

DRUG USE QUESTIONNAIRE (DAST)

Date: _____

Defendant NAME: _____

OFFICE USE ONLY	DAST Score: ____
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This test specifically focuses on drug use, and **does not include alcohol**. Drug use applies to the use of 1) prescribed or “over the counter” medication in excess of the directions, and 2) any non-medical use of drugs. For each question, please select “YES” or “NO.” The questions refer to the **past 12 months**. Carefully read each statement. **Please answer every question**, and give the best answer or the answer that is right most of the time. If you have difficulty with a statement, then choose the response that is mostly right.

<i>These questions refer to the past 12 months.</i>	No	Yes
Have you used drugs other than those required for medical reasons?		
Have you abused prescription drugs?		
Do you abuse more than one drug at a time?		
Can you get through the week without using drugs?		
Are you always able to stop using drugs when you want to?		
Have you had “blackouts” or “flashbacks” as a result of drug use?		
Does your spouse (or parents) ever complain about your involvement with drugs?		
Has drug abuse created problems between you and your spouse or your parents?		
Have you lost friends because of your use of drugs?		
Have you ever neglected your family because of your use of drugs?		
Have you been in trouble at work because of your use of drugs?		
Have you lost a job because of your drug abuse?		
Have you gotten into fights when under the influence of drugs?		
Have you engaged in illegal activities in order to obtain drugs?		
Have you been arrested for possession of illegal drugs?		
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
Have you had medical problems as a result of your drug use? (e.g. memory loss, hepatitis, convulsions, bleeding, etc.?)		
Have you ever gone to anyone for help for a drug problem?		
Have you been involved in a treatment program especially related to drug use?		