

DAST (Drug Abuse Screening Test)

1. Have you 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. Can you get through the week without using drugs (other than those required for medical reasons)? Yes No
5. Are you always able 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 your 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 to obtain drugs? | Yes No |
| 22. Have you ever been arrested for possession of illegal drugs? | Yes No |
| 23. Have you ever 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, or bleeding)? | Yes No |
| 25. Have you ever gone to anyone for help for a drug problem? | Yes No |
| 26. Have you ever been in hospital for medical problems related to your drug use? | Yes No |
| 27. Have you ever been involved in a treatment program specifically related to drug use? | Yes No |
| 28. Have you been treated as an outpatient for problems related to drug abuse? | Yes No |

Scoring: Each item in bold = 1 point
6 or more = substance use problem (abuse or dependence)

Reference: Gavin DR; Ross HE; Skinner HA. Diagnostic validity of the Drug Abuse Screening Test in the assessment of DSM-III drug disorders. *British Journal of Addiction* 84(3): 301-307, 1989. (23 refs.)