) 3 or 4 (2) 5 or 6 (3) 7-9 (4) 10 or more
3. How often do you have six or more drinks on one occasion?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
4. How often during the last year have you found that you were unable to stop drinking once you started?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
7. How often during the last year have you felt guilt or remorse after drinking?
(0) never (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of drinking?
(0) (1) less than monthly (2) monthly (3) weekly (4) daily or almost daily
9. Have you or someone else been injured as the result of your drinking?
(0) no (2) yes, but not in the last year (4) yes, during the last year
10. Has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?
(0) no (2) yes, but not in the last year (4) yes, during the last year

Total Score: _____

DAST-10

These questions refer to the past 12 months.

- | | Circle Your Response | |
|--|----------------------|----|
| 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 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, etc.)? | Yes | No |

Score: _____

AUDIT (Alcohol Use Disorder Identification Test)

Please Note: Alcohol is inclusive of: beer, wine, liquor or any other alcoholic beverage.

Scores are in parentheses. A score of 8 or more is considered a positive screen.

Saunders JB, Aasland OG, Babor TF, De La Fuente JR, Grant M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption-11.

DAST-10 (Drug Use Questionnaire)

The questions included in the DAST-10 concern information about possible involvement with drugs not including alcoholic beverages during the past 12 months.

In the statements, "drug abuse." refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (marijuana, hashish), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

DAST-10 INTERPRETATION

<u>DAST-10 Score</u>	<u>Degree of Problems Related to Drug Abuse</u>	<u>Suggested Action</u>
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

SCORING THE DAST-10

For the DAST-10, score 1 point for each question answered "yes," except for Question 3 for which a "no" receives 1 point.

1982 by the Addiction Research Foundation. Author: Harvey A. Skinner Ph.D.

*******If an applicant/recipient meets the criteria for a positive screen (a score of 8 or more) on the AUDIT and/or the moderate level for the DAST-10, refer to the Qualified Substance Abuse Professional.**