

Name/Practice Name

Address Line 1

Address Line 2

City, State, Zip

(000) 000 – 0000 .p

(000) 000 – 0000 .f

DRUG ABUSE SCREENING TEST (DAST)

1. Have you used drugs other than those required for medical reasons? ()Y ()N
2. Have you misused prescription drugs? ()Y ()N
3. Do you misuse more than one drug at a time? ()Y ()N
4. Can you get through the week without using drugs (other than those required for medical reasons)? ()Y ()N
5. Are you always able to stop using drugs when you want to? ()Y ()N
6. Do you misuse drugs on a continuous basis? ()Y ()N
7. Do you try to limit your drug use to certain situations? ()Y ()N
8. Have you had "blackouts" or "flashbacks" as a result of drug use? ()Y ()N
9. Do you ever feel bad about your drug misuse? ()Y ()N
10. Does your spouse (or parents) ever complain about your involvement with drugs? ()Y ()N
11. Do your friends or relatives know or suspect you misuse drugs? ()Y ()N
12. Has drug misuse ever created problems between you and your spouse? ()Y ()N
13. Has any family member ever sought help for problems related to your drug use? ()Y ()N

Have you ever:

14. Lost friends because of your use of drugs? ()Y ()N
15. Neglected your family or missed work because of your use of drugs? ()Y ()N
16. Been in trouble at work because of drug misuse? ()Y ()N
17. Lost a job because of drug misuse? ()Y ()N
18. Gotten into fights when under the influence of drugs? ()Y ()N
19. Been arrested because of unusual behavior while under the influence of drugs? ()Y ()N
20. Been arrested for driving while under the influence of drugs? ()Y ()N
21. Engaged in illegal activities to obtain drugs? ()Y ()N
22. Been arrested for possession of illegal drugs? ()Y ()N
23. Experienced withdrawal symptoms as a result of heavy drug intake? ()Y ()N
24. Had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, or bleeding)? ()Y ()N
25. Gone to anyone for help for a drug problem? ()Y ()N
26. Been in hospital for medical problems related to your drug use? ()Y ()N
27. Been involved in a treatment program specifically related to drug use? ()Y ()N
28. Been treated as an outpatient for problems related to drug dependence or misuse? ()Y ()N

Scoring: Each positive response yields 1 point, except for questions 4, 5, and 7 which yield 1 point for a negative response or false direction.

A score greater than 5 requires further evaluation for substance misuse problems.

Skinner HA. The Drug Abuse Screening Test. *Addictive Behavior* 7(4): 363-371, 1982.