

DRUG ABUSE SCREENING TEST (DAST)

This test may help you become aware of your use or abuse of drugs. ***This test does not include alcohol use.*** For alcohol specific questions, please take the AUDIT test.

For the purposes of this test, 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.

INSTRUCTIONS: Carefully read each statement and decide whether your answer is “yes” or “no.” Please give the best answer or the answer that is right most of the time, and best describes how you have felt over the past 12 months.

No.	RESPONSE	NO	YES
1.	Have you used drugs other than those required for medical reasons?		
2.	Have you abused prescription drugs?		
3.	Do you abuse more than one drug at a time?		
4.	Can you get through the week without used drugs?		
5.	Are you always able to stop using drugs when you want to?		
6.	Have you had “blackouts” or “flashbacks” as a result of drug use?		
7.	Do you ever feel bad or guilty about your drug use?		
8.	Does your spouse (partner) ever complain about your drug use?		
9.	Has drug abuse created problems between you and your spouse/partner?		
10.	Have you lost friends because of your use of drugs?		
11.	Have you neglected your family because of your use of drugs?		
12.	Have you been in trouble at work because of your use of drugs?		
13.	Have you lost a job because of drug abuse?		
14.	Have you gotten into fights when under the influence of drugs?		
15.	Have you engaged in illegal activities in order to obtain drugs?		
16.	Have you been arrested for possession of illegal drugs?		
17.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
18.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?		
19.	Have you gone to anyone for help for a drug problem?		
20.	Have you been involved in a treatment program especially related to drug use?		

SCORING: Allocate 1 point to each “yes” answer, EXCEPT for questions 4 and 5, where 1 point is allocated for each “no” answer.

RESULTS: Screening test score ranges:

- 0 None Reported
- 1-5 Low Level
- 6-10 Moderate Level – contact VOC Clinical Staff: 585-546-1081
- 11-15 Substantial Level – contact VOC Clinical Staff: 585-546-1081
- 16-20 Severe Level – contact VOC Clinical Staff: 585-546-1081 or doctor