

The Drug Abuse Screening Test (DAST)

Directions: The following questions concern information about your involvement with drugs. 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. Consider the past year (12 months) and carefully read each statement. Then decide and circle whether your answer is YES or NO. Please be sure to answer every question.

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 (other than those required for medical reasons)? YES NO
5. Are you always able to stop using drugs when you want to? YES NO
6. Do you abuse drugs on a continuous basis? YES NO
7. Do you try to limit your drug use to certain situations? YES NO
8. Have you had “blackouts” or “flashbacks” as a result of drug use? YES NO
9. Do you ever feel bad about your drug abuse? YES NO
10. Does your spouse (or parents) ever complain about your involvement with drugs? YES NO
11. Do your friends or relatives know or suspect you abuse drugs? YES NO
12. Has drug abuse ever created problems between you and your spouse? YES NO
13. Has any family member ever sought help for problems related to your drug use? YES NO
14. Have you ever lost friends because of your use of drugs? YES NO
15. Have you ever neglected your family or missed work because of your use of drugs? YES NO
16. Have you ever been in trouble at work because of drug abuse? YES NO
17. Have you ever lost a job because of drug abuse? YES NO
18. Have you gotten into fights when under the influence of drugs? YES NO
19. Have you ever been arrested because of unusual behavior while under the influence of drugs? YES NO
20. Have you ever been arrested for driving while under the influence of drugs? YES NO
21. Have you engaged in illegal activities in order to obtain drug? YES NO
22. Have you ever been arrested for possession of illegal drugs? YES NO
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? YES NO
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? YES NO
25. Have you ever gone to anyone for help for a drug problem? YES NO
26. Have you ever been in a hospital for medical problems related to your drug use? YES NO
27. Have you ever been involved in a treatment program specifically related to drug use? YES NO
28. Have you been treated as an outpatient for problems related to drug abuse? YES NO

Total yes = _____

Scoring and interpretation: A score of “1” is given for each YES response, except for items 4,5, and 7, for which a NO response is given a score of “1.” Based on data from a heterogeneous psychiatric patient population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders. Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4, 7, 16, 20, and 22.