

Drug Use Questionnaire (DAST-20)

Name: _____

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).
- 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.

These questions refer to the past 12 months.

Circle your Response

- 1. Have you ever used drugs other than those require 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 when you want?..... 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 drugs 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

Signature _____

Date: _____