Patient Signature: _____

AUDIT-C

Score: _____

1. How often do you have a drink containing alcohol? □ Never □ Monthly □ 2-4 times a month □ 2-3 times a week □ 4 or more times a week	2. How many standard drinks containing alcohol do you have a typical day? □ 1 or 2 □ 3 or 4 □ 5 or 6 □ 7-9 □ 10 or more	3. How often do you have six or more drinks on one occasion? □ Never □ Less than monthly □ Monthly □ Weekly □ Daily or almost daily

****

Drug Abuse Screening Test (DAST-10)

Score: _____

The following questions concern information about your potential involvement with drugs **excluding alcohol and tobacco** during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g. marijuana, hash), solvents (e.g. gas, paints etc.), tranquilizers (e.g. Valium, Xanax), barbiturates, cocaine and stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. Heroin). **Remember that the questions do not include alcohol or tobacco.**

THESE QUESTIONS REFER TO THE PAST 12 MONTHS ONLY.

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 results of drug use?	□ YES	□ NO
5. Do you ever feel bad or guilty about your drug use?	□ YES	□ NO
6. Does your spouse (or parent) 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