



DAST-20

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". Circle the appropriate response beside each question.

In the statements "drug abuse" (see questions 12 & 13) refers to:

1. The use of prescribed or over the counter drugs in excess of the directions and;
2. Any non-medical use of drug. 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).
3. 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.

There questions refer to the past 12 months	Response	
1. Have you ever used drugs other than those required for medical reasons?	YES	NO
2. Have you abuse 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 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/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 drug use?	YES	NO
11. Have you neglected your family because of your drug use?	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 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 a drug problem?	YES	NO
20. Have you been involved in a treatment program specifically related to drug use?	YES	NO

SCORE _____

Client Name: _____ DOB: _____ Date Completed _____