DAST

Drug ● Abuse ● Screening ● Tool

	Yes	No
1. Have you used drugs other than those required for medical reasons	☐	☐
2. Have you abused prescription drugs?	☐	☐
3. Do you abuse more than one drug at a time?	☐	☐
4. Can you get through the week without using drugs?	☐	☐
5. Are you always able to stop using drugs when you want to?	☐	☐
6. Have you ever had blackouts or flashbacks as a result of drug use?	☐	☐
7. Do you ever feel bad or guilty about your drug use?	☐	☐
8. Does your spouse (or parents) ever complain about your involvement with drugs?	☐	☐
9. Has drug abuse created problems between you and your spouse or your parents?	☐	☐
10. Have you lost friends because of your use of drugs?	☐	☐
11. Have you neglected your family because of your use of drugs?	☐	☐
12. Have you been in trouble at work because of your use of drugs?	☐	☐
13. Have you lost a job because of drug abuse?	☐	☐
14. Have you gotten into fights when under the influence of drugs?	☐	☐

	Yes	No
15. Have you engaged in illegal activities in order to obtain drugs?	☐	☐
16. Have you been arrested for possession of illegal drugs?	☐	☐
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	☐	☐
18. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	☐	☐
19. Have you gone to anyone for help for a drug problem?	☐	☐
20. Have you been involved in a treatment program especially related to drug use?	☐	☐