

Name :

DOB :

WORKSITE+WELLNESS

OCCUPATIONAL HEALTH SERVICES, LLC

Drug Abuse Screening Test (DAST-10)

Please remember: all questions/answers are confidential and **will not** be shared with your employer. The goal of this questionnaire is to get you help in a confidential manner: **the information will not be used to remove you from working.** If you feel you struggle with abuse or misuse of drugs, complete the following questionnaire to help assess your needs. If you do not struggle with drug use/misuse, or you do not feel comfortable sharing this information, you may skip this questionnaire. You will have an opportunity to discuss any concerns regarding this questionnaire with our provider during your appointment if you would like to discuss in person.

General Instructions "Drug use" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs. The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). The questions do not include alcoholic beverages. Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to drug use in the past 12 months. Please answer Yes or No

Y N

		Have you used drugs other than those required for medical reasons?
		Do you use more than one drug at a time?
		Are you always able to stop using drugs when you want to?
		Have you had "blackouts" or "flashbacks" as a result of drug use?
		Do you ever feel bad or guilty about your drug use?
		Does your spouse (or parents) ever complain about your involvement with drugs?
		Have you neglected your family because of your use of drugs?
		Have you engaged in illegal activities in order to obtain drugs?
		Have you experienced withdrawal symptoms/felt sick when you stopped taking drugs?
		Have you had medical problems as a result of your drug use?

Comments:

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Date :

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