



**DAST: Drug Abuse Screening Test**

**Yes    No**

- |  |       |       |
|--|-------|-------|
| 1. Have you used drugs other than those required for medical reasons?  | _____ | _____ |
| 2. Have you abused prescription drugs?   | _____ | _____ |
| 3. Do you abuse more than one drug at a time?  | _____ | _____ |
| 4. Can you get through the week without using drugs (other than those required for medical reasons)?                     | _____ | _____ |
| 5. Are you always able to stop using drugs when you want to?   | _____ | _____ |
| 6. Do you abuse drugs on a continuous basis?   | _____ | _____ |
| 7. Do you try to limit your drug use to certain situations?  | _____ | _____ |
| 8. Have you had "blackouts" or "flashbacks" as a result of drug use?   | _____ | _____ |
| 9. Do you ever feel bad about your drug abuse?   | _____ | _____ |
| 10. Does your spouse (or parents) ever complain about your involvement with drugs?                                       | _____ | _____ |
| 11. Do your friends or relatives know or suspect you abuse drugs?  | _____ | _____ |
| 12. Has drug abuse ever created problems between you and your spouse?  | _____ | _____ |
| 13. Has any family member ever sought help for problems related to your drug use?  | _____ | _____ |
| 14. Have you ever lost friends because of your use of drugs?   | _____ | _____ |
| 15. Have you ever neglected your family or missed work because of your use of drugs?                                     | _____ | _____ |
| 16. Have you ever been in trouble at work because of drug abuse?   | _____ | _____ |
| 17. Have you ever lost a job because of drug abuse?  | _____ | _____ |
| 18. Have you gotten into fights when under the influence of drugs?   | _____ | _____ |
| 19. Have you ever been arrested because of unusual behavior while under the influence of drugs?                          | _____ | _____ |
| 20. Have you ever been arrested for driving while under the influence of drugs?  | _____ | _____ |
| 21. Have you engaged in illegal activities to obtain drugs?  | _____ | _____ |
| 22. Have you ever been arrested for possession of illegal drugs?   | _____ | _____ |
| 23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?                                      | _____ | _____ |
| 24. Have you had medical problems as a result of your drug use (e.g., memory loss, Hepatitis, convulsions, or bleeding)? | _____ | _____ |
| 25. Have you ever gone to anyone for help for a drug problem?  | _____ | _____ |
| 26. Have you ever been in hospital for medical problems related to your drug use?  | _____ | _____ |
| 27. Have you ever been involved in a treatment program specifically related to drug use?                                 | _____ | _____ |
| 28. Have you been treated as an outpatient for problems related to drug abuse?   | _____ | _____ |

Scoring: Each item you answered yes = 1 point  
 6 or more = substance use problem (abuse or dependence)