

DAST- A (Drug Abuse Screening Test – Adolescent)

Name: _____

Date: _____

Score: _____

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| 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 boyfriend/girlfriend 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 boyfriend/girlfriend or parents? | 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 been kicked out of school or 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 to obtain drugs? | 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, or bleeding)? | Yes | No |
| 25. Have you ever gone to anyone for help for a drug problem? | Yes | No |
| 26. Have you ever been in 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 |

Scoring: Each item in bold = 1 point

6 or more = substance use problem (abuse or dependence)