

DRUG USE QUESTIONNAIRE (DAST-20)

Name: _____ Date: _____

The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question.

In the statements "drug abuse" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

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For information on the DAST, contact Dr. Harvey Skinner at the Addiction Research Foundation, 33 Russell St., Toronto, Canada, M5S 2S1.

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 because of drug abuse?

Yes No

13. Have you lost a 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 had 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 a drug problem?

Yes No

20. Have you been involved in a treatment program specifically related to drug use?

Yes No