

DRUG ABUSE SCREENING TEST (DAST)

Patient Name: _____

CIRCLE YOUR ANSWER

- | | | | |
|-----|---|-----|----|
| 1. | Have you ever used drugs other than those required for medical reasons? | Yes | No |
| 2. | Have you abused prescription drugs? | Yes | No |
| 3. | Do you abuse more than one drug at a time? | Yes | No |
| 4. | Do you use other drugs, meaning drugs other than those required for medical reasons? | Yes | No |
| 5. | Is it difficult to stop using drugs when you want to? | Yes | No |
| 6. | Do you abuse drugs on a continuous basis? | Yes | No |
| 7. | Do you try to limit your drug use to certain situations? | Yes | No |
| 8. | Have you had "blackouts" or "flashbacks" as a result of drug use? | Yes | No |
| 9. | Do you ever feel bad about your drug abuse? | Yes | No |
| 10. | Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 11. | Do your friends or relatives know or suspect you abuse drugs? | Yes | No |
| 12. | Has drug abuse ever created problems between you and your spouse? | Yes | No |
| 13. | Has any family member ever sought help for problems related to drug use? | Yes | No |
| 14. | Have you ever lost friends because of your use of drugs? | Yes | No |
| 15. | Have you ever neglected your family or missed work because of your use of drugs? | Yes | No |
| 16. | Have you ever been in trouble at work because of drug abuse? | Yes | No |
| 17. | Have you ever lost a job because of drug abuse? | Yes | No |
| 18. | Have you gotten into fights when under the influence of drugs? | Yes | No |
| 19. | Have you ever been arrested because of unusual behavior while under the influence of drugs? | Yes | No |
| 20. | Have you ever been arrested for driving while under the influence of drugs? | Yes | No |
| 21. | Have you engaged in illegal activities in order to obtain drugs? | Yes | No |
| 22. | Have you been arrested for the possession of drugs? | Yes | No |
| 23. | Have you experienced withdrawal symptoms as a result of heavy drug intake? | Yes | No |
| 24. | Have you had medical problems as a result of your drug use? (e.g. memory loss, hepatitis, convulsions, etc) | Yes | No |
| 25. | Have you ever gone to anyone for a drug problem? | Yes | No |
| 26. | Have you ever been in a hospital for medical problems related to drug use? | Yes | No |
| 27. | Have you been involved in a treatment program specifically related to drug care? | Yes | No |
| 28. | Have you been treated as an outpatient for problems related to drug use? | Yes | No |

Score: _____