



## DRUG ABUSE SCREENING TEST - D.A.S.T.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Score: \_\_\_\_\_

In the statements below, "drug abuse" refers to:

The use of prescribed or over the counter drugs in excess of the directions; and/or any non-medical use of drugs and/or recreational drugs (cannabis, methamphetamine, cocaine, heroin, barbiturates, and benzodiazapines).

Remember that questions **do not** include alcoholic beverages.

	<u>Yes</u>	<u>No</u>
1. Have you used drugs other than those required for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you abused prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you abuse more than one drug at a time?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you get through the week without using drugs (other than those required for medical reasons)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you always able to stop using drugs when you want to?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you abuse drugs on a continuous basis?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you try to limit your drugs use to certain situations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had "blackouts" or "flashbacks" as a result of drug use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you ever feel bad about your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your spouse (or parents) ever complain about your involvement in drugs?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do your friends or relatives know or suspect that you abuse drugs?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has drug abuse ever created problems between you and your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member ever sought help for problems related to your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever lost friends because of your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever neglected your family or missed work because of your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been in trouble at work because of drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever lost a job because of drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you gotten into fights when under the influence of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been arrested for driving while under the influence of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you engaged in illegal activities to obtain drugs?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been arrested for possession of illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions)?	<input type="checkbox"/>	<input type="checkbox"/>
25. Have you ever gone to anyone for help for a drug problem?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been hospitalized for medical problems related to your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you ever been involved in a treatment program specifically related to drug use?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever been involved in outpatient treatment for problems related to drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>