

DAST: The 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, significant other, partner, (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

Score 1 point for each question if you answered the following:

Questions 4, 5 and 7: No

Questions 1 -3, 6, 8-28: Yes

A score of greater than five requires further evaluation for substance abuse problems.

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