

**DAST-20**

The following questions refer to the past 12 months:

Circle your response

- |   |     |    |
|---|-----|----|
| 1. Have you ever 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 day without using drugs?   | Yes | No |
| 5. Are you always able to stop using drugs when you want to?  | Yes | No |
| 6. Have you had “blackouts” or “flashbacks” as a result of drug use?  | Yes | No |
| 7. Do you ever feel bad or guilty about your drug use?  | Yes | No |
| 8. Does your spouse, parent or significant other ever complain about your drug use?                                     | Yes | No |
| 9. Has drug use created a problem between you and your spouse, parents or your significant other?                       | Yes | No |
| 10. Have you lost friends because of your drug use?   | Yes | No |
| 11. Have you neglected your family because of drug use?   | Yes | No |
| 12. Have you been in trouble at work because of drug use?   | Yes | No |
| 13. Have you lost a job because of drug use?  | Yes | No |
| 14. Have you gotten into fights when under the influence of drugs?  | Yes | No |
| 15. Have you engaged in illegal activities in order to obtain drugs?  | Yes | No |
| 16. Have you been arrested for possession of illegal drugs?   | Yes | No |
| 17. Have you ever experienced withdrawal symptoms (felt sick) when you have stopped taking drugs?                       | Yes | No |
| 18. Have you had medical problems as a result of your drug use?<br>(E.g. memory loss, hepatitis, convulsions, bleeding) | Yes | No |
| 19. Have you gone to anyone for help for a drug problem?  | Yes | No |
| 20. Have you been involved in a treatment program specifically related to drug use?                                     | Yes | No |