

The Drug Abuse Screening Test (DAST)

(Adapted for Chronic Pain, Bariatric and Mental Health Populations)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) use of prescribed or "or over the counter" drugs in excess of the directions, and (2) any non-medical use of drugs. This includes recreational or illegal use, or substances used without your doctors' knowledge. Prescribed medication used properly does not apply. Considers the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

		YES	NO
1	Have you used drugs other than those required for medical reasons?		
2	Have you abused prescription drugs?		
3	Do you abuse more than one drug at a time?		
4	Can you get through the week without using drugs (other than those require reasons?)	ed for medical	
5	Are you always able to stop using drugs when you want to?		
6	Do you abuse drugs on a continuous basis?		
7	Do you try to limit your drug use in certain situations?		
8	Have you had "blackouts" or "flashbacks" as a result of drug use?		
9	Do you ever feel bad about your drug use?		
10	Does your spouse (or parents) ever complain about your involvement with o	drugs?	
11	Do your friends or relatives know or suspect you abuse drugs?		
12	Has your drug use ever created problems between you and your spouse?		
13	Has and family member every sought help for problems related to your drug	g use?	
14	Have you ever lost friends because of your drug use?		
15	Have your ever neglected your family or missed work because of your use o	f drugs?	
16	Have you ever been in trouble at work because of your drug use?		
17	Have you ever lost a job because of your drug use?		
18	Have you ever gotten into fights when under the influence of drugs?		
19	Have you ever been arrested because of unusual behavior while under the i	nfluence of drugs?	
20	Have you ever been arrested for driving under the influence of drugs?		
21	Have you ever been involved in illegal activities in order to obtain drugs?		
22	Have you ever been arrested for possession of illegal drugs?		
23	Have you ever experienced withdrawal symptoms as a result of heavy drug	intake?	
24	Have you had medical problems as a result of your drug use?		
	(e.g., memory loss, hepatitis, convulsions, bleeding, etc.)		
25	Have you ever gone to anyone for help for a drug problem?		
26	Have you ever been in a hospital for medical problems related to your drug	use?	
27	Have you ever been involved in a treatment program specifically related to	drug use?	
28	Have you ever been treated as an outpatient for problems related to drug a		
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Pat	ient: Date:	Score:	
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Scoring and interpretation: A score of "1" is given for each YES response, except for items 4,5,and 7, which NO response is given a score of "1". Based on data from a heterogeneous psychiatric population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately the patients that do not have a substance abuse disorder. Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4,7,16,20, and 22.