

Recovery Pathways, LLC

DAST-10/Zung Self-Rating Depression Scale/Zung Self-Rating Anxiety Scale

NAME: _____ DATE: _____

DRUG ABUSE SCREENING TOOL (DAST-10)

The following questions concern information about your possible involvement with drugs, not including alcoholic beverages, during the last 12 months. "Drug Abuse" refers to prescription or over the counter drugs, marijuana, barbiturates, cocaine, stimulants, hallucinogens, heroin, and narcotics. Choose the answer that is mostly right.

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you always able to stop using drugs when you want to?
4. Have you had "blackouts" or "flashbacks" as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse/partner/parents ever complain about your drug use?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms when you stopped?
10. Have you had medical problems as a result of your drug use?

For office use only:

Sum of Points: _____ No problems Low Level Moderate Level Substantial Level Severe Level

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half	Nearly everyday
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself— or that you are a failure or have let yourself/family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching tv	0	1	2	3
8. Moving or speaking so slowly that others could notice. Or the opposite— being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

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Turn Page Over

ZUNG SELF-RATING ANXIETY SCALE

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make a checkmark in appropriate column.	A little or none of the time	Some of the time	Good part of the time	Most of the time
1. I feel more nervous and anxious than usual				
2. I feel afraid for no reason at all				
3. I get upset easily or feel panicky				
4. I feel like I'm falling apart & going to pieces				
5. I feel that everything is all right & nothing bad will happen				
6. My arms and legs shake and tremble				
7. I am bothered by headaches, neck and back pain				
8. I feel weak and get tired easily				
9. I feel calm and can sit still easily				
10. I can feel my heart beating fast				
11. I am bothered by dizzy spells				
12. I have fainting spells or feel like it				
13. I can breathe in and out easily				
14. I get feelings of numbness & tingling in my fingers & toes				
15. I am bothered by stomach aches or indigestion				
16. I have to empty my bladder often				
17. My hands are usually dry and warm				
18. My face gets hot and blushes				
19. I fall asleep easily and get a good night's rest				
20. I have nightmares				

Raw Score _____ Final Score _____ Normal Mild -Moderate Moderate to Severe Extreme

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Zung Self-Rating Depression Scale © 1997. Adapted from Zung, A self-rating depression scale, Arch Gen Psychiatry, 1965; 12:63-70

Zung Self-Rating Anxiety Scale. Source: William W.K. Zung. A rating instrument for anxiety disorders. Psychosomatics. 1971.