

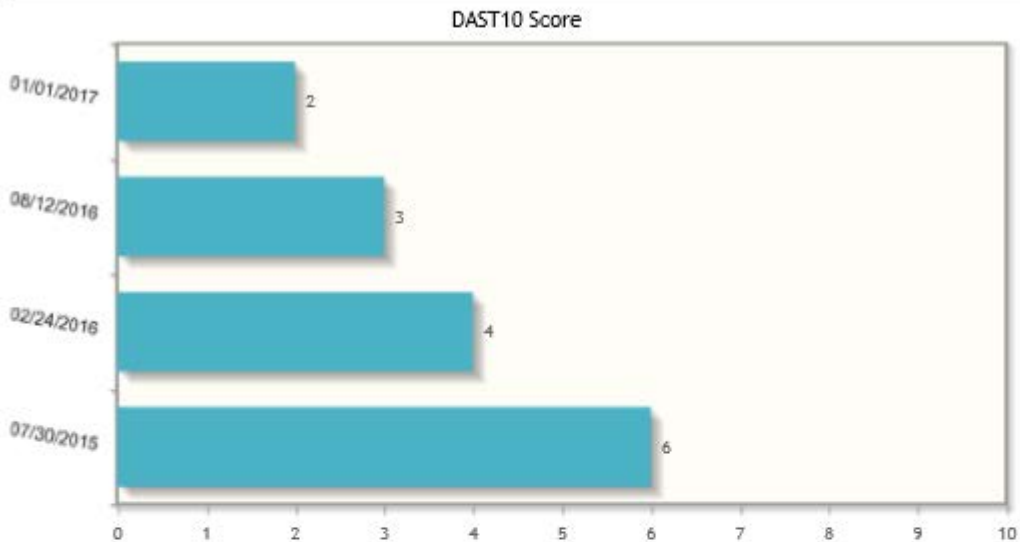
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Report: DAST-10 App Report  
 Patient ID: 12345678  
 Date: 1/1/2017 12:00:00 PM Device: 1/1/2017 12:01:00 PM

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**DAST-10 Result:** Low level      **DAST-10 Score:** 2

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|---|-----|
| 1. Have you used drugs other than those required for medical reasons?               | No  |
| 2. Do you use more than one drug at a time?   | Yes |
| 3. Are you always able to stop using drugs when you want to?                        | Yes |
| 4. Have you had "blackouts" or "flashbacks" as a result of drug use?                | No  |
| 5. Do you ever feel bad about your drug abuse?                                      | No  |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs?   | Yes |
| 7. Have you ever neglected your family or missed work because of your use of drugs? | No  |
| 8. Have you engaged in illegal activities in order to obtain drugs?                 | No  |
| 9. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?  | No  |
| 10. Have you had medical problems as a result of your drug use?                     | No  |

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