

DRUG USE QUESTIONNAIRE (DAST-20)

These questions refer to the past 12 months.

Circle Your Response

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| 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 week 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 feel bad or guilty about your drug use?..... | Yes | No |
| 8. | Does your spouse (or parents) ever complain about your involvement with drugs?..... | Yes | No |
| 9. | Has drug abuse created problems between you and your spouse or your parents?..... | Yes | No |
| 10. | Have you lost friends because of your use of drugs?..... | Yes | No |
| 11. | Have you neglected your family because of your use of drugs?..... | Yes | No |
| 12. | Have you been in trouble at work because of drug abuse?..... | Yes | No |
| 13. | Have you lost a job because of drug abuse?..... | 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 stop taking drug?..... | Yes | No |
| 18. | Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?..... | 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 |