

# DAST Drug Abuse Screening Test

## Adult Version

These questions refer to the past 12 months.

Circle Your  
Response

- |  |     |    |
|--|-----|----|
| 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?   | Yes | No |
| 5. Are you always able to stop using drugs when you want to?   | Yes | No |
| 6. Have you had "blackouts" or "flashbacks" as a result of drug use?   | Yes | No |
| 7. Do you ever feel bad or guilty about your drug use?   | Yes | No |
| 8. Does your spouse (or parents) ever complain about your involvement with drugs?  | Yes | No |
| 9. Has drug abuse created problems between you and your spouse or your parents?  | Yes | No |
| 10. Have you lost friends because of your use of drugs?  | Yes | No |
| 11. Have you neglected your family because of your use of drugs?   | Yes | No |
| 12. Have you been in trouble at work (or school) because of drug abuse?  | Yes | No |
| 13. Have you lost your job because of drug abuse?  | Yes | No |
| 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?   | Yes | No |
| 16. Have you been arrested for possession of illegal drugs?  | Yes | No |
| 17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?                               | Yes | No |
| 18. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)? | Yes | No |
| 19. Have you gone to anyone for help for drug problem?   | Yes | No |
| 20. Have you been involved in a treatment program specifically related to drug use?  | Yes | No |

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