

AUDIT

These questions refer to the past 12 months.

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) Never (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 quit?
(0) No (2) Yes, but not in the last year (4) Yes, during the last year

Score: _____

If you have not used alcohol in the past 12 months did you stop using because of problems with alcohol?
Yes No NA

If you have not used alcohol in the past 12 months but you used before that go back and answer the questions for the 12 months prior to your abstinence. **Retrospective Score for persons in recovery for more than 12 months:** _____

AUDIT (Alcohol Use Disorder Identification Test) Scoring Instructions

Audit Scoring Instructions: Add up all of the numbers in parentheses that are marked by the respondent. **A score of 3 or more is considered a positive screen for the purposed of the ATR.** Please Note: Alcohol is inclusive of beer, wine, liquor or any other alcoholic beverage.

Saunders JB, Aasland OG, Babor TF, De La Fuente JR, Grant M. 1983 Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption

DAST – 10

The questions included in the DAST-10 Concern information about possible involvement with drugs NOT including alcoholic beverages during the past 12 month. 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 (eg. Valium), barbiturates, cocaine, stimulants (eg. Speed), hallucinogens(eg. LSD),or narcotics (eg. Heroin). Remember that the questions do NOT included alcoholic beverages.

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 unable 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 (eg, memory loss,hepatitis, convulsions, bleeding)? Yes No

*If you have not used drugs in the past 12 months did you stop using because of problems with drugs? Yes No

If you have not used drugs in the past 12 months but you used before that go back and answer the questions for the 12 months prior to your abstinence. **Retrospective score for persons in recovery for more than 12 months: _____

Guidelines for Interpretation of DAST-10

*Interpretation (Each "Yes" response = 1)

****Score Degree of Problems Related to Drug Abuse Suggested Action**

*****For ATR a score of 1 is considered a positive screen**

Score: 0 No problems reported Encouragement and education

Score: 1-2 Low level Risky behavior – feedback and advice – Eligible for ATR Assessment

Score: 3-5 Moderate level Harmful behavior – feedback and counseling; possible referral for specialized assessment – Eligible for ATR Assessment

Score: 6-8 Substantial level Intensive assessment and referral – Eligible for ATR Assessment

Skinner HA. The Drug Abuse Screening Test. *Addictive Behavior*. 1982;7(4):363-371. Yudko E, Lozhkina O, Fouts A. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *J Subst Abuse Treatment*. 2007;32:189-198. Reprinted with permission from Harvey Skinner, PhD.