

## Drug Abuse Screening Test (DAST-20)

Now I would like to ask you a few more questions about your involvement with drugs other than alcohol, tobacco, and marijuana/cannabis/hashish.

When you answer the questions, remember that the term “drug” refers to:

**1)** use of prescribed or over the counter drugs in excess of the recommended dosage,

And

**2)** any non-medical drug use, including illegal drugs such as valium, cocaine, amphetamines, LSD, and heroin.

Remember that the term “drug” does not include alcohol or marijuana/cannabis/hashish.

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

**Consider the past 12 months when answering these questions**

1. Have you used drugs other than those required for medical reasons?

1=yes

0=no

2. Have you abused prescription drugs?

1=yes

0=no

**If Q1=0 AND Q2=0 then skip to next section**

3. Do you abuse more than one drug at a time?

1=yes

0=no

4. Can you get through the week without using drugs?

1=yes

0=no

5. Are you always able to stop using drugs when you want to?

1=yes

0=no

6. Have you had “blackouts” or “flashbacks” as a result of drug use?

1=yes

0=no

7. Do you ever feel bad or guilty about your drug use?

1=yes

0=no

8. Does your spouse (or parents) ever complain about your involvement with drugs?

1=yes

0=no

9. Has drug abuse created problems between you and your spouse or your parents?

1=yes

0=no

10. Have you lost friends because of your use of drugs?

1=yes

0=no

11. Have you neglected your family because of your use of drugs?

1=yes

0=no

12. Have you been in trouble at work (or school) because of drug abuse?

1=yes

0=no

13. Have you lost your job because of drug abuse?

1=yes

0=no

14. Have you gotten into fights when under the influence of drugs?

1=yes

0=no

15. Have you engaged in illegal activities in order to obtain drugs?

1=yes

0=no

16. Have you been arrested for possession of illegal drugs?

1=yes

0=no

17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

1=yes

0=no

18. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?

1=yes

0=no

19. Have you gone to anyone for help for a drug problem?

1=yes

0=no

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

1=yes

0=no

Source:

Skinner, H. A., & Goldberg, A. E. (1986). Evidence for a drug dependence syndrome among narcotic users. *Addiction*, 81(4), 479-484. doi: 10.1111/j.1360-0443.1986.tb00359.x