



Drug Abuse Screening Test (DAST)

NAME: DAST Example

DATE: Oct 16 2017

DOB: Feb 21 1969

INSTRUMENT

The Drug Abuse Screening Test, or DAST, is composed of 28 questions about prior drug use (including prescription). The DAST is used when assessing problems and consequences related to drug misuse in adults and adolescents in a primary care, psychiatric clinics, or inpatient facilities.

SCORING

Interpretation

(19) Address the problem immediately

SURVEY ANSWERS

Have you used drugs other than those required for medical reasons?	YES
Have you abused prescription drugs?	YES
Do you abuse more than one drug at a time?	YES
Can you get through the week without using drugs (other than those required for medical reasons)?	YES
Are you always able to stop using drugs when you want to?	NO
Do you abuse drugs on a continuous basis?	YES
Do you try to limit your drug use to certain situations?	NO
Have you had blackouts or flashbacks as a result of drug use?	YES
Do you ever feel bad about your drug abuse?	YES
Does your spouse (or parents) ever complain about your involvement with drugs?	YES
Do your friends or relatives know or suspect you abuse drugs?	YES
Has drug abuse ever created problems between you and your spouse?	YES
Has any family member ever sought help for problems related to your drug use?	NO
Have you ever lost friends because of your use of drugs?	YES
Have you ever neglected your family or missed work because of your use of drugs?	YES
Have you ever been in trouble at work because of drug abuse?	YES
Have you ever lost a job because of drug abuse?	YES
Have you gotten into fights when under the influence of drugs?	YES
Have you ever been arrested because of unusual behavior while under the influence of drugs?	YES
Have you ever been arrested for driving while under the influence of drugs?	YES
Have you engaged in illegal activities in order to obtain drugs?	NO
Have you ever been arrested for possession of illegal drugs?	YES
Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	YES
Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	YES
Have you ever gone to anyone for help for a drug problem?	YES
Have you ever been in a hospital for medical problems related to your drug use?	NO
Have you ever been involved in a treatment program specifically related to drug use?	YES
Have you been treated as an outpatient for problems related to drug abuse?	NO