DAST-10 Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · September 2026 · Reproduces no test items or scoring key

The DAST-10 is a ten-item, yes-or-no screen for problems with drugs other than alcohol over the past 12 months, derived from Skinner's 1982 DAST and published by CAMH; one point per answer in the problem direction, total 0 to 10. It is case finding, never diagnosis: its bands are tentative guidelines from the author's guide, it collects no drug type, frequency, or duration, and its prescription-medication rule lives in the instruction block. Defensible charting names the version and window, the medication handling, the total and topics, the substances in the patient's words, and the follow-up.

Version and time frame DAST-10 / DAST-20 / DAST-A; standard 12 months or a modified window
Do: write the version and the window the patient was told to consider: standard past 12 months, or the modified window and why.
Pitfall: "DAST 4" with no version or window; a six-month follow-up total trended against a 12-month baseline as if identical.

Instruction block and prescribed medication what counted, what was excluded, and why
Do: full instructions shown; medication as directed excluded; use beyond directions, others' prescriptions, non-medical cannabis counted.
Pitfall: cannabis dropped because it is legal; a prescribed opioid counted or excluded with nothing in the note saying which.

Mode, language, completeness, fitness self-report or interview; not intoxicated or withdrawing
Do: tablet, paper, or interview; language or translation; all ten answered; who computed the total; patient not under the influence.
Pitfall: an emergency-department score from an impaired patient charted like a routine screen; a translation charted as plain DAST-10.

Total, then the topics endorsed 0 to 10; describe topics in your own words
Do: chart the total and the topic areas endorsed, in your own words; score with the licensed form's key, never a copied PDF key.
Pitfall: a bare total, a mismatched key from an unofficial reproduction, or DAST-20 interpretation applied to a DAST-10 total.

Substances named, in the patient's words the DAST collects no drug type, frequency, or duration
Do: substance, route, amount, frequency, last use, source (own prescription, someone else's, illicit); alcohol screened separately.
Pitfall: a positive screen with no substance named, so the next reader cannot tell weekend cannabis from daily fentanyl.

A screen, with a tentative band attribute the band; never write it as a diagnosis
Do: write "positive screen; disorder not established"; attribute the band to the CAMH guide as tentative; add population caveats.
Pitfall: "DAST-10 = 7, substance use disorder" with no criteria assessed; a zero in a court-referred patient read as no problem.

Follow-up, intervention, minutes, record what supports the claim and the next visit
Do: assessment named with its date; feedback, patient's goal, referral, minutes; storage and Part 2 status; a refusal is not a zero.
Pitfall: "counseled" with no content or minutes; a refused screen entered as 0 of 10; a Part 2 program result filed as ordinary.

Before the note is signed

- [ ] Version and window named, modification labeled
- [ ] Prescribed medication and cannabis handling stated
- [ ] Mode, language, completeness, and fitness recorded
- [ ] Total charted with the topics endorsed
- [ ] Substances named in the patient's words
- [ ] Result labeled a screen, band attributed
- [ ] Follow-up, intervention, minutes, and record documented

Drafting with AI

Give it the facts: version and window used, whether the full instruction text was shown and how prescribed medication and cannabis were handled, mode and language, the total and topics endorsed, the substances in the patient's words, the follow-up and its date, the intervention and its minutes, and where the result is stored.

> *"Draft DAST-10 documentation: adult self-report on the clinic tablet 09/15, standard 12-month frame, full instructions shown; total 4 of 10; nightly cannabis and a friend's alprazolam six times in three months; sertraline as prescribed excluded; assessment booked 09/22; brief intervention 20 minutes; claim 99408."*

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

10 yes/no items	Bands are tentative	Screen, not diagnosis	Name the substances
drugs other than alcohol, past 12 months	author's guide, not the 1982 paper	criteria assessment comes next	the score carries no drug type

Full guide and sample note: **bastiongpt.com/template/dast-10**

DAST-10 Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no questionnaire items.

Setting: | Patient (initials): | Date: | Clinician:

Version + time frame (standard 12 months / modified): | Mode (self-report / interview) + language:

Instruction block and medication handling
Full instructions shown · medication as directed excluded, named · beyond-directions use and others' prescriptions counted · cannabis handling stated

Completeness and fitness
All ten items answered · who computed the total · not intoxicated or in withdrawal at completion, or the limitation noted

Total and topics endorsed
Total ___ of 10 · topics endorsed in the problem direction, in your own words · licensed form's key used · prior total, date, and window

Substances, in the patient's words
Substance, route, amount, frequency, last use · source (own, someone else's, illicit) · injection, overdose history · alcohol screened separately

Interpretation
Positive or negative screen · band per the CAMH guide, labeled tentative · disorder not established · population caveat · self-report limits noted

Follow-up and intervention
Assessment named with date (DSM-5 criteria, withdrawal check, toxicology) · feedback · patient's goal · referral decision · intervention minutes

Plan, record, and billing
Rescreen window and date · next visit · code claimed · where the result is stored · Part 2 status if created by a Part 2 program · consent on file

Clinician (name and credentials): | Signature: | Date: