

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

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| 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.)