DAST- A (Drug Abuse Screening Test – Adolescent)

Name: ________________________
Date:   ________________________
Score:  ________________________

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)